

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 <u>09/01/2015</u> and ending <u>08/31/2016</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>REDLAND BRICK INC. PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/1965</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>09/01/1965</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>				
1c Effective date of plan <u>09/01/1965</u>					
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) <u>REDLAND BRICK INC.</u> <u>P.O. BOX 160</u> <u>WILLIAMSPORT, MD 21795-0160</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>06-0954641</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>301-223-7700</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>327900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>06-0954641</u>	2c Plan Sponsor's telephone number <u>301-223-7700</u>	2d Business code (see instructions) <u>327900</u>	
2b Employer Identification Number (EIN) <u>06-0954641</u>					
2c Plan Sponsor's telephone number <u>301-223-7700</u>					
2d Business code (see instructions) <u>327900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>06/14/2017</u>	<u>JAMES LEAHY</u>
	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 ☒ 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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 266
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 82 6a(2) 81 6b 80 6c 86 6d 247 6e 11 6f 258 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2015 or fiscal plan year beginning 09/01/2015 and ending 08/31/2016

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

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

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

Part I Basic Information

1 Enter the valuation date: Month 09 Day 01 Year 2015			
2 Assets:			
a Market value	2a	16551169	
b Actuarial value	2b	17249669	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	89	8140535	8140535
b For terminated vested participants	95	2873331	2873331
c For active participants	82	5360132	5360132
d Total	266	16373998	16373998
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.32%	
6 Target normal cost	6	172493	

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

SIGN HERE		05/18/2017
Signature of actuary		Date
CHAD MEZVINSKY		17-07153
Type or print name of actuary		Most recent enrollment number
FIDELITY INVESTMENTS		312-529-2330
Firm name		Telephone number (including area code)
311 S WACKER DRIVE, SUITE 1400 CHICAGO, IL 60606		
Address of the firm		

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

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

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-2.89</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1216583
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.53</u> %		79443
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance.....		1296026
d	Portion of (c) to be added to prefunding balance		703178
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	703178

Part III Funding Percentages

14	Funding target attainment percentage.....	14	101.05 %
15	Adjusted funding target attainment percentage	15	105.34 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	97.85 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

Contributions made to the plan for the plan year by employer(s) and employee(s)							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
09/20/2016	125000	0					
02/02/2017	600000	0					
			Totals ►	18(b)	725000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	667012

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	172493	
b Excess assets, if applicable, but not greater than line 31a	31b	172493	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	667012	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	667012	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

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

For calendar plan year 2015 or fiscal plan year beginning 09/01/2015 and ending 08/31/2016		
A Name of plan REDLAND BRICK INC. PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 REDLAND BRICK INC.	D Employer Identification Number (EIN) 06-0954641	

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

(b) Enter name and EIN or address of person who provided you disclosure 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

(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)

FID MGMT TRUST CO

04-2723880

(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?
17	CONSULTANT	30869	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name: MCGLADREY & PUTTEN, LLP	b EIN: 42-0714325
c Position: AUDIT	
d Address: 700 NORTH FAIRFAX, ST. SUITE 400 ALEXANDRIA, VA 22314	e Telephone: 703-336-6533

Explanation: THE REASON FOR THE CHANGE IS SIMPLY A CONSOLIDATION OF THE PROCESS TO THE SAME AUDITOR THAT HAS AUDITED THE BELDEN BRICK COMPANY PENSION PLAN IN ORDER TO STREAMLINE THE PROCESS AND FEES.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2015 or fiscal plan year beginning 09/01/2015 and ending 08/31/2016

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: BELDEN HOLDING DB TRUST

b Name of sponsor of entity listed in (a): THE BELDEN BRICK COMPANY, LLC

c EIN-PN 20-3803246-100	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16973566
--	--	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 09/01/2015 and ending 08/31/2016		
A Name of plan REDLAND BRICK INC. PENSION PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 REDLAND BRICK INC.	D Employer Identification Number (EIN) 06-0954641	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	111900	725000
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	8709	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	0	16973566
	(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)	15063674	0
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	15184283	17698566

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	15184283	17698566
---	-----------	----------	----------

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)	2125500	
(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)		2125500
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1359367
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3484867

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	939715	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		939715
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)	30869	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		30869
j Total expenses. Add all expense amounts in column (b) and enter total	2j		970584

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2514283
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: HALL, KISTLER & CO. LLP

(2) EIN: 34-0715770

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.)		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.)		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.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information

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 09/01/2015 and ending 08/31/2016

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

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3275867</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

AUDITED FINANCIAL STATEMENTS

REDLAND BRICK INC. PENSION PLAN

August 31, 2016



HALL, KISTLER & COMPANY LLP

CONSULTANTS AND CERTIFIED PUBLIC ACCOUNTANTS

soundideas. solidanswers.

INDEX

INDEPENDENT AUDITOR'S REPORT	PAGE 3
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	5
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	6
STATEMENTS OF ACCUMULATED PLAN BENEFITS	7
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS.....	8
NOTES TO FINANCIAL STATEMENTS	9
SUPPLEMENTAL SCHEDULES	
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)	
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)	
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS AT AUGUST 31, 2016	



HALL, KISTLER & COMPANY LLP

CONSULTANTS AND CERTIFIED PUBLIC ACCOUNTANTS

soundideas. solidanswers.

