

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), 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 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ 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 GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan 01/01/1968	
	2b Employer Identification Number (EIN) 52-0559855	2c Sponsor's telephone number 410-467-8209
	2d Business code (see instructions) 326100	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) HEDWIN CORPORATION 1600 ROLAND HEIGHTS AVENUE BALTIMORE, MD 21211-1213		

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.	10/08/2010	THERESA LIPIRA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") GROUP PENSION PLAN ADMINISTRATIVE COMMITTEE 1600 ROLAND HEIGHTS AVENUE BALTIMORE, MD 21211-1213	3b Administrator's EIN 52-1075191 3c Administrator's telephone number 410-467-8209
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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	383
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	146
b Retired or separated participants receiving benefits.....	6b	112
c Other retired or separated participants entitled to future benefits.....	6c	96
d Subtotal. Add lines 6a , 6b , and 6c	6d	354
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	14
f Total. Add lines 6d and 6e	6f	368
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 1I

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) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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 <u>GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HEDWIN CORPORATION</u>	D Employer Identification Number (EIN) <u>52-0559855</u>
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>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>12163487</u>
b	Actuarial value 2b <u>13379835</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>114</u> <u>7312900</u>
b	For terminated vested participants 3b <u>115</u> <u>1744717</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>72768</u>
(2)	Vested benefits 3c(2) <u>5311674</u>
(3)	Total active 3c(3) <u>146</u> <u>5384442</u>
d	Total 3d <u>375</u> <u>14442059</u>
4	If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>8.25</u> %
6	Target normal cost 6 <u>51000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/06/2010</u>
Signature of actuary	Date
<u>STEPHEN A. KING, FSA</u>	<u>08-04373</u>
Type or print name of actuary	Most recent enrollment number
<u>BOLTON PARTNERS, INC.</u>	<u>410-547-0500</u>
Firm name	Telephone number (including area code)
<u>575 S. CHARLES STREET, SUITE 500</u> <u>BALTIMORE, MD 21201</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

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 (Item 13 from prior year)	14791	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	14791	0
10	Interest on item 9 using prior year's actual return of <u>-22.37</u> %	-3309	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		66375
b	Interest on (a) using prior year's effective rate of <u>6.28</u> %		4168
c	Total available at beginning of current plan year to add to prefunding balance		70543
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	11482	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	92.56 %
15	Adjusted funding target attainment percentage.....	15	92.56 %
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	95.85 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/08/2010	87183				
			Totals ►	18(b)	0
				87183	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 contribution 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 76282
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
0	0	0
		0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	51000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	207182	36764
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 (item 31 + item 32a + item 32b – item 33).....	34	87764
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	11482	0
36 Additional cash requirement (item 34 minus item 35).....	36	76282
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	76282
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HEDWIN CORPORATION	D Employer Identification Number (EIN) 52-0559855

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

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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)

DIVERSIFIED INVESTMENT ADVISORS

13-3689044

(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?
12 15 28 50 59 62 63 64	NONE	20871	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MICHAEL D. SISK AND COMPANY, PC

52-1857374

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	7700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOLTON PARTNERS, INC.

52-1231144

(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?
11	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	12230	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 ☐

(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
BOLTON PARTNERS, INC.	11	12230

(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.
DIVERSIFIED INVESTMENT ADVISORS 13-3689044	REVENUE SHARING - 0.025% OF MARKET VALUE OF ASSETS PAID AT END OF EACH CALENDAR QUARTER

(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.

(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 2009 This Form is Open to Public Inspection.	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HEDWIN CORPORATION				D Employer Identification Number (EIN) 52-0559855	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: HEDWIN CORP ACCT NO. CT-71991 01					
b Name of sponsor of entity listed in (a): DIVERSIFIED INVESTMENT ADVISORS					
c EIN-PN 13-3689044-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10259232	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MT	

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
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HEDWIN CORPORATION	D Employer Identification Number (EIN) 52-0559855	

Part I	Asset and Liability Statement
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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)		87183
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	12163487	10259232
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		3358329
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12163487	13704744

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12163487	13704744
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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)	87183	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		87183

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	57933	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		57933

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1807781
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		781233
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2734130

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1131426	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1131426
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	7700	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	53747	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		61447
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1192873

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1541257
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MICHAEL D. SISK AND COMPANY, PC

(2) EIN: 52-1857374

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

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

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

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

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
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HEDWIN CORPORATION</u>	D Employer Identification Number (EIN) <u>52-0559855</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>13-3689044</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	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 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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION

FINANCIAL REPORT

DECEMBER 31, 2009

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All other supplemental schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 are not applicable.

