

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 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>09/01/2011</u> and ending <u>08/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; 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 and address, including room or suite number (Employer, if for single-employer plan) <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 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 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 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.	05/29/2013	SHERRY HARPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/29/2013	SHERRY HARPER
	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

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") REDLAND BRICK INC. P.O. BOX 160 WILLIAMSPORT, MD 21795-0160	3b Administrator's EIN 06-0954641 3c Administrator's telephone number 301-223-7700
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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
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5 Total number of participants at the beginning of the plan year	5	286
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	120
b Retired or separated participants receiving benefits.....	6b	62
c Other retired or separated participants entitled to future benefits.....	6c	83
d Subtotal. Add lines 6a , 6b , and 6c	6d	265
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	11
f Total. Add lines 6d and 6e	6f	276
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1G 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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
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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) ☒ 1 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning **09/01/2011** and ending **08/31/2012**

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

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	434668	276	09/01/2011	08/31/2012

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	3045604

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE PENSION INVESTMENTS

b Balance at the end of the previous year	7b	227458
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	4272	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	4272
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d Total of balance and additions (add b and c(6))	7d	231730
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	231730	
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	231730
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f Balance at the end of the current year (subtract e(5) from d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 09/01/2011 and ending 08/31/2012

▶ **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 2011	
2 Assets:	
a Market value	2a 11922931
b Actuarial value	2b 11734274
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment	3a (1) Number of participants 68 (2) Funding Target 7098572
b For terminated vested participants	3b 93 2632056
c For active participants:	
(1) Non-vested benefits	3c(1) 352671
(2) Vested benefits	3c(2) 5541733
(3) Total active	3c(3) 122 5894404
d Total	3d 283 15625032
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 5.78 %
6 Target normal cost	6 537535

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		11/05/2012
Signature of actuary		Date
MICHAEL A. CARLSON		11-05860
Type or print name of actuary		Most recent enrollment number
PRINCIPAL FINANCIAL GROUP		412-394-9331
Firm name		Telephone number (including area code)
PO BOX 9394 DES MOINES, IA 50306-9394		
Address of the firm		

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

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

Schedule SB (Form 5500) 2011
v.012611

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>9.47</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.61</u> % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance.....		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	75.09 %
15	Adjusted funding target attainment percentage.....	15	75.09 %
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	83.11 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/12/2011	205576	0			
03/05/2012	205576	0			
06/04/2012	205576	0			
08/27/2012	1167349	0			
			Totals ►	18(b)	1784077
				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 1703598
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 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
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 2.38%	2nd segment: 5.51%	3rd segment: 6.36 %	☐ 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 eligible for (and is using) 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	537535	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	3890758	674609	
	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	1212144	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	1212144	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1703598	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	491454	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning **09/01/2011** and ending **08/31/2012**

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
PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	11500	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

HARRIS SBSB

54-1571022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	49682	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 09/01/2011 and ending 08/31/2012

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MONEY MARKET SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1399094</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>633993</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP VALUE II SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN <u>42-0127290-096</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND MARKET INDEX SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN <u>42-0127290-122</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1012517</u>
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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)
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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)
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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)
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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 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>09/01/2011</u> and ending <u>08/31/2012</u>		
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 Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	304244	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	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)	1179562	3045604
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	10215525	10670962
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	227458	0
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11926789	13716566

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
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	11926789	13716566
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1784077	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1784077

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	4272	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4272
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	286115	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		286115
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		148945
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		319796
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		2543205

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	692246	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		692246
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	11500	
(3) Investment advisory and management fees	2i(3)	49682	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		61182
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		753428

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1789777
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: MCGLADREY LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	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	0
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	0
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	0
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	0
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.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 09/01/2011 and ending 08/31/2012

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>2</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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 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 items 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 items 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 items 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 items 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 items 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 item 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 items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Redland Brick Inc. Pension Plan

Financial Report
August 31, 2012

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Independent Auditor's Report

To the Plan Administrator and Participants
Redland Brick Inc. Pension Plan
Williamsport, Maryland

We were engaged to audit the accompanying statements of net assets available for benefits of the Redland Brick Inc. Pension Plan (the Plan) as of August 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of August 31, 2011, and the related statement of changes in accumulated plan benefits for the year then ended, and supplemental schedules of (a) Schedule H, line 4.i., Schedule of Assets Held (At End of Year), and (b) Schedule H, line 4.j., Schedule of Reportable Transactions, as of or for the year ended August 31, 2012. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 2, which was certified or provided by Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the custodians of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodians hold the Plan's assets and execute transactions. The Plan Administrator has obtained certifications from the custodians regarding the completeness and accuracy of the information summarized in Note 2 that was provided to the Plan Administrator by the custodians as of and for the years ended August 31, 2012 and 2011.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGladrey LLP

Vienna, Virginia
May 22, 2013

Redland Brick Inc. Pension Plan

**Statements Of Net Assets Available For Benefits
August 31, 2012 And 2011**

	2012	2011
Assets		
Investments, at fair value	\$ 13,716,566	\$ 11,622,545
Employer contribution receivable	-	304,244
Total assets	13,716,566	11,926,789
Liabilities		
Accrued expenses	9,011	8,092
Net assets available for benefits	\$ 13,707,555	\$ 11,918,697

See Notes To Financial Statements.