220 MARKET AVENUE, SOUTH
SUITE 700 • CANTON, OHIO 44702

PHONE 330.453.7633
FAX 330.453.9366

INDEPENDENT AUDITOR'S REPORT

Redland Brick Inc. Pension Plan
Williamsport, MD

Report on the Financial Statements

We have audited the accompanying financial statements of the Redland Brick Inc. Pension Plan, which comprise the statements of net assets available for benefits as of August 31, 2016, and the related statements of changes in net assets available for benefits for the year then ended, the statement of accumulated plan benefits as of August 31, 2015, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation 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 U.S. 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 H, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. The Plan Administrator has obtained a certification from the trustee as of and for the years ended August 31, 2016, that the information provided to the Plan Administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions for the year ended August 31, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Other Matter - 2015 Financial Statements

The Financial statements of the Plan as of August 31, 2015, were audited by predecessor auditors. 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Fidelity Management Trust Company, the trustee of the Plan, and Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company. Their report, dated June 14, 2016, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rule and Regulations for Reporting and Disclosure under ERISA.

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

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

Hall, Kistler & Company LLP

Certified Public Accountants

Canton, Ohio
June 12, 2017

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

REDLAND BRICK INC. PENSION PLAN

August 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<u>ASSETS</u>		
Investments:		
At fair value:		
Plan interest in Master Trust	\$ 16,973,566	\$ -
Mutual funds	<u>-</u>	<u>15,063,674</u>
Total investments	19,973,566	15,063,674
Dividend/employer contribution receivable	<u>725,000</u>	<u>120,609</u>
TOTAL ASSETS	<u>\$ 17,698,566</u>	<u>\$ 15,184,283</u>
 <u>NET ASSETS AVAILABLE FOR BENEFITS</u>	 <u>\$ 17,698,566</u>	 <u>\$ 15,184,283</u>

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

REDLAND BRICK INC. PENSION PLAN

Years ended August 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<u>ADDITIONS (REDUCTIONS) TO PLAN ASSETS</u>		
Investment income:		
Plan interest in income from Master Trust	\$ 1,359,367	\$ -
Net investment gain (loss) from mutual fund accounts	-	(1,118,118)
Dividends	-	655,805
	<u>-</u>	<u>(462,313)</u>
Employer contributions	2,125,500	447,534
TOTAL ADDITIONS (REDUCTIONS)	<u>3,484,867</u>	<u>(14,779)</u>
<u>DEDUCTIONS FROM PLAN ASSETS</u>		
Benefits paid directly to participants	939,715	934,297
Administrative expenses	30,869	32,195
TOTAL DEDUCTIONS	<u>970,584</u>	<u>966,492</u>
NET INCREASE (DECREASE)	<u>2,514,283</u>	<u>(981,271)</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	15,184,283	16,165,554
End of year	<u>\$17,698,566</u>	<u>\$15,184,283</u>

STATEMENTS OF ACCUMULATED PLAN BENEFITS

REDLAND BRICK INC. PENSION PLAN

August 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Retired participants and beneficiaries		
receiving payments	\$ 8,123,697	\$ 7,831,778
Terminated participants with deferred benefits	2,892,100	2,126,922
Active participants	5,378,561	5,703,056
Changes in assumptions	-	824,116
	<u>16,394,358</u>	<u>16,485,872</u>
Nonvested benefits	<u>-</u>	<u>270,599</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$16,394,358</u>	<u>\$16,756,471</u>

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

REDLAND BRICK INC. PENSION PLAN

Years ended August 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Actuarial present value of accumulated plan benefits at beginning of year - as previously reported	\$16,756,471	\$16,419,550
Increase (decrease) during the year attributable to:		
Increase for interest due to the decrease in the discount period	1,044,397	975,877
Benefits paid	(934,892)	(810,583)
Changes in actuarial assumptions and methods	-	(183,035)
Other (benefits accumulated, deaths, etc.)	(471,618)	354,662
NET INCREASE (DECREASE)	<u>(362,113)</u>	<u>336,921</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$16,394,358</u>	<u>\$16,756,471</u>

NOTES TO FINANCIAL STATEMENTS

REDLAND BRICK INC. PENSION PLAN

August 31, 2016 and 2015

NOTE A - DESCRIPTION OF THE PLAN

The following brief description of the Redland Brick Inc. Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a noncontributory defined benefit pension plan covering selected employees of Redland Brick Inc. (the “Company”). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

Pension Benefits

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (Continued)

Union monthly pension benefit:

- a. [\$10.00] * [Accrual Service prior to 09/01/1987]
- b. [\$15.00] * [Accrual Service starting 09/01/1987 through 08/31/1988]
- c. [\$19.00] * [Accrual Service starting 09/01/1988 through 08/31/1989]
- d. [\$21.00] * [Accrual Service starting 09/01/1989 through 08/31/1990]
- e. [\$27.00] * [Accrual Service starting 09/01/1990 through 08/31/1993]
- f. [\$31.00] * [Accrual Service starting 09/01/1993 through 08/31/1996]
- g. [\$34.00] * [Accrual Service starting 09/01/1996 through 08/31/1999]
- h. [\$35.00] * [Accrual Service starting 09/01/1999 through 08/31/2000]
- i. [\$36.00] * [Accrual Service starting 09/01/2000 through 08/31/2004]
- j. [\$39.00] * [Accrual Service starting 09/01/2004 through 08/31/2005]
- k. [\$42.00] * [Accrual Service starting 09/01/2005 through 08/31/2006]
- l. [\$44.00] * [Accrual Service starting 09/01/2006 through 08/31/2007]
- m. [\$47.00] * [Accrual Service starting 09/01/2007 through 08/31/2008]
- n. [\$49.00] * [Accrual Service starting 09/01/2008 through 08/31/2009]
- o. [\$51.00] * [Accrual Service starting 09/01/2009 through 08/31/2013]
- p. $[(\$51.00 * i) + (\$28.00 * ii)] * [\text{Accrual Service starting 09/01/2013 through 08/31/2014}]$, where i and ii are defined as follows:
 - i. $[\text{Hours of Service starting 09/01/2013 through 02/28/2014}] \div [\text{Hours of Service starting 09/01/2013 through 08/31/2014}]$
 - ii. $[\text{Hours of Service starting 03/01/2014 through 8/31/2014}] \div [\text{Hours of Service starting 09/01/2013 through 08/31/2014}]$
- q. [\$28.00] * [Accrual Service starting 09/01/2014]