MICHAEL D. SISK & COMPANY, PC

Certified Public Accountants

Harbor Court Office Building • Suite 400
575 South Charles Street • Baltimore, Maryland 21201
Phone: 410-727-3122 • Fax: 410-727-3125



INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Group Pension Plan for Employees
of Hedwin Corporation
Baltimore, Maryland

We have audited the accompanying statements of net assets available for benefits of the Group Pension Plan for Employees of Hedwin Corporation (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, the statements of accumulated plan benefits as of December 31, 2009 and 2008, and the related statements of changes in accumulated plan benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the information regarding the Group Pension Plan for Employees of Hedwin Corporation's net assets available for benefits as of December 31, 2009 and 2008, and the changes therein for the years then ended and its financial status as of December 31, 2009 and 2008, and changes therein for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our 2009 audit was conducted for the purpose of forming an opinion on the 2009 basic financial statements taken as a whole. The supplemental schedule of assets held for investment purposes at end of year and the schedule of reportable transactions are presented for the purpose of additional analysis and are not a required part of the 2009 basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the 2009 basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the 2009 basic financial statements taken as a whole.

MICHAEL D. SISK & COMPANY, PC

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Plan Administrator
Group Pension Plan for Employees
of Hedwin Corporation
Page Two

The schedules of assets held for investment purposes at end of year that accompanies the Plan's financial statements does not disclose the historical cost of investments held by the Plan. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Michael D. Sisk & Company, PC

Baltimore, Maryland
October 6, 2010

GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments, at fair value	\$ 13,617,561	\$ 12,163,487
Contributions receivable from employer	<u>87,183</u>	<u>-</u>
Total assets	<u>13,704,744</u>	<u>12,163,487</u>
LIABILITIES		
Accounts payable	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 13,704,744</u>	<u>\$ 12,163,487</u>

The Notes to Financial Statements are an integral part of these statements.

GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS		
Investment income:		
Net appreciation (depreciation)		
in fair value of investments	\$ 2,589,014	\$ (3,640,850)
Dividends	<u>57,933</u>	<u>-</u>
	2,646,947	(3,640,850)
Employer contributions	<u>87,183</u>	<u>67,500</u>
Total additions (reductions)	<u>2,734,130</u>	<u>(3,573,350)</u>
DEDUCTIONS		
Benefits paid directly to participants	<u>1,131,426</u>	<u>1,010,459</u>
Administrative expenses:		
Audit	7,700	7,708
Actuarial	-	94,787
Insurance commission	20,871	24,313
Pension Benefit Guaranty Corporation	<u>32,876</u>	<u>18,351</u>
Total administrative expenses	<u>61,447</u>	<u>145,159</u>
Total deductions	<u>1,192,873</u>	<u>1,155,618</u>
Net increase (decrease)	1,541,257	(4,728,968)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>12,163,487</u>	<u>16,892,455</u>
End of year	<u>\$ 13,704,744</u>	<u>\$ 12,163,487</u>

The Notes to Financial Statements are an integral part of these statements.

GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION

STATEMENTS OF ACCUMULATED PLAN BENEFITS

(As Determined by the Plan's Consulting Actuary)

December 31, 2009 and 2008

	2009	2008
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving payments	\$ 9,005,455	\$ 7,592,508
Other participants	<u>6,529,917</u>	<u>7,054,198</u>
Total vested benefits	15,535,372	14,646,706
Non-vested benefits	<u>70,290</u>	<u>139,121</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 15,605,662</u>	<u>\$ 14,785,827</u>

The Notes to Financial Statements are an integral part of these statements.

GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

(As Determined by the Plan's Consulting Actuary)

Years Ended December 31, 2009 and 2008

	2009	2008
Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	<u>\$ 14,785,827</u>	<u>\$ 14,657,681</u>
Increase (decrease) during the year attributable to:		
Assumption change	595,695	-
Interest	1,137,609	1,132,196
Plan experience	217,957	6,409
Benefits paid	<u>(1,131,426)</u>	<u>(1,010,459)</u>
Net increase	<u>819,835</u>	<u>128,146</u>
Actuarial Present Value of Accumulated Plan Benefits, End of Year	<u>\$ 15,605,662</u>	<u>\$ 14,785,827</u>

The Notes to Financial Statements are an integral part of these statements.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following brief description of the Group Pension Plan for Employees of Hedwin Corporation (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General

The Plan is a contributory defined benefit pension plan covering substantially all full time employees of Hedwin Corporation (the Company). The Plan was amended effective December 31, 2007 to freeze accrued benefits and to discontinue employee contributions. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Highlights of Plan Provisions

Compensation

Total annual wages including salary reduction contributions made to the Hedwin Corporation Employees' Incentive Plan, but excluding sales commissions and bonuses. Effective January 1, 2002, compensation is limited to \$200,000, as increased for cost of living adjustments. Compensation earned after December 31, 2007 shall not be taken into account under the Plan.

Average Compensation

Average of highest 5 consecutive years of compensation.

Covered Compensation

Covered compensation as defined in the Internal Revenue Code. That is, a rounded 35-year average of the Social Security wage bases over the working lifetime of a participant ending with the year in which the participant reaches his Social Security retirement age. Increases in Covered Compensation after December 31, 2007 shall not be taken into account under the Plan.

Years of Service

Plan year during which an employee completes at least 1,000 hours of service. Partial years of benefit accrual service are credited for service before 1968 and for years after 1975 in which the participant retired or terminated for any reason. A whole year of vesting service is credited for any year prior to 1976 in which the participant earned a partial year of benefit accrual service. No years of service earned after December 31, 2007 shall be taken into account for purposes of benefit accrual.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (continued)

Highlights of Plan Provisions (continued)

Eligibility Requirements

Any employee hired after December 31, 2005 will not be eligible to participate in the Plan. Rehires will not be eligible to participate unless they were previously participating in the Plan and are still owed a benefit under the Plan. Any employee who ever participated in the Plan, vested or not, may re-enter the Plan according to the provisions of the Plan as they currently exist.

Employees, who are first eligible or are currently eligible but have never done so, must elect to participate January 1, 2006 or January 1, 2007, or they will never be eligible. Employees who are first eligible to participate January 1, 2007, must elect to participate on that date, or they will never be eligible.

Minimum Age

None.

Maximum Age

None.

Service Requirement

6 months; must contribute.

Contributions

Company Contributions

Amount required to meet annual funding standards of the IRS, as determined by the Plan actuary.

Participant Contributions

Required, in amount equal to 1.1% of compensation. No more than 30 years of contributions are required unless a withdrawal of employee contributions is made by the participant. Then, an additional 30 years of contributions are required if that person resumes participation. Prior to January 1, 1998, the limit was 25 years. Participant contributions will no longer be required or accepted after December 31, 2007.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (continued)

Highlights of Plan Provisions (continued)

Normal Retirement Benefits

Eligible on first of month coincident with or next following 65th birthday.

Formula

1.1% of average monthly compensation plus .65% of average monthly compensation in excess of Covered Compensation multiplied by years of accrual service, up to a maximum of 30 years. Prior to January 1, 1998, the limit was 25 years.

However, in no event will the normal retirement benefit be less than the benefit accrued under the prior plan formula as of December 31, 1989.

Benefit computed as 5 year certain and life annuity.

Just after the end of the calendar year 1999, retirees and beneficiaries received an additional benefit of 2.64% of the benefit being received. Active participants received a similar increase based on their accrued benefit at the beginning of that year.

Early Retirement Benefits

Eligible on first month after participant completes 10 years of vesting service and reaches age 60.

Benefit

Computed by same formula as normal retirement benefit. Benefit is reduced by 1/144 for each month payments begin before normal retirement date.

Postponed Retirement Benefits

Greater of (i) benefit calculated at normal retirement date and actuarially increased to reflect deferral of payment and (ii) benefit calculated at actual retirement date using compensation and service earned through actual retirement date.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (continued)

Highlights of Plan Provisions (continued)

Disability Benefits

None.

Termination of Employment Benefits

Vesting Schedule

Employee portion of accrued benefit always 100% vested.

Employer portion of accrued benefit –

0% with fewer than 5 years.

100% with 5 or more years.

Service where participant refused to make required contributions excluded for vesting purposes.