Redland Brick Inc. Pension Plan

**Statements Of Changes In Net Assets Available For Benefits
Years Ended August 31, 2012 And 2011**

	2012	2011
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 468,741	\$ 733,289
Interest and dividends	290,387	273,913
	<u>759,128</u>	<u>1,007,202</u>
Employer contributions	1,784,077	865,072
Total additions	<u>2,543,205</u>	<u>1,872,274</u>
Deductions from net assets attributed to:		
Benefits paid to participants	692,246	666,670
Administrative expenses	62,101	64,024
Total deductions	<u>754,347</u>	<u>730,694</u>
Net increase	1,788,858	1,141,580
Net assets available for benefits:		
Beginning of year	<u>11,918,697</u>	<u>10,777,117</u>
End of year	<u><u>\$ 13,707,555</u></u>	<u><u>\$ 11,918,697</u></u>

See Notes To Financial Statements.

Redland Brick Inc. Pension Plan

Statement Of Accumulated Plan Benefits
August 31, 2011

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits	\$ 6,482,670
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Inactive participants	2,401,106
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Active participants	5,070,256
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13,954,032

Nonvested benefits--active participants	325,465
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Total actuarial present value of accumulated plan benefits	\$ 14,279,497
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See Notes To Financial Statements.

Redland Brick Inc. Pension Plan

**Statement Of Changes In Accumulated Plan Benefits
Year Ended August 31, 2011**

Actuarial present value of accumulated plan benefits at the beginning of the year	<u>\$ 12,103,046</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated and plan experience	400,686
Increase for interest due to decrease in the discount period	883,180
Benefits paid	(666,670)
Changes in assumptions	<u>1,559,255</u>
Net increase	<u>2,176,451</u>
 Actuarial present value of accumulated plan benefits at end of year	 <u><u>\$ 14,279,497</u></u>

See Notes To Financial Statements.

Redland Brick Inc. Pension Plan

Notes To Financial Statements

Note 1. Plan Description And Significant Accounting Policies

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

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

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

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

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

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of Plan assets available for benefits and the actuarial present value of accumulated plan benefits as of 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.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

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. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Contributions are recognized in the year as designated by the Plan Sponsor.

Redland Brick Inc. Pension Plan

Notes To Financial Statements

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

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

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

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of September 1, 2011, include: (a) discount rate of 2.38% for expected payments in 0 to 5 years, 5.51% for expected payments in 5 to 20 years, and 6.36% for expected payments in 20+ years; (b) retirement at normal retirement age of 65; and (c) life expectancy of participants based upon the IRS Prescribed Mortality-Optional Combined Table for Small Plans. Discount rates of 4.26% for expected payments in 0 to 5 years, 6.56% for expected payments in 5 to 20 years, and 6.70% for expected payments in 20+ years were used for the valuation as of September 1, 2010. Asset return assumptions used for September 1, 2011, and September 1, 2010, valuations were 6.75% and 7.50%, respectively. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The statement of accumulated plan benefits as of August 31, 2011, and statement of changes in accumulated plan benefits for the year then ended are presented from information provided by the actuary as of September 1, 2011. There were no significant changes in the Plan's provisions or coverage from August 31, 2011, to September 1, 2011.

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

Administrative expenses: Company personnel perform various administrative services for the Plan, including limited maintenance of participant records. The amount of payroll and related overhead costs associated with these services are not included in the accompanying financial statements. Administrative expenses for Principal Life Insurance Company (Principal Life) and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (Principal Trust) and Investment Advisory Service fees are paid by the Plan. Other expenses of the Plan are paid by the Company. Administrative expenses paid by the Plan for the years ended August 31, 2012 and 2011, totaled \$62,101 and \$64,024, respectively.

Redland Brick Inc. Pension Plan

Notes To Financial Statements

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

Recent pronouncements: In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and International Financial Reporting Standards (IFRSs)* (ASU 2011-04). The update amended Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, to converge the fair value measurement guidance in accounting principles generally accepted in the United States of America (GAAP) and IFRSs. Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 enhances the disclosure requirements particularly for Level 3 fair value measurements. This update is effective for reporting periods beginning after December 15, 2011, with early adoption prohibited, and requires prospective application. Plan management has determined this guidance will have no significant impact on the Plan.