Non-Union monthly pension benefit:

Accrued Benefits are equal to the sum of a) + b) + c) - d), as applicable:

- a. The sum of the following:
 - i. $[1.5\%] * [\text{Average Monthly Compensation as of 08/31/2013}] * [\text{Accrual Service starting 01/01/1989 through 09/01/2013}]$
 - ii. $[0.6\%] * [\text{Average Monthly Compensation in excess of Monthly Covered Compensation as of 08/31/2013}] * [\text{Accrual Service starting 01/01/1989 through 09/01/2013}]$, where Accrual Service cannot exceed 35 years less Accrual Service as of 01/01/1989
 - iii. $[0.5\%] * [\text{Average Monthly Compensation}] * [\text{Accrual Service starting 09/01/2013}]$
 - iv. $[0.325\%] * [\text{Average Monthly Compensation in excess of Monthly Covered Compensation}] * [\text{Accrual Service starting 09/01/2013}]$, where Accrual Service cannot exceed 35 years less Accrual Service as of 01/01/1989

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (Continued)

Non-Union monthly pension benefit (continued):

- a. The monthly Accrued Benefit on 12/31/1988 under the Victor Cushwa and Sons,
- b. Inc. Pension Plan, if any
- c. The monthly Accrued Benefit on 12/31/1989 under the Plan in effect on that date
- d. The accrued benefit earned under the Executive Non-Qualified Defined Benefit Plan of Redland Brick Inc.

Death and Disability Benefits

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

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Accrual Basis

The financial statements of the Plan are presented on the accrual basis of accounting.

Use of Estimates

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

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Expenses of the Plan

The Plan's administrative expenses are paid by either the Plan or the Plan sponsor as provided by the Plan document. PBGC premiums and ERISA audit fees have historically been paid by the Plan sponsor. Amounts paid by the Plan sponsor for the Plan years ended August 31, 2016 and 2015 amounted to \$122,966 and \$32,195, respectively.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service that participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on various monthly pension rates multiplied by the participants' years of credited service. The accumulated plan benefits for active participants are based on their years of credited service ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

Significant assumptions used in the valuations as of August 31, 2015 and 2014 were:

- Actuarial cost method 2015 and 2014
Unit Credit Actuarial Cost Method
- Retirement age 2015 and 2014
Age 65

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

- | | |
|---|--|
| <ul style="list-style-type: none"> ● Assumed rate of return on investments | <p>The yield curve interest rates mandated by Pension Protection Act of 2006 have been used:</p> <p style="margin-left: 40px;"><u>2015</u></p> <p style="margin-left: 80px;">0-5 years: 4.72% compounded annually</p> <p style="margin-left: 80px;">5-20 years: 6.11% compounded annually</p> <p style="margin-left: 80px;">20+ years: 6.81% compounded annually</p> <p style="margin-left: 40px;"><u>2014</u></p> <p style="margin-left: 80px;">0-5 years: 4.99% compounded annually</p> <p style="margin-left: 80px;">5-20 years: 6.32% compounded annually</p> <p style="margin-left: 80px;">20+ years: 6.99% compounded annually</p> |
| <ul style="list-style-type: none"> ● Life expectancy | <p>The mortality tables mandated by Pension Protection Act of 2006 have been used:</p> <p style="margin-left: 40px;"><u>2015</u></p> <p style="margin-left: 80px;">In accordance with sex-distinct pre-retirement and post-retirement mortality rates for males and females as promulgated by the IRS for purposes of determining the Funding Target during the 2016 plan year.</p> <p style="margin-left: 40px;"><u>2014</u></p> <p style="margin-left: 80px;">In accordance with sex-distinct pre-retirement and post-retirement mortality rates for males and females as promulgated by the IRS for purposes of determining the Funding Target during the 2015 plan year.</p> |
| <ul style="list-style-type: none"> ● Disability benefit | <p><u>2015 and 2014</u></p> <p style="margin-left: 40px;">1987 Commissioner's Group Disability Table, six month elimination period, male and female</p> |
| <ul style="list-style-type: none"> ● Expenses | <p><u>2015 and 2014</u></p> <p style="margin-left: 40px;">Target Normal Cost increased by expected expenses (assumed to be equal to actual expenses paid by the plan during the prior plan year)</p> |
| <ul style="list-style-type: none"> ● Pre-Retirement Death Benefits | <p><u>2015 and 2014</u></p> <p style="margin-left: 40px;">75% assumed married with 3 year age difference</p> |

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

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

Recently Issued Accounting Pronouncements

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

In July 2015, the FASB issued ASU No. 2015-12, “Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), 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” (“ASU No. 2015-12”). ASU No. 2015-12 removes the requirement to report fully benefit-responsive investment contracts at fair value with an adjustment to contract value. Under ASU No. 2015-12, direct investments in fully benefit-responsive investment contracts are measured, presented, and disclosed only at contract value. In addition, this amendment simplifies the investment disclosures required for employee benefit plans, including eliminating the requirements to disclose (i) individual investments that represent 5% or more of net assets available for benefits, (ii) net appreciation (depreciation) by individual investment type and (iii) investment

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Recently Issued Accounting Pronouncements (Continued)

information disaggregated based on the nature, characteristics and risks. The requirement to disaggregate participant-directed investments within a self-directed brokerage account has also been eliminated. Self-directed brokerage accounts should be reported as a single type of investment. The update also allows plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with a month-end. ASU No. 2015-12 is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively, while Part III is applied prospectively. The Company has early adopted ASU No. 2015-12 in the Financial Statements and the related Notes to Financial Statements.