Benefit Commencement Date

Normal retirement date, unless employee elects earlier.

Death Benefits

Prior to eligibility for normal retirement benefits: return of employee contributions with interest, and the surviving spouse of a vested participant receives the survivor portion of a 50% joint and survivor benefit based upon the employer-provided accrued benefit starting on the date the participant would have become eligible for early retirement.

If death occurs after normal retirement date but before benefit commenced, surviving spouse or other named beneficiary entitled to greater of 1) 50% of amount payable to participant under joint and 50% survivor option and 2) 60 months of payments under 5 year certain and life annuity option. Employees and retirees are provided a minimum death benefit equal to their contribution with interest (less any prior payments).

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan (continued)

Highlights of Plan Provisions (continued)

Joint and Survivor Benefits

Normal form of benefit payment for married participants unless participant elects otherwise. Benefit is actuarial equivalent of the 5 year certain and life annuity.

Other Options

Options available include 50% and 100% contingent annuities, and 10 year certain and life annuity. Lump sum option is available to participants who have elected a refund of their employee contributions and have a remaining employer provided benefit with a lump sum value less than \$5,000.

Optional Forms Conversion Factors

Annuity benefits payable under the optional forms are actuarially equivalent to the 5 year certain and life annuity form of payment using 8% interest and the UP84 Mortality Table. The lump sum of any remaining employer provided benefit is calculated using 417(e) mandated mortality and interest. The 417(e) interest for the preceding November is used for the entire next calendar year.

Note 2. Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (continued)

Investments

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 6 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.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, as well as present employees or their beneficiaries. Benefits for employees or their beneficiaries who retired or terminated prior to January 1, 1989 are based on employees' compensation during their last five years of credited service. Benefits for employees or their beneficiaries who retired or terminated after January 1, 1989 are based on employees' compensation in effect for the highest five years of continuous credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the valuation date. Benefits payable under all circumstances – retirement, death and termination of employment – are included to the extent that they are deemed attributable to employee service rendered to the valuation date.

The Plan's consulting actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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 assumptions underlying the actuarial computations are:

Mortality

For Valuation – 2010 IRS Combined Static Mortality Table (changed from the 2009 IRS Combined Static Mortality Table).

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits (continued)

Turnover

Table T-7 of the *Actuary's Pension Handbook*.

Interest

For Valuation – September 2009 three segment rates. The effective interest rate for 2010 is 6.66%. For 2009 valuation, the November full yield curve was used. The effective interest rate for 2009 was 8.25%.

Salary Increases

Not applicable. Effective December 31, 2007, all accrued benefits under the Plan became frozen. Compensation earned after December 31, 2007 shall not be taken into account under the Plan.

Retirement Age

All participants assumed to retire upon reaching age 65, or current age, if older. Vested benefits and death benefits are assumed to be deferred until age 65 (normal retirement age).

Disablement

None assumed.

Marriage/Age of Spouse

100% of population is assumed to be married with females assumed to be four years younger than males.

Expenses

For Valuation – Administrative expenses expected to be paid from Plan assets in 2010 (\$100,000) were added to the normal cost.

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits (continued)

Asset Valuation

The two-year smoothing method described in Internal Revenue Code section 403(g)(3)(B), using annual determination dates ending on the valuation date, with an assumed investment return of 7.5% (not to exceed the third segment rate under Code section 430(h)(2)(c)(iii) as specified by IRS Notice 2009-22).

Actuarial Cost Method

Traditional Unit Credit.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Note 3. Funding Policy

As a condition of participation, employees are required to contribute 1.1 percent of their salary to the Plan (through December 31, 2007). Present employees' accumulated contributions at December 31, 2009 and 2008 were \$1,577,361 and \$1,984,962, respectively, including interest at 120% of the federal mid-term rate for contributory plans, compounded annually. Subsequent to December 31, 2007, employees are no longer required to make contributions.

The Plan is subject to the funding requirements of the Pension Protection Act of 2006 (PPA), as amended by the Worker, Retiree, and Employer Recovery Act of 2008. The new law completely revised the funding rules for defined benefit pension plans. PPA places restrictions on the benefits that can be provided to certain participants in "underfunded" plans (e.g., lump sum benefits). However, since the Plan has an Adjusted Funding Target Attainment Percentage (AFTAP) greater than 80% as of December 31, 2009, it is the consulting actuary's understanding that the Plan is exempt from these benefit restrictions in 2009. The AFTAP as of December 31, 2009 for the Plan is 81.85%.