In October 2012, the FASB issued ASU 2012-04, *Technical Corrections and Improvements*. The amendments in this update cover a wide range of topics in the Accounting Standards Codification, including plan accounting. These amendments include technical corrections and improvements to the Accounting Standards Codification and conforming amendments related to fair value measurements. The amendments in this update were immediately effective upon issuance for defined benefit plans. Plan management has determined that this update will have no significant impact on the Plan's financial statements.

Redland Brick Inc. Pension Plan

Notes To Financial Statements

Note 2. Investments Certified Or Provided By Custodians

The following is a summary of investment information included in the Plan's financial statements and supplemental schedules as of August 31, 2012 and 2011, and for the years then ended, that was prepared by or derived from information provided by the custodians and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodians, Principal Life Insurance Company (Principal Life) and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (Principal Trust), that the information provided to the Plan Administrator by the custodians related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following investments.

Single investments representing 5% or more of the Plan's net assets as of August 31, 2012 and 2011, are separately identified.

	2012	2011
Investments certified by Principal Life:		
Principal Money Market Separate Account R6	\$ 1,399,094	\$ 247,881 *
Principal Bond Market Index Separate Account R6	1,012,517	- *
Principal Large Cap S&P 500 Index Separate Account R6	633,993 *	673,333
Other investments certified by Principal Life	-	485,806
Investments certified by Principal Trust:		
PIMCO Total Return A Fund	1,467,768	1,367,113
American Funds Intermediate Bond Fund of America R4	831,307	679,249
Blackrock Global Allocation Investment A Fund	760,358	655,195
Ivy Asset Strategy A Fund	747,306	582,933 *
PIMCO Real Return A Fund	662,051 *	749,013
American Funds Growth Fund of America R3	539,237 *	693,494
Templeton Global Bond A Fund	518,596 *	610,042
Other investments certified by Principal Trust	5,144,339	4,878,486
Total investments	<u>\$ 13,716,566</u>	<u>\$ 11,622,545</u>

* Amount is less than 5% of the Plan's net assets in the year indicated.

The Plan custodians also certified to the completeness and accuracy of investment income related to the aforementioned investments as follows:

Years Ended August 31,	2012	2011
Certified by Principal Life:		
Net appreciation in fair value of pooled separate accounts	\$ 114,644	\$ 148,816
Interest	4,272	25,383
Certified by Principal Trust:		
Net appreciation in fair value of mutual funds	354,097	584,473
Dividends	286,115	248,530
	<u>\$ 759,128</u>	<u>\$ 1,007,202</u>

Redland Brick Inc. Pension Plan

Notes To Financial Statements

Note 3. Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in inactive markets; (c) inputs other than quoted prices that are observable for the asset or liability; and (d) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. Mutual funds and pooled separate accounts are valued at the net asset value (NAV) of shares held by the Plan at year end.

- *Mutual funds*: Valued at the quoted prices reported in active markets where the mutual funds are traded.
- *Pooled separate accounts*: Valued at the net asset value of units held by the Plan at year-end.
- *Guaranteed interest account*: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

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

Redland Brick Inc. Pension Plan

Notes To Financial Statements

Note 3. Fair Value Measurements (Continued)

The following tables present the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of August 31, 2012 and 2011:

Assets at Fair Value as of August 31, 2012				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity funds	\$ 4,517,510	\$ -	\$ -	\$ 4,517,510
Fixed income funds	4,645,788	-	-	4,645,788
Balanced funds	1,507,664	-	-	1,507,664
Pooled separate accounts:				
Large cap stock index	-	633,993	-	633,993
Money market	-	1,399,094	-	1,399,094
Bond market	-	1,012,517	-	1,012,517
	<u>\$ 10,670,962</u>	<u>\$ 3,045,604</u>	<u>\$ -</u>	<u>\$ 13,716,566</u>
Assets at Fair Value as of August 31, 2011				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity funds	\$ 4,028,178	\$ -	\$ -	\$ 4,028,178
Fixed income funds	4,949,219	-	-	4,949,219
Balanced funds	1,238,128	-	-	1,238,128
Pooled separate accounts:				
Large cap stock index	-	673,333	-	673,333
Money market	-	247,881	-	247,881
Small cap value	-	258,348	-	258,348
Guaranteed interest account	-	-	227,458	227,458
	<u>\$ 10,215,525</u>	<u>\$ 1,179,562</u>	<u>\$ 227,458</u>	<u>\$ 11,622,545</u>

Following is a summary of the changes in the fair value of the Plan's Level 3 assets for the years ended August 31, 2012 and 2011:

Years Ended August 31,	Guaranteed Interest Account	
	2012	2011
Balance, beginning of year	\$ 227,458	\$ 1,123,370
Transfers to separate account	(231,730)	(921,295)
Interest	4,272	25,383
Balance, end of year	<u>\$ -</u>	<u>\$ 227,458</u>

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

Plan management evaluates the significant or transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. There were no significant transfers in or out of Levels 1, 2 or 3 during the years ended August 31, 2012 or 2011.