NOTE C - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following tables present the Plan's assets that are measured at fair value on a recurring basis in accordance with August 31, 2015. The following tables do not include the Plan's interest in the Master Trust because that information is presented in separate tables (see Note D).

	Measured at Fair Value	Fair Value Measurements Using			Totals
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
August 31, 2015:					
Mutual funds	\$ 15,063,674	\$ 15,063,674	\$ -	\$ -	\$ 15,063,674

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - FAIR VALUE MEASUREMENTS (CONTINUED)

FASB ASC 820, Fair Value Disclosures establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. Generally quoted market prices are used to value the underlying investments in these accounts. These investments are diversified across various sectors.

Level 2 and Level 3 Fair Value Measurements

There are no Level 2 or Level 3 fair value measurements for the years ended August 31, 2016 and 2015.

NOTE D - PLAN INTEREST IN MASTER TRUST

The Plan's investments are in the Belden Holding DB Trust, which was established in 2015 for the investment of assets of the Plan and the Belden Brick Co. Retirement Plan for Hourly Employees. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by Fidelity Management Trust Company. At August 31, 2016, the Plan's interest in the net assets of the Master Trust was approximately 59%. Investment income and administrative expense relating to the Master Trust are allocated to the individual plans based on the relationship of the interest of each plan to the total interests of the participating plans.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE D - PLAN INTEREST IN MASTER TRUST (CONTINUED)

At August 31, 2016, the net assets of the Master Trust were:

	<u>2016</u>
Investments at fair value:	
Registered investment companies	\$ 27,752,787
Short-term investments	<u>1,009,808</u>
	28,762,595
Receivables:	
Dividends and interest	<u>12,873</u>
TOTAL NET ASSETS	<u>\$ 28,775,468</u>
Plan interest in master trust	<u>\$ 16,973,566</u>

The Master Trust's investment income (loss) is summarized as follows:

Net appreciation in fair value of investments	\$ 1,411,994
Interest and dividends	<u>831,377</u>
	<u>\$ 2,243,371</u>

The following are the changes in the net assets of the Master Trust for the year ended August 31, 2016:

Investment income (loss)	\$ 2,243,371
Net transfers	9,631,505
Employer contributions	3,558,227
Benefits paid	(1,627,234)
Administrative expenses	<u>(102,785)</u>
Net increase	<u>\$ 13,703,084</u>
Net Assets:	
Beginning of year	\$ 15,072,383
End of year	28,775,467

Assets of the Master Trust that are measured at fair value on a recurring basis at August 31, 2016 are summarized as follows:

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE D - PLAN INTEREST IN MASTER TRUST (CONTINUED)

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
August 31, 2016:				
Registered investment companies	\$28,775,468	\$ -	\$ -	\$28,775,468

The fair value of registered investment companies is based on quoted market prices of the respective funds held by the Master Trust at year-end and are considered Level 1 investments in the fair value hierarchy. The Master Trust held no Level 2 or Level 3 investments at August 31, 2016.

NOTE E - FUNDING POLICY

The Company's funding policy is to make contributions to the Plan in an amount necessary to maintain the Plan on a sound actuarial basis, in accordance with recommendations from the actuary, such that all employees' benefits will be fully provided for by the time they retire.

Contributions for the years ended August 31, 2016 and 2015 were \$2,125,000 and \$447,534, respectively.

For 2016 the minimum contribution was \$0 and the maximum contribution was \$13,929,038. For 2015 the minimum contribution was \$497,037 and the maximum contribution was \$15,664,432.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE F - PLAN TERMINATION

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

- a. To pay all expenses, fees, and other charges under the Plan not previously paid by the Company;
- b. To provide benefits called for under the Plan for those retired participants or beneficiaries who have been receiving monthly payments for three years or who have been eligible to receive such payments for three years;
- c. To provide other benefits called for under the Plan that are guaranteed by the PBGC;
- d. To provide all other benefits that are deemed nonforfeitable;
- e. To provide all other benefits under the Plan;
- f. To return any remaining assets to the Company.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. There is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2016, that ceiling is \$5,011 per month. That ceiling applies to those pensioners who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

NOTE G - TAX STATUS

Effective September 1, 2011, the Plan was amended and restated. The Internal Revenue Service has determined and informed the Company by a letter dated February 19, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Plan administrator believes the Plan is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE G - TAX STATUS (CONTINUED)

GAAP requires Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more-likely-than-not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan administrator believes the Plan is no longer subject to income tax examinations by the U.S. Federal, state or local tax authorities for years before 2012.

NOTE H - INFORMATION CERTIFIED BY PLAN TRUSTEE

For the year ended August 31, 2016, and for the period from August 5, 2015 through August 31, 2015, and as of August 31, 2015, Fidelity Management Trust Company certified the following information included in the financial statements and supplemental schedules:

- Summary of financial activity of the Master Trust administered by Fidelity
- Schedule of assets held by the Master Trust for investment purposes
- Schedule of assets acquired and disposed of within one year by the Master Trust
- Schedule of reportable transactions for the Master Trust

For the period from September 1, 2014 to August 5, 2015, the above information was certified by Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the former custodian of the Plan.