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

NOTES TO FINANCIAL STATEMENTS

Note 4. Plan Termination

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

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the 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.

NOTES TO FINANCIAL STATEMENTS

Note 5. Investments

Investments at fair value as of December 31, 2009 and 2008 consist of the following:

	<u>2009</u>		<u>2008</u>
Diversified common/collective trusts:			
Core Bond	\$ 2,039,736 *	\$	2,453,107 *
High Quality Bond	1,388,593 *		1,250,925 *
High Yield Bond	856,188 *		595,817
Long Bond Fund	1,828,752 *		2,549,255 *
Large Cap Growth	723,879 *		554,713
Mid Cap Growth	576,415		278,620
Mid Cap Value	564,640		242,033
Real Estate	579,240		700,030 *
Stock Index	1,701,789 *		1,117,263 *
Value	-		517,592
Small Cap Value	-		559,454
Europacific	-		1,344,678 *
	<u>10,259,232</u>		<u>12,163,487</u>
Mutual funds:			
Allianz NFJ Dividend Value A	722,888 *		-
American Funds EuroPacific Growth	1,805,922 *		-
Keeley Small Cap Value	829,519 *		-
	<u>3,358,329</u>		<u>-</u>
	<u>\$ 13,617,561</u>	\$	<u>12,163,487</u>

* Amount represents investments in the Plan of 5% or more of net assets available for benefits as of the end of the Plan year.

For the years ended December 31, 2009 and 2008, the Plan's investments, (including gains and losses on investments bought and sold during the year) appreciated (depreciated) in value by \$2,589,014 and \$(3,640,850), respectively.

Note 6. 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:

NOTES TO FINANCIAL STATEMENTS

Note 6. Fair Value Measurements (continued)

Level 1

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2

Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Mutual funds:

Valued at the net asset value (NAV) of shares held by the Plan at year end.

NOTES TO FINANCIAL STATEMENTS

Note 6. Fair Value Measurements (continued)

Common collective trusts:

The investment in units of participation in each common collective trust is stated at the daily calculated unit value as reported by the funds in which they invest.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

Assets at Fair Value as of December 31, 2009

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 3,358,329	\$ -	\$ -	\$ 3,358,329
Common collective trusts	<u>-</u>	<u>10,259,232</u>	<u>-</u>	<u>10,259,232</u>
Total assets at fair value	<u>\$ 3,358,329</u>	<u>\$ 10,259,232</u>	<u>\$ -</u>	<u>\$ 13,617,561</u>

Assets at Fair Value as of December 31, 2008

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common collective trusts	<u>\$ -</u>	<u>\$ 12,163,487</u>	<u>\$ -</u>	<u>\$ 12,163,487</u>
Total assets at fair value	<u>\$ -</u>	<u>\$ 12,163,487</u>	<u>\$ -</u>	<u>\$ 12,163,487</u>

Note 7. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated August 12, 2002, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTES TO FINANCIAL STATEMENTS

Note 8. Risks and Uncertainties

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

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

Note 9. Subsequent Events

The Plan has evaluated subsequent events through October 6, 2010, the date the financial statements were available to be issued. There were no additional events or transactions that were discovered during the evaluation that required further disclosure.

SUPPLEMENTAL SCHEDULES

GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

December 31, 2009

Schedule H, Form 5500

Part IV, Line 4i - Schedule of Assets Held for Investment Purposes at End of Year

EIN: 52-0559855

Plan No. 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, <u>Borrower, or Similar Party</u>	Description of Investment Including Maturity Date, Rate of Interest, <u>Collateral, Par, or Maturity</u>	<u>Cost*</u>	<u>Current Value</u>
*	Diversified Core Bond Fund	Common/Collective Trust	**	\$ 2,039,736
*	Diversified High Quality Bond Fund	Common/Collective Trust	**	1,388,593
*	Diversified High Yield Bond Fund	Common/Collective Trust	**	856,188
*	Diversified Long Bond Fund	Common/Collective Trust	**	1,828,752
*	Diversified Large Cap Growth Fund	Common/Collective Trust	**	723,879
*	Diversified Mid Cap Growth Fund	Common/Collective Trust	**	576,415
*	Diversified Mid Cap Value Fund	Common/Collective Trust	**	564,640
*	Diversified Real Estate Fund	Common/Collective Trust	**	579,240
*	Diversified Stock Index Fund	Common/Collective Trust	**	1,701,789
	Allianz NFJ Dividend Value A Fund	Mutual Fund	**	722,888
	American Funds EuroPacific Growth Fd	Mutual Fund	**	1,805,922
	Keeley Small Cap Value Fund	Mutual Fund	**	829,519
				<u>\$ 13,617,561</u>

* Indicates Party-in-Interest to the Plan.