Redland Brick Inc. Pension Plan

Notes To Financial Statements

Note 3. Fair Value Measurements (Continued)

Pooled separate accounts are valued at the net asset value of the units held by the Plan at year end. There are no unfunded commitments, no redemption notice period and no limitations on redemption related to the pooled separate accounts.

- Principal Large Cap S&P 500 Index Separate Account seeks a blend of long-term growth and current income by investing in common stocks of companies that compose the S&P 500 Index.
- Principal Money Market Separate Account seeks a high level of current income consistent with the preservation of principal and maintenance of liquidity by investing in a portfolio of high quality, short term money market securities that are U.S. dollar denominated.
- Principal Bond Market Index Separate Account seeks to provide current income by investing in investment grade, fixed rate debt issues, including government, corporate, asset-backed, and mortgage-backed securities, with maturities of one year or more.
- Principal Small Cap Value II Separate Account seeks long term growth by investing in common stocks of companies with capitalization similar to companies in the Russell 2000 Value Index.

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of August 31, 2012 and 2011.

Investments	2012	2011	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	\$ 3,045,604	\$ 1,179,562	None	No restrictions	None

Note 4. Contracts With Principal Life Insurance Company

The Plan has an investment contract with Principal Life that matured in March 2012. Principal Life maintained the assets in unallocated funds. The Plan's investment contract is recorded at fair market value. The average yield was 3.76% and crediting interest rates were 3.75% to 4.25% during the plan years ended August 31, 2012 and 2011, respectively.

Note 5. Risks And Uncertainties

The Plan invests in pooled separate accounts, mutual funds, and a guaranteed investment account. Such investments are exposed to various risks such as interest rate, market, and credit. Due to the level of risk associated with such investments, it is at least reasonably possible that changes in the values of the investments 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.

Interest rate changes directly impact the fair value of fixed income securities held in the Plan. Interest rate changes also have an indirect impact on the other Plan investments. Market risk is the risk that the market value of an investment will fluctuate as a result of changes in market price. Investments are recorded at fair value, which represents the maximum credit risk exposure of the Plan.

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

Redland Brick Inc. Pension Plan

Notes To Financial Statements

Note 6. Plan Termination

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, 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 2012, that ceiling is \$4,653 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

Note 7. 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, 2012 and 2011 were \$1,784,077 and \$865,072, respectively.

The Plan's funding level was determined to be 75% of the funding target as of September 1, 2011. As a result, any lump sum distributions requested during the plan year ended August 31, 2012, were subject to limitations as provided in the Pension Protection Act of 2006. The Plan's funding met the requirements of ERISA and the Internal Revenue Code (IRC) for the year ended August 31, 2011.

Note 8. Parties-In-Interest Transactions

Certain Plan investments are units of pooled separate accounts managed by Principal Life Insurance Company. Principal Life is a current custodian of the Plan. Therefore, these transactions qualify as related party 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 \$12,419 and \$15,125 for the years ended August 31, 2012 and 2011, respectively. The Plan also paid \$49,682 and \$48,899 for investment advisory services to an unrelated organization for the years ended August 31, 2012 and 2011, respectively.

Redland Brick Inc. Pension Plan

Notes To Financial Statements

Note 9. Income Tax Status

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan has maintained its tax exempt status and has taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by federal, state or local tax authorities for years before 2008.

Note 10. Reconciliation Of Financial Statements To Form 5500, Schedule H

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per Form 5500 as of August 31, 2012 and 2011:

	2012	2011
Net assets available for benefits per the financial statements	\$ 13,707,555	\$ 11,918,697
Accrued expenses	9,011	8,092
Net assets per Form 5500	\$ 13,716,566	\$ 11,926,789

The following is a reconciliation of administrative expenses per the financial statements to Form 5500 for the years ended August 31, 2012 and 2011:

	2012	2011
Administrative expenses per the financial statements	\$ 62,101	\$ 64,024
Accrued expenses, prior year	8,092	7,835
Accrued expenses, current year	(9,011)	(8,092)
Administrative expenses per Form 5500	\$ 61,182	\$ 63,767

Note 11. Plan Amendments

In July 2011, the Plan was amended to freeze the Plan to all salaried employees who had not met the eligibility requirements as of July 11, 2011, and to reinstate benefit accruals for the participants who no longer accrue benefits in the Company's non-qualified pension plan. Benefits accrued in the non-qualified pension plan will be used to offset future benefits in this Plan for those specific participants.