NOTE I- RELATED PARTY TRANSACTIONS

During 2015, certain Plan investments were units of pooled separate accounts managed by Principal Life Insurance Company. Principal Life was a custodian of the Plan. Therefore, these transactions qualified as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA. Fees paid by the Plan to Principal Life for the recordkeeping services amounted to \$11,250 for the year ended August 31, 2015. The Plan also paid \$10,478 and \$30,891 for investment advisory services to an unrelated organization for the years ended August 31, 2016 and 2015, respectively.

Fidelity Management Trust Company is the trustee of the Plan; therefore, transactions with the trustee qualify as party-in-interest transactions. Fees paid by the Plan to the trustee totaled \$30,869 for the year ended August 31, 2016 and \$26 for the period from August 5, 2015 through August 31, 2015.

The Sponsor also paid certain administrative expenses of the Plan.

See independent auditor's report.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE J - RISKS AND UNCERTAINTIES

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

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

NOTE K - SUBSEQUENT EVENT

The Company has evaluated subsequent events through June 12, 2017, the date which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Sponsor's Name: Redland Brick Inc.
EIN: 06-0954641
Name of Plan: Redland Brick Inc. Pension Plan
Plan Number: 004

(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
*	Plan interest in master trust	Master Trust	\$ 16,428,819	\$ 16,973,566
	Total assets (held at end of year)		\$ 16,428,819	\$ 16,973,566

* Represents a party-in-interest to the Plan

IRS FORM 5500, SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND
DISPOSED OF WITHIN YEAR)**

Sponsor's Name: Redland Brick Inc.
EIN: 06-0954641
Name of Plan: Redland Brick Inc. Pension Plan
Plan Number: 004

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost of Acquisition	(e) Proceeds of Dispositions
None	None	\$ -	\$ -

IRS FORM 5500, SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS AT
AUGUST 31, 2016

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
AT AUGUST 31, 2016**

Sponsor's Name: Redland Brick Inc.
 EIN: 06-0954641
 Name of Plan: Redland Brick Inc. Pension Plan
 Plan Number: 004

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Number of purchases	(d) Number of sales	(e) Total dollar value of purchases	(f) Total dollar value of sales	(g) Net gain or (loss)
American Funds	American Funds Amcap	24	24	\$ 799,972	\$ 426,667	\$ (10,433)
American Funds	American Funds Euro Pacific	25	23	86,1182	199,923	(12,138)
Cohen & Steers	Cohen & Steers Real Estate Securities	30	23	1,930,151	1,289,118	84,444
Fidelity	Fid Extd Market	18	17	912,598	101,447	(595)
Fidelity	Fid 500 Index	20	27	1,595,904	490,331	8,054
Fidelity	Fidelity Capital & Reinvestment Fund	37	21	1,238,963	155,308	(4,492)
Fidelity	Fidelity China Region Fund	19	17	1,660,370	252,746	(11,102)
Fidelity	Fidelity Contra Fd	29	19	1,069,105	404,533	(12,302)
Fidelity	Fidelity Conv Secs Fund	21	15	1,221,595	100,260	(2,076)
Fidelity	Fidelity Diversified Intl Fund	27	20	825,381	140,631	(7,076)
Fidelity	Fidelity Govt Income Fund	15	7	705,529	1,766,895	(33,342)
Fidelity	Fidelity Growth Fund	25	23	1,127,830	509,013	(20,066)
Fidelity	Fidelity Lev Co Stk Fund	28	20	823,013	372,631	(33,668)
Fidelity	Fidelity Retirement Govt Mmkt	30	16	1,138,313	128,501	-
Fidelity	Fidelity Select Energy	9	7	1,147,305	55,107	1,658
Fidelity	Fidelity Select Util Ptf	18	16	1,546,584	275,082	17,549
Fidelity	Fidelity Small Cap Value Fund	27	21	1,071,348	132,827	(1,210)
Fidelity	Fidelity US Bond Index	38	24	2,330,976	4,017,527	(38,353)
Royce	Royce Special Equity Invmt	26	22	765,256	105,023	(1,393)
T. Rowe Price	T. Rowe Price New Era	27	22	964,144	291,553	8,574

2015 Form 5500 Schedule SB Attachments
Schedule SB, Line 26 - Schedule of Active Participants Data
Redland Brick Inc.
The Redland Brick Inc. Pension Plan
For Plan Year Ended August 31, 2016

EIN: 06-0954641
Plan Number: 004

Age and Service Distribution of Active Members

Attained Age	Completed Years of Service on September 1, 2015									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
Under 25	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	0	1	1	0	0	0	0	0	0
35-39	0	1	0	2	2	0	0	0	0	0
40-44	0	0	2	3	4	0	0	0	0	0
45-49	0	0	1	1	5	2	6	0	0	0
50-54	0	0	3	3	2	2	8	1	0	0
55-59	0	0	0	1	1	5	2	0	4	1
60-64	0	0	1	3	3	0	4	0	0	4
65-69	0	0	0	1	0	0	0	0	1	0
Over 69	0	0	0	0	0	0	0	1	0	0

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2015 Plan Year		2014 Plan Year	
Purpose	Minimum	Maximum	Minimum	Maximum
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	4.72%	1.28%	4.99%	1.18%
Next 15 years	6.11%	4.07%	6.32%	4.05%
Over 20 years	6.81%	5.11%	6.99%	5.11%
Applicable Law for the segment rates corridor	HATFA	Not Applicable	HATFA	Not Applicable

Actuarial Assumptions and Methods (continued)

Salary Scale: Table S-5 from the Actuary's Pension Handbook plus 2.00%.