** Account information is maintained on a fair value basis; therefore cost basis information is not available.

GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION

SCHEDULE OF REPORTABLE TRANSACTIONS
SINGLE TRANSACTIONS EXCEEDING 5% OF THE PLAN ASSETS
Year Ended December 31, 2009

Schedule H, Form 5500

Part IV, Line 4j - Schedule of Reportable Transactions

EIN: 52-0559855

Plan No. 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Transaction Expenses	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Diversified Investment Advisors	Diversified Core Bond Fund	\$ -	\$ 770,475	\$ -	\$ -	\$ 728,696	\$ 770,475	\$ 41,779
Diversified Investment Advisors	Diversified High Quality Bond Fund	\$ 748,765	\$ -	\$ -	\$ -	\$ -	\$ 748,765	\$ -
Diversified Investment Advisors	Diversified Long Bond Fund	\$ -	\$ 763,889	\$ -	\$ -	\$ 752,489	\$ 763,889	\$ 11,400

GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION

SCHEDULE OF REPORTABLE TRANSACTIONS
AGGREGATE TRANSACTIONS EXCEEDING 5% OF THE PLAN ASSETS
Year Ended December 31, 2009

Schedule H, Form 5500

Part IV, Line 4j - Schedule of Reportable Transactions

EIN: 52-0559855

Plan No. 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Transaction Expenses</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
Diversified Investment Advisors	Diversified Core Bond Fund	\$ 96,817 -	\$ - 773,781	\$ - -	\$ - -	\$ - 731,812	\$ 96,817 773,781	\$ - 41,969
Diversified Investment Advisors	Diversified High Quality Bond Fund	\$ 1,232,427 -	\$ - 1,189,726	\$ - -	\$ - -	\$ - 1,152,895	\$ 1,232,427 1,189,726	\$ - 36,831
Diversified Investment Advisors	Diversified Long Bond Fund	\$ - -	\$ - 885,348	\$ - -	\$ - -	\$ - 861,829	\$ - 885,348	\$ - 23,519

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

The weighted average retirement age is equal to the normal retirement age of 65.

The rate of retirement at age 65 is 1.

Attachment to 2009 Schedule H

Group Pension Plan for Employees of Hedwin Corporation

EIN/PN: 52-0559855/001

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

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	DVFD CORE BD - CT5A	Common/Collective Trust	**	2,039,736
*	DVFD HIGH QUAL BD - C15A	Common/Collective Trust	**	1,388,593
*	DVFD HIGH YIELD BD - C26A	Common/Collective Trust	**	856,188
*	DVFD LONG BD - CLBU	Common/Collective Trust	**	1,828,752
*	DVFD LG GRWTH - CT1U	Common/Collective Trust	**	723,879
*	DVFD MID GRWTH - C39U	Common/Collective Trust	**	576,415
*	DVFD MID VAL - C40U	Common/Collective Trust	**	564,640
*	DVFD RL ESTATE - CRTU	Common/Collective Trust	**	579,240
*	DVFD STK INDX - C0F	Common/Collective Trust	**	1,701,789
	ALLIANZ DIV VAL - N657	Mutual Fund	**	722,888
	AMER FDS EUROPAC - N484	Mutual Fund	**	1,805,922
	KEELEY SMCAP VAL - N917	Mutual Fund	**	829,519

*Indicates Party-In-Interest to the Plan

** Account information is maintained on a fair value basis; therefore, cost basis information is not available.

Schedule H, Line 4j - Schedule of Reportable Transactions
Summary of Series of transactions in excess of 5%