Effective September 1, 2011, the Plan was restated to incorporate all prior amendments into the Plan document.

Redland Brick Inc. Pension Plan

Notes To Financial Statements

Note 12. Subsequent Events

Effective September 1, 2012, the Plan was amended to adjust the survivor benefits provided to spouse and non-spouse beneficiaries of participants who have not begun taking distributions, effective for all participants who die after September 1, 2012. This amendment is not expected to have a significant impact on the actuarial present value of accumulated plan benefits.

The Plan's funding level was determined to be 99% of the funding target as of September 1, 2012. As a result there are no restrictions or limitations on distributions for non-highly compensated participants as provided in the Pension Protection Act of 2006.

The IRS has determined and informed the Company by a letter dated February 19, 2013, that the Redland Brick Inc. Pension Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has not been amended since it received the above determination letter.

The Plan has evaluated subsequent events through May 22, 2013, the date the financial statements were available to be issued.

Redland Brick Inc. Pension Plan

**Schedule Of Assets (Held At End Of Year)
Form 5500, Schedule H, Line 4i
August 31, 2012**

Employer Identification Number: 06-0954641
Plan Number: 004

(a)	(b)	(c)	(d)	(e)
Identity Of Issuer, Borrower, Lessor Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par Or Maturity Value	Cost	Current Value	
Pooled Separate Accounts:				
* Principal Life Insurance Company	Principal Money Market Separate Account R6	\$ 1,399,372	\$ 1,399,094	
* Principal Life Insurance Company	Principal Large Cap S&P 500 Index Separate Account R6	512,366	633,993	
* Principal Life Insurance Company	Principal Bond Market Index Separate Account R6	978,215	1,012,517	
Mutual Funds:				
Vanguard Group	Vanguard International Value Fund	510,086	522,733	
Fidelity Management and Research Company	Fidelity Advisor Small Cap Value A Fund	125,000	123,213	
Fidelity Management and Research Company	Fidelity Advisor Small Cap I Fund	113,983	117,653	
Franklin Templeton Investments	Templeton Global Bond A Fund	525,103	518,596	
Capital Research and Management Company	American Funds Europacific Growth Fund R3	535,535	569,005	
Capital Research and Management Company	American Funds Growth Fund of America R3	420,141	539,237	
Capital Research and Management Company	American Funds Intermediate Bond Fund of America R4	822,900	831,307	
PIMCO Funds	PIMCO Real Return A Fund	608,601	662,051	
PIMCO Funds	PIMCO Total Return A Fund	1,462,771	1,467,768	
PIMCO Funds	PIMCO Commodity Real Return Strategy Fund	520,590	495,675	
Allianz	Allianz NFJ Dividend Value A Fund	453,393	547,326	
Blackrock	Blackrock Global Allocation Investment A Fund	775,923	760,358	
Loomis Sayles	Loomis Sayles Bond Retail Fund	632,258	643,312	
T. Rowe Price	T. Rowe Price Growth Stock Advantage Fund	402,448	450,348	
Oppenheimer Funds, Inc.	Oppenheimer Developing Markets A Fund	625,000	603,481	
Oppenheimer Funds, Inc.	Oppenheimer Intl Bond A Fund	526,042	522,754	
Ivy Investment Management Company	Ivy Asset Strategy A Fund	690,246	747,306	
Dreyfus	Eaton Vance Large Cap Value A Fund	448,739	548,839	
		<u>\$ 13,088,712</u>	<u>\$ 13,716,566</u>	

* Party-in-interest.

The above information has been certified by Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (Principal Trust) as complete and accurate.

Redland Brick Inc. Pension Plan

Schedule Of Reportable Transactions

Form 5500, Schedule H, Item 4j

Year Ended August 31, 2012

Employer Identification Number: 06-0954641

Plan Number: 004

(a) Identity Of Party Involved	(b) Description Of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost Of Asset	(h) Current Value Of Assets On Transaction Date	(i) Net Gain Or (Loss)
Single Transaction: Capital Research Oppenheimer Funds, Inc.	American Funds New World R4 Fund Oppenheimer Developing Markets A Fund	\$ - 625,000	\$ 637,258 -	\$ 594,042 625,000	\$ 637,258 625,000	\$ 43,216 -
Series of Transactions:						
*Principal Life	Money Market Separate Account	2,407,903	-	2,407,903	2,407,903	-
*Principal Life	Money Market Separate Account	-	1,255,390	1,255,601	1,255,390	(211)
*Principal Life	Principal Bond Market Index Separate Account R6	978,215	-	978,215	978,215	-
Capital Research	American Funds New World R4 Fund	169,114	-	169,114	169,114	-

*

Party-in-interest.