Selected rates of increase are shown below:

<u>Age</u>	<u>Increase</u>	<u>Age</u>	<u>Increase</u>
20	7.10%	40	4.72%
25	6.18%	45	4.39%
30	5.57%	50	4.12%
35	5.11%	55	3.88%

This reflects company salary increase philosophies.

Increase in Consumer Price Index (CPI): 2.25%. This is based on long-term historical inflation rates of about 3% to 4%, adjusted lower by 1.00% to reflect the current low rate environment.

Increase in Social Security Taxable Wage Base: 3.25%. This is based on the CPI assumption, increased 1.00% based on the historical difference between the CPI and Taxable Wage Base.

Administrative Expenses:

ERISA: The target normal cost is increased by the total expenses paid from the trust in the prior year. For the 2015, this value is \$42,391.

Actuarial Assumptions and Methods (continued)

Mortality:

ERISA: IRS 2015 Prescribed Mortality-Optional Combined Table for Small Plans, male and female (previously IRS 2014 Prescribed Mortality-Optional Combined Table for Small Plans, male and female).

Retirement Age: Normal retirement age. Based on the assumption used by the prior actuary for this plan. To our knowledge, there has been no pattern of significant consistent gains or consistent losses related to this decrement.

Termination: 2003 Society of Actuaries Small Plan Age Table, multiplied by 0.75. Based on the assumption used by the prior actuary for this plan. To our knowledge, there has been no pattern of significant consistent gains or consistent losses related to this decrement.

Sample rates are shown below:

Age	Rate of Withdrawal	Age	Rate of Withdrawal
20	18.23%	40	7.05%
25	14.63%	45	5.48%
30	11.63%	50	4.20%
35	9.08%	55	3.15%

Disability: 1987 Commissioner's Group Disability Table, six month elimination period, male and female. Based on the assumption used by the prior actuary for this plan. To our knowledge, there has been no pattern of significant consistent gains or consistent losses related to this decrement.

Marital Status: 75% of males and females are assumed married, with females 3 years younger than males. Based on the assumption used by the prior actuary for this plan. To our knowledge, there has been no pattern of significant consistent gains or consistent losses related to this decrement.

Actuarial Assumptions and Methods (continued)

Maximum Benefit and Salary: \$210,000 and \$265,000, respectively, for 2015. These limits were assumed to increase annually by the Consumer Price Index.

Form of Payment: It has been assumed benefits will be paid in the normal annuity form applicable to the particular benefit. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

Census Data: Census data was provided by the company as of September 1, 2015. Compensation and service is measured as of September 1, 2015.

Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
 - i) 67% of the prior year, and
 - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (at an assumed rate of 6.75%, not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Actuarial Assumptions and Methods (continued)

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 7-year period beginning with such plan year.

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT). Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. The liability is then equal to the present value of all benefits for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

IRS FORM 5500, SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS AT
AUGUST 31, 2016

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
AT AUGUST 31, 2016**

Sponsor's Name: Redland Brick Inc.
 EIN: 06-0954641
 Name of Plan: Redland Brick Inc. Pension Plan
 Plan Number: 004

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Number of purchases	(d) Number of sales	(e) Total dollar value of purchases	(f) Total dollar value of sales	(g) Net gain or (loss)
American Funds	American Funds Amcap	24	24	\$ 799,972	\$ 426,667	\$ (10,433)
American Funds	American Funds Euro Pacific	25	23	86,1182	199,923	(12,138)
Cohen & Steers	Cohen & Steers Real Estate Securities	30	23	1,930,151	1,289,118	84,444
Fidelity	Fid Extd Market	18	17	912,598	101,447	(595)
Fidelity	Fid 500 Index	20	27	1,595,904	490,331	8,054
Fidelity	Fidelity Capital & Reinvestment Fund	37	21	1,238,963	155,308	(4,492)
Fidelity	Fidelity China Region Fund	19	17	1,660,370	252,746	(11,102)
Fidelity	Fidelity Contra Fd	29	19	1,069,105	404,533	(12,302)
Fidelity	Fidelity Conv Secs Fund	21	15	1,221,595	100,260	(2,076)
Fidelity	Fidelity Diversified Intl Fund	27	20	825,381	140,631	(7,076)
Fidelity	Fidelity Govt Income Fund	15	7	705,529	1,766,895	(33,342)
Fidelity	Fidelity Growth Fund	25	23	1,127,830	509,013	(20,066)
Fidelity	Fidelity Lev Co Stk Fund	28	20	823,013	372,631	(33,668)
Fidelity	Fidelity Retirement Govt Mmkt	30	16	1,138,313	128,501	-
Fidelity	Fidelity Select Energy	9	7	1,147,305	55,107	1,658
Fidelity	Fidelity Select Util Ptf	18	16	1,546,584	275,082	17,549
Fidelity	Fidelity Small Cap Value Fund	27	21	1,071,348	132,827	(1,210)
Fidelity	Fidelity US Bond Index	38	24	2,330,976	4,017,527	(38,353)
Royce	Royce Special Equity Invmt	26	22	765,256	105,023	(1,393)
T. Rowe Price	T. Rowe Price New Era	27	22	964,144	291,553	8,574

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2015 or fiscal plan year beginning 09/01/2015 and ending 08/31/2016

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

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

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

Part I Basic Information			
1	Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2015</u>		
2	Assets:		
	a Market value	2a	16551169
	b Actuarial value	2b	17249669
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	89	8140535
	b For terminated vested participants.....	95	2873331
	c For active participants.....	82	5360132
	d Total.....	266	16373998
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate.....	5	6.32%
6	Target normal cost.....	6	172493