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Transaction Expenses	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or loss
Diversified Investment Advisors	DVFD CORE BD - CI5A	\$ 96,816.84	\$ -	\$ -	\$ -	\$ -	\$ 96,816.84	\$ -
		\$ -	\$ 773,781.40	\$ -	\$ -	\$ 731,812.06	\$ 773,781.40	\$ 41,969.34
Diversified Investment Advisors	DVFD HIGH QUAL BD - CI5A	\$ 1,232,427.34	\$ -	\$ -	\$ -	\$ -	\$ 1,232,427.34	\$ -
		\$ -	\$ 1,189,726.36	\$ -	\$ -	\$ 1,152,895.02	\$ 1,189,726.36	\$ 36,831.34
Diversified Investment Advisors	DVFD LONG BOND - CLBU	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		\$ -	\$ 885,348.26	\$ -	\$ -	\$ 861,829.48	\$ 885,348.26	\$ 23,518.78

Schedule H, Line 4j - Schedule of Reportable Transactions
Summary of Single transactions in excess of 5%

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Transaction Expenses	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or loss
Diversified Investment Advisors	DVFD HIGH QUAL BD - CI5A	\$ 748,765.26	\$ -	\$ -	\$ -	\$ -	\$ 748,765.26	\$ -
Diversified Investment Advisors	DVFD LONG BOND - CLBU	\$ -	\$ 763,889.70	\$ -	\$ -	\$ 752,489.44	\$ 763,889.70	\$ 11,400.26
Diversified Investment Advisors	DVFD CORE BD - CI5A	\$ -	\$ 770,475.30	\$ -	\$ -	\$ 728,695.90	\$ 770,475.30	\$ 41,779.40

Schedule SB, line 11a

The amount shown on line 11a of the 2009 Schedule SB does not match the value from line 38 of the 2008 Schedule SB. Line 38 of the 2008 Schedule SB was incorrectly interest-adjusted to the end of the 2008 plan year, instead of reflecting a value as of the beginning of the 2008 plan year. The amount shown on Line 11a of the 2009 Schedule SB is equal to the amount from line 38 of the 2008 Schedule SB, divided by 1 plus the prior year's effective interest rate.

Schedule SB, Part V – Summary of Plan Provisions

Compensation:

Total annual wages including salary reduction contributions made to the Hedwin Corporation Employees' Incentive Plan, but excluding sales commissions and bonuses. Effective January 1, 2002, compensation is limited to \$200,000, as increased for cost of living adjustments. Compensation earned after December 31, 2007 shall not be taken into account under the plan.

Average Compensation:

Average of highest 5 consecutive years of compensation.

Covered Compensation:

Covered compensation as defined in the Internal Revenue Code. That is, a rounded 35-year average of the Social Security wage bases over the working lifetime of a participant ending with the year in which the participant reaches his Social Security retirement age. Increases in Covered Compensation after December 31, 2007 shall not be taken into account under the plan.

Year of Service:

Plan year during which an employee completes at least 1,000 hours of service. Partial years of benefit accrual service are credited for service before 1968 and for years after 1975 in which the participant retired or terminated for any reason. A whole year of vesting service is credited for any year prior to 1976 in which the participant earned a partial year of benefit accrual service. No years of service earned after December 31, 2007 shall be taken into account for purposes of benefit accrual.

Eligibility Requirements:

Any Employee hired after 12/31/2005 will not be eligible to participate in the Plan. Rehires will not be eligible to participate unless they were previously participating in the Plan and are still owed a benefit under the Plan. Any employee who ever participated in the Plan, vested or not, may re-enter the Plan according to the provisions of the plan as they currently exist.

Schedule SB, Part V – Summary of Plan Provisions
(continued)

Employees who are first eligible or are currently eligible but have never done so, must elect to participate January 1, 2006 or January 1, 2007, or they will never be eligible. Employees who are first eligible to participate January 1, 2007, must elect to participate on that date, or they will never be eligible.

<i>Minimum age:</i>	None;
<i>Maximum age:</i>	None;
<i>Service requirement:</i>	6 months; must contribute.