The above information has been certified by Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (Principal Trust) as complete and accurate.

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

Form 5500 - Schedule of Active Participation Data										
Valuation Date 09/01/2011										
YEARS OF CREDITED SERVICE										
Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0	
25 to 29	0		0		6		0		0	
30 to 34	0		2		0		4		0	
35 to 39	0		0		4		2		0	
40 to 44	0		0		3		6		0	
45 to 49	0		2		5		1		7	
50 to 54	0		1		3		1		6	
55 to 59	0		1		3		4		3	
60 to 64	0		0		0		0		1	
65 to 69	0		1		0		0		0	
70 & up	0		0		0		0		1	

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

Assumptions Prescribed by Law									
Mortality	<u>During Benefit Payment Period</u> IRS Prescribed Mortality-Optional Combined Table for Small Plans, male and female. <u>Before Benefit Payment Period</u> IRS Prescribed Mortality-Optional Combined Table for Small Plans, male and female.								
Assumptions Selected by Actuary									
Asset Return	6.75% for the current plan year.								
Expected Expense	\$63,767 included in Target Normal Cost.								
Retirement Age	Normal Retirement Age as defined in Plan Provisions								
Upcoming Year Salary Increase	The preceding year's salary is increased using the S-5 Table from The Actuary's Pension Handbook, increased by 2.00% at each age. This table provides a rate of increase that declines as participants age. Note: not used for Plan Accounting calculations. <table border="1"> <thead> <tr> <th>Age</th><th>Upcoming Increase</th></tr> </thead> <tbody> <tr> <td>25</td><td>6.18%</td></tr> <tr> <td>40</td><td>4.72%</td></tr> <tr> <td>55</td><td>3.88%</td></tr> </tbody> </table>	Age	Upcoming Increase	25	6.18%	40	4.72%	55	3.88%
Age	Upcoming Increase								
25	6.18%								
40	4.72%								
55	3.88%								
Disability	None.								
Marriage	75% married; husbands are 3 years older than wives.								
Withdrawal	2003 Society of Actuaries Small Plan Age Table, multiplied by 0.75.								
Wage Base Increase	3.25% per year.								
Inflation	2.25% increase per year								
Compensation Limit Increase	2.25% increase per year used in the calculation of the IRC 404 Maximum Deduction cushion. See Calculated Deduction in Rules and Regulations.								
Form of Benefit	Participants are assumed to receive their benefits on the normal form at the assumed retirement age.								
Methods Prescribed by Law									
Liability Measure	Funding target is the present value of the benefits accrued on the valuation date. Target Normal Cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.								

Methods Selected by Plan Sponsor	
Asset Method	The asset valuation method is prescribed by law for plans that elect to use a value other than market value. For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years. The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the Maximum Allowable Rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value. When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.
Segment Rates	24 month average with no weighting to prior law basis. Use rates where April is the last month included in the average.
PBGC Premium Basis	Premiums are calculated using the special segment rates (no 24-month averaging) in effect on the valuation date.
Methods Elected by Actuary	
Retirees	Assets and liabilities for current and future retirees are included.
HCE Benefit Payment Restrictions	A ratio of the market value of assets and funding target is used to determine if restrictions apply. Assets and Funding Target are as of the valuation date and are reduced by: • any retiree benefit index or floor • amounts for HCEs who were previously restricted • an amount for the retiring HCE
Vested Benefits	A benefit is included in vested benefits when the participant will meet age and service eligibility requirements at the valuation date. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date. The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, and pre-retirement death benefits in excess of the Survivor Annuity Death Benefit except as noted in the Plan Provisions.

Assumptions and Methods Elected by Actuary Long-Term Contribution Level and Plan Accounting (formerly known as SFAS No. 35)	
With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular Funding Target and Target Normal Cost.	
Interest Rate Used to Value Liabilities	6.50%
Interest Rate Basis for Lump Sums	6.00%
Benefit Liability	Long-Term Contribution Level reflects: • Service and compensation projected to the age benefits are assumed to be paid. • Compensation and benefit limits projected at 2.25% per year.
Long-Term Contribution Level	Allocates the difference between the Benefit Liability and the Market Value of Assets as a level percentage of payroll per year.