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

SIGN HERE	 Signature of actuary	<u>05/18/2017</u> Date <u>1707153</u> Most recent enrollment number <u>312-529-2330</u> Telephone number (including area code)
CHAD MEZVINSKY Type or print name of actuary FIDELITY INVESTMENTS Firm name 311 S WACKER DRIVE, SUITE 1400 CHICAGO IL 60606 Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-2.89%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1216583
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.53%</u>		79443
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		1296026
d Portion of (c) to be added to prefunding balance		703178
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	703178

Part III Funding Percentages

14 Funding target attainment percentage	14	101.05%
15 Adjusted funding target attainment percentage	15	105.34%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.85%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/20/2016	125000	0			
02/02/2017	600000	0			
Totals ▶			18(b)	725000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	667012

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

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

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	172493
b Excess assets, if applicable, but not greater than line 31a		31b	172493
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ...		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		667012
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	667012
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		0
40 Unpaid minimum required contributions for all years	40		0

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

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

2015 Form 5500 Schedule SB Attachments

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Redland Brick Inc.

EIN: 06-0954641

The Redland Brick Inc. Pension Plan

Plan Number: 004

For Plan Year Ended August 31, 2016

Retirement:

Age 65, or actual age if older.

Redland Brick Inc.
Corporate Office
15718 Clear Spring Road
P.O. Box 160
Williamsport, MD 21795
(301) 223-7700
(301) 223-8775



McGladrey & Putten LLP
700 North Fairfax St, Suite 400
Alexandria, VA 22314

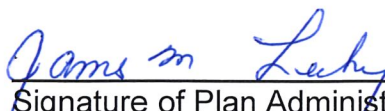
I, as plan administrator, verify that the explanation that is reproduced below is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2015 Form 5500, Annual Return/Report of Employee Benefit Plan, for the **Redland Brick Inc. Pension Plan**.

This Form 5500 is identified in line 2b by the nine-digit **EIN – 06-0954641** and in line 1b by the three-digit **PN 004**.

The reason for the change is simply a consolidation of the process to the same auditor that has audited the Belden Brick Company Pension Plan in order to streamline the process and fees. Belden Brick and Redland Brick both moved their 401k plans and pension plans over to Fidelity in 2015. It made sense to have the same auditor that audits the 401k plan for Belden and Redland also audit the separate pension plans for Belden and Redland.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to:

Office of Enforcement,
Employee Benefits Security Administration
U.S. Department of Labor,
200 Constitution Avenue, N.W.
Washington, DC 20210



Signature of Plan Administrator
James M. Leahy, CPA Treasurer/CFO

6/8/2017

Date

2015 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Redland Brick Inc.
The Redland Brick Inc. Pension Plan
For Plan Year Ended August 31, 2016

EIN: 06-0954641
Plan Number: 004

Plan Provisions

Name of Plan: Redland Brick Inc. Pension Plan

Employer Identification Number / Plan Number: 06-0954641/004.

Effective Date: September 1, 1998. Effective date of most recent amendment: March 1, 2014.

Covered Employees: Effective July 11, 2011, no new nonunion employees may enter the plan. Effective December 16, 2013, no new union employees may enter the plan.

Participation Date: Date of becoming a covered employee.

Definitions:

Vesting service: One year of vesting service for each year during which 1,000 or more hours are completed.

Accrual service: One year of accrual service is credited to nonunion employees if 1,000 or more are completed during a plan year. Accrual service for union employees follows the table below.

Hours of Service Credited in Plan Year	Accrual Service (years)
1,800 or more	1.0
1,600 but less than 1,800	0.9
1,450 but less than 1,600	0.8
1,300 but less than 1,450	0.7
1,150 but less than 1,300	0.6
1,000 but less than 1,150	0.5
Less than 1,000	0

Pensionable pay: Total pay.

Average earnings: The greater of the average of the highest five consecutive calendar years of pensionable pay during the ten-year period preceding termination, excluding plan years containing an employee's date of termination and excluding plan years during which an employee works less than 1,000 hours.

Normal retirement date (NRD): For nonunion employees, the first of the month on or following the employee's 65th birthday. For union employees, the first of the month on or following the later of the employee's 65th birthday and the 5th anniversary of the first day of the plan year containing the employee's participation date.

2015 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Redland Brick Inc.
The Redland Brick Inc. Pension Plan
For Plan Year Ended August 31, 2016

EIN: 06-0954641
Plan Number: 004

Plan Provisions (continued)

Union monthly pension benefit:

- a. [\$10.00] * [Accrual Service prior to 09/01/1987]
- b. [\$15.00] * [Accrual Service starting 09/01/1987 through 08/31/1988]
- c. [\$19.00] * [Accrual Service starting 09/01/1988 through 08/31/1989]
- d. [\$21.00] * [Accrual Service starting 09/01/1989 through 08/31/1990]
- e. [\$27.00] * [Accrual Service starting 09/01/1990 through 08/31/1993]
- f. [\$31.00] * [Accrual Service starting 09/01/1993 through 08/31/1996]
- g. [\$34.00] * [Accrual Service starting 09/01/1996 through 08/31/1999]
- h. [\$35.00] * [Accrual Service starting 09/01/1999 through 08/31/2000]
- i. [\$36.00] * [Accrual Service starting 09/01/2000 through 08/31/2004]
- j. [\$39.00] * [Accrual Service starting 09/01/2004 through 08/31/2005]
- k. [\$42.00] * [Accrual Service starting 09/01/2005 through 08/31/2006]
- l. [\$44.00] * [Accrual Service starting 09/01/2006 through 08/31/2007]
- m. [\$47.00] * [Accrual Service starting 09/01/2007 through 08/31/2008]
- n. [\$49.00] * [Accrual Service starting 09/01/2008 through 08/31/2009]
- o. [\$51.00] * [Accrual Service starting 09/01/2009 through 08/31/2013]
- p. $[(\$51.00 * i) + (\$28.00 * ii)] * [\text{Accrual Service starting 09/01/2013 through 08/31/2014}]$, where i and ii are defined as follows:
 - i. $[\text{Hours of Service starting 09/01/2013 through 02/28/2014}] \div [\text{Hours of Service starting 09/01/2013 through 08/31/2014}]$
 - ii. $[\text{Hours of Service starting 03/01/2014 through 8/31/2014}] \div [\text{Hours of Service starting 09/01/2013 through 08/31/2014}]$
- q. [\$28.00] * [Accrual Service starting 09/01/2014]