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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 09/01/2011 and ending 08/31/2012

► **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>2011</u>			
2 Assets:			
a Market value.....	2a	11922931	
b Actuarial value.....	2b	11734274	
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	68	7098572
b For terminated vested participants	3b	93	2632056
c For active participants:			
(1) Non-vested benefits.....	3c(1)		352671
(2) Vested benefits.....	3c(2)		5541733
(3) Total active	3c(3)	122	5894404
d Total.....	3d	283	15625032
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	5.78 %	
6 Target normal cost.....	6	537535	

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 Michael A. Carlson Type or print name of actuary Principal Financial Group Firm name PO Box 9394 Des Moines, IA 50306-9394 Address of the firm	 Date 1105860 Most recent enrollment number 412-394-9331 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2011 v.012611**

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>9.47</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.61</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	75.09 %
15 Adjusted funding target attainment percentage	15	75.09 %
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	83.11 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/12/2011	205576	0			
03/05/2012	205576	0			
06/04/2012	205576	0			
08/27/2012	1167349	0			
Totals ▶			18(b)	1784077	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	1703598

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No**b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No**c** If 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: 2.38 %	2nd segment: 5.51 %	3rd segment: 6.36 %
			☐ 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 eligible for (and is using) 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	537535
b Excess assets, if applicable, but not greater than 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		3890758	674609
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	1212144
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	1212144
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	1703598
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	491454
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
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 SB, Line 2a - Explanation of Assets
REDLAND BRICK INC. PENSION PLAN
EIN 06-0954641 Plan No. 004

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF. Schedule H, Schedule I and Form 5500-SF use the full value of contributions received after plan year end. Line 2a includes the value of \$304,244 contributions received after the plan year end with a discounted value of \$300,386.

Schedule SB, Line 24 – Change in Actuarial Assumptions
REDLAND BRICK INC. PENSION PLAN
EIN 06-0954641 Plan No. 004

Certain non-prescribed assumptions have been changed since last year. These assumptions were changed to better reflect the anticipated experience of your plan.

- Turnover has been updated from the 2003 Society of Actuaries Small Plan Age Table, multiplied by 0.45 to the 2003 Society of Actuaries Small Plan Age Table, multiplied by 0.75.
- The wage base increase has decreased from 3.50% to 3.25%.
- The compensation limit increase has decreased from 3.00% to 2.25%.
- The inflation assumption has decreased from 3.00% to 2.25%.
- The asset return for the current year has decreased from 7.50% to 6.75%. This rate is used in the calculation of the actuarial value of plan assets.

Schedule SB, Line 25 – Change in Method
REDLAND BRICK INC. PENSION PLAN
EIN 06-0954641 Plan No. 004

A change in valuation software has occurred since the last plan year. The change meets the automatic approval requirements under Announcement 2010-3.

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

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

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the plan signed 12/22/2006 including amendments through Number 4 signed 07/14/2011.

Plan Eligibility	
Service	One year of service. Effective July 11, 2011, no Nonunion participants may enter the plan.
Normal Retirement Benefit	
Age	Attained age 65.
Service	Five years of plan participation.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	Union employees: \$10 times service period to September 1, 1987, plus \$15 times service September 1, 1987 to September 1, 1988, plus \$19 times service September 1, 1988 to September 1, 1989, plus \$21 times service September 1, 1989 to September 1, 1990, plus \$27 times service September 1, 1990 to September 1, 1993, plus \$31 times service September 1, 1993 to September 1, 1996, plus \$34 times service September 1, 1996 to September 1, 1999, plus \$35 times service September 1, 1999 to September 1, 2000, plus \$36 times service September 1, 2000 to September 1, 2004, plus \$39 times service September 1, 2004 to September 1, 2005, plus \$42 times service September 1, 2005 to September 1, 2006, plus \$44 times service September 1, 2006 to September 1, 2007, plus \$47 times service September 1, 2007 to September 1, 2008, plus \$49 times service September 1, 2008 to September 1, 2009, plus \$51 times service on and after September 1, 2009 Non-Union employees: The sum of a), b), and c) less d): a) The accrued benefit as of December 31, 1988. b) 1.5% of average compensation times service on and after January 1, 1989. c) .6% of average compensation in excess of the integration level times service on and after January 1, 1989 (maximum 35 years of total employment service.) d) The sum of a) and b) times service on and after January 1, 1989.

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

	d) The accrued benefit earned under the Executive Non-Qualified Defined Benefit Plan of Redland Brick Inc.
Early Retirement Benefit	
Age and service	Union: Attained age 57 with five years of accrual service. Non-Union: Attained age 55 with ten years of accrual service.
Form	Same as normal retirement benefit.
Amount	Union: Accrued benefit on early retirement date actuarially reduced by 6% for each year that the early retirement date precedes normal retirement date. Non-Union: Accrued benefit on early retirement date actuarially reduced to reflect the fact that early retirement date precedes normal retirement date.
Late Retirement Benefit	
Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Greater of accrued benefit on normal retirement date actuarially increased to late retirement date or accrued benefit on late retirement date.
Termination Benefit	
Vesting Percentage	Union: 100% after five years of service. Non-Union: 20% after two years of service plus 20% per year for each year thereafter up to 100%.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

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

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

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

Significant Event

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

Changes in Principal Eligibility or Benefit Provisions

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

- This report reflects changes in maximum benefit limits under Internal Revenue Code (IRC) Section 415 and in maximum compensation limits under IRC Section 401.
- Effective July 11, 2011, no Non-union participations may enter the plan. The benefits for Highly Compensated Employees are no longer frozen as of 09/01/2003. The accrued benefit for Non-union employees is offset by the accrued benefit earned under the Executive Non-Qualified Defined Benefit Plan of Redland Brick Inc.

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

Shortfall			
Date Created	Present Value	Remaining Years	Annual Charge
09/01/2011	\$2,297,152	7	\$366,812
09/01/2010	901,706	6	162,832
09/01/2009	691,900	5	144,965
Total	\$3,890,758		\$674,609

Last year's total shortfall annual charge was \$307,797.

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

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

There are no waiver bases for the current year.

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

All active participants are expected to retire at the plan's assumed retirement age.

EIN 06 0954641
 PLAN NUMBER 004
 PLAN YEAR 09/01/2011 TO 08/31/2012

[illegible]

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

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

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

REDLAND BRICK INC. PENSION PLAN

EIN 06 0954641
 PLAN NUMBER 004
 PLAN YEAR 09/01/2011 TO 08/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Allianz	Registered Investment Company ALLIANZ NFJ DIV VALUE A FUND	\$ 453,392.53	\$ 547,326.26
	American Funds Service Company	Registered Investment Company AM FDS EUROPACIFIC GRTH R3 FD	\$ 535,534.50	\$ 569,004.79
	The American Funds	Registered Investment Company AM FDS GRTH FD OF AM R3 FUND	\$ 420,140.58	\$ 539,236.64
	The American Funds	Registered Investment Company AM FDS INTM BD FD OF AM R4 FD	\$ 822,900.34	\$ 831,307.04
	BlackRock	Registered Investment Company BLACKROCK GLOBAL ALL INV A FD	\$ 775,923.31	\$ 760,358.37
	Eaton Vance	Registered Investment Company EATON VANCE LG-CAP VALUE A FD	\$ 448,738.97	\$ 548,839.29
	Fidelity Investments	Registered Investment Company FIDELITY ADV SM CAP VAL A FUND	\$ 125,000.00	\$ 123,213.12
	Fidelity Investments	Registered Investment Company FIDELITY ADV SMALL CAP I FUND	\$ 113,983.14	\$ 117,652.57
	Ivy Investment Management Co	Registered Investment Company IVY ASSET STRATEGY A FUND	\$ 690,245.95	\$ 747,305.95
	Loomis Sayles	Registered Investment Company LOOMIS SAYLES BOND RETAIL FUND	\$ 632,257.60	\$ 643,312.22
	Oppenheimer	Registered Investment Company OPPEN DEVELOPING MKTS A FUND	\$ 625,000.00	\$ 603,480.53
	Oppenheimer	Registered Investment Company OPPENHEIMER INTL BOND A FUND	\$ 526,041.80	\$ 522,753.94
	PIMCO Funds	Registered Investment Company PIMCO COMMREALTNRN STR A FND	\$ 520,590.49	\$ 495,675.21
	PIMCO Funds	Registered Investment Company PIMCO REAL RETURN A FUND	\$ 608,601.16	\$ 662,050.52
	PIMCO Funds	Registered Investment Company PIMCO TOTAL RETURN A FUND	\$ 1,462,771.31	\$ 1,467,767.96

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

REDLAND BRICK INC. PENSION PLAN

EIN 06 0954641
PLAN NUMBER 004
PLAN YEAR 09/01/2011 TO 08/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN BOND MARKET INDEX SA-R6	\$ 978,214.97	\$ 1,012,517.12
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LGCAP S&P 500 INDEX SA-R6	\$ 512,365.83	\$ 633,993.49
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MONEY MARKET SEP ACCT-R6	\$ 1,399,372.46	\$ 1,399,093.65
	T. Rowe Price Funds	Registered Investment Company T. ROWE PRICE GRTH STK ADV FND	\$ 402,447.83	\$ 450,347.82
	Franklin Templeton Investments	Registered Investment Company TEMPLETON GBLB BOND A FD	\$ 525,103.10	\$ 518,595.90
	Vanguard Group	Registered Investment Company VANGUARD INTL VALUE FUND	\$ 510,085.50	\$ 522,733.45