Non-Union monthly pension benefit:

Accrued Benefits are equal to the sum of a) + b) + c) – d), as applicable:

- a. The sum of the following:
 - i. $[1.5\%] * [\text{Average Monthly Compensation as of 08/31/2013}] * [\text{Accrual Service starting 01/01/1989 through 09/01/2013}]$
 - ii. $[0.6\%] * [\text{Average Monthly Compensation in excess of Monthly Covered Compensation as of 08/31/2013}] * [\text{Accrual Service starting 01/01/1989 through 09/01/2013}]$, where Accrual Service cannot exceed 35 years less Accrual Service as of 01/01/1989
 - iii. $[0.5\%] * [\text{Average Monthly Compensation}] * [\text{Accrual Service starting 09/01/2013}]$
 - iv. $[0.325\%] * [\text{Average Monthly Compensation in excess of Monthly Covered Compensation}] * [\text{Accrual Service starting 09/01/2013}]$, where Accrual Service cannot exceed 35 years less Accrual Service as of 01/01/1989
- b. The monthly Accrued Benefit on 12/31/1988 under the Victor Cushwa and Sons, Inc. Pension Plan, if any
- c. The monthly Accrued Benefit on 12/31/1989 under the Plan in effect on that date
- d. The accrued benefit earned under the Executive Non-Qualified Defined Benefit Plan of Redland Brick Inc.

Plan Provisions (continued)

Eligibility for Benefits:

NRD: Retirement on NRD.

Early retirement: Union employees – Age 57 with five years of accrual service. Non-Union employees – Age 55 with ten years of accrual service.

Postponed retirement: Retirement after NRD.

Deferred vested: Terminations for reasons other than death, disability, or retirement after completing five years of Vesting Service if union, two years of Vesting Service if non-Union.

Pre-retirement death benefit: Death while eligible for Normal, Early, Postponed, or Deferred Vested Retirement benefits.

Disability: Non-Union employee and permanently and totally disabled.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Monthly Pension Benefit determined as of NRD.

Early retirement: The Monthly Pension Benefit payable at age 65 reduced 6% for each year that the earlier retirement date precedes normal retirement date. However, the portion of the benefit determined for non-union employees under the Victor Cushwa and Sons, Inc. Pension Plan prior to 12/31/1988 shall be reduced based on the provisions of that plans.

Postponed retirement: Greater of Monthly Pension Benefit on normal retirement date actuarially increased to late retirement date or Monthly Pension Benefit on late retirement date.

Termination with deferred vested benefit: Monthly Pension Benefit determined as of termination date payable as of NRD, multiplied by the vesting percentage

Disability: Monthly Pension Benefit on date of disability.

Plan Provisions (continued)

Pre-retirement death benefits:

1. **Married employees:** The amount paid to the surviving spouse is equal to the Monthly Pension Benefit that would have been paid had the employee terminated employment on the date of death and survived to his earliest retirement age, retired with a qualified joint and 50% survivor annuity, then died the next day. The form of payment is a single life annuity payable for the life of the spouse.
2. **Single employees:** The amount paid to the designated beneficiary is equal to the Monthly Pension Benefit that would have been paid had the employee terminated employment on the date of death and survived to his earliest retirement age, retired with a qualified joint and 50% survivor annuity, then died the next day. The form of payment is a single lump sum payment actuarially equivalent to the single life annuity that would otherwise be paid for the life of the beneficiary.

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): Actuarially reduced 50% joint and survivor annuity with spouse as beneficiary.

Optional forms: Participants who retire under the plan may elect a five-, ten-, or fifteen-year certain and continuous annuity, life annuity, or a 50%, 66 2/3%, 75%, or 100% joint and survivor annuity. If the employee earned an accrued benefit in the Victor Cushwa and Sons, Inc. Pension Plan he may choose to receive that portion of his Monthly Pension Benefit as a lump sum payment.

Description of optional form conversion factors: 8.5% interest and the 1971 G.A.M. mortality table for males, set back one year (used for males and females).

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Sponsor's Name: Redland Brick Inc.
EIN: 06-0954641
Name of Plan: Redland Brick Inc. Pension Plan
Plan Number: 004

(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
*	Plan interest in master trust	Master Trust	\$ 16,428,819	\$ 16,973,566
	Total assets (held at end of year)		\$ 16,428,819	\$ 16,973,566

* Represents a party-in-interest to the Plan

IRS FORM 5500, SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND
DISPOSED OF WITHIN YEAR)**

Sponsor's Name: Redland Brick Inc.
EIN: 06-0954641
Name of Plan: Redland Brick Inc. Pension Plan
Plan Number: 004

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost of Acquisition	(e) Proceeds of Dispositions
None	None	\$ -	\$ -