Contributions:

<i>Company contributions:</i>	Amount required to meet annual funding standards of IRS, as determined by plan actuary.
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<i>Participant contributions:</i>	Required, in amount equal to 1.1% of compensation. No more than 30 years of contributions are required unless a withdrawal of employee contributions is made by the participant. Then, an additional 30 years of contributions are required if that person resumes participation. Prior to January 1, 1998, the limit was 25 years. Participant contributions will no longer be required or accepted after December 31, 2007.
-----------------------------------	---

Normal Retirement Benefits:

	Eligible on first of month coincident with or next following 65 th birthday.
--	---

<i>Formula:</i>	1.1% of average monthly compensation plus .65% of average monthly compensation in excess of Covered Compensation multiplied by years of accrual service, up to a maximum of 30 years. Prior to January 1, 1998, the limit was 25 years.
-----------------	---

Schedule SB, Part V – Summary of Plan Provisions
(continued)

However, in no event will the normal retirement benefit be less than the benefit accrued under the prior plan formula as of December 31, 1989.

Benefit computed as 5 year certain and life annuity.

Just after the end of calendar year 1999, retirees and beneficiaries received an additional benefit of 2.64% of the benefit being received. Active participants received a similar increase based on their accrued benefit at the beginning of that year.

Early Retirement Benefits:

Eligible on first month after participant completes 10 years of vesting service and reaches age 60.

Benefit:

Computed by same formula as normal retirement benefit. Benefit is reduced by 1/144 for each month payments begin before normal retirement date.

Postponed Retirement Benefits:

Greater of (i) benefit calculated at normal retirement date and actuarially increased to reflect deferral of payment and (ii) benefit calculated at actual retirement date using compensation and service earned through actual retirement date.

Disability Benefits:

None.

Termination of Employment Benefits:

Vesting Schedule:

Employee portion of accrued benefit always 100% vested.

Employer portion of accrued benefit:

0% with fewer than 5 years

100% with 5 or more years

Service where participant refused to make required contributions excluded for vesting purposes.

Schedule SB, Part V – Summary of Plan Provisions
(continued)

Termination of Employment Benefits:
(continued)

Benefit commencement date:

Normal retirement date, unless employee elects earlier.

Death Benefits:

Prior to eligibility for normal retirement benefits: return of employee contributions with interest, and the surviving spouse of a vested participant receives the survivor portion of a 50% joint and survivor benefit based upon the employer-provided accrued benefit starting on the date the participant would have become eligible for early retirement.

If death occurs after normal retirement date but before benefit commenced, surviving spouse or other named beneficiary entitled to greater of 1) 50% of amount payable to participant under joint and 50% survivor option and 2) 60 months of payments under 5 year certain and life annuity option. Employees and retirees are provided a minimum death benefit equal to their contribution with interest (less any prior payments).

Joint and Survivor Benefits:

Normal form of benefit payment for married participants unless participant elects otherwise. Benefit is actuarial equivalent of the 5 year certain and life annuity.

Other Options:

Options available include 50%, 75% and 100% contingent annuities, and 10 year certain and life annuity.

Optional Forms Conversion Factors:

Annuity benefits payable under the optional forms are actuarially equivalent to the 5 year certain and life annuity form of payment using 8% interest and the UP84 Mortality Table. The lump sum of any remaining employer provided benefit is calculated using 417(e) mandated mortality and interest. The 417(e) interest for the preceding November is used for the entire next calendar year.

Attachment to 2009 Schedule SB
Group Pension Plan for Employees of Hedwin Corporation
EIN/PN: 52-0559855/001

Schedule SB, line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service													Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up				
Under 25 Number	0	0	0	0	0	0	0	0	0	0	0	0	0	
25 to 29 Number	0	0	0	0	0	0	0	0	0	0	0	0	0	
30 to 34 Number	0	3	3	0	0	0	0	0	0	0	0	0	6	
35 to 39 Number	0	1	3	2	0	0	0	0	0	0	0	0	6	
40 to 44 Number	0	2	4	5	2	0	0	0	0	0	0	0	13	
45 to 49 Number	0	3	10	4	3	0	0	0	0	0	0	0	20	
50 to 54 Number	0	4	12	10	3	3	1	0	0	0	0	0	33	
55 to 59 Number	0	4	8	14	8	2	5	3	0	0	0	0	44	
60 to 64 Number	0	0	3	3	2	3	2	7	0	0	0	0	20	
65 to 69 Number	0	0	0	0	0	1	1	2	0	0	0	0	4	
70 & Up Number	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Number	0	17	43	38	18	9	9	12	0	0	0	0	146	

Schedule SB, line 25 - Change in Method

Effective January 1, 2009, the interest rate basis used in the valuation of the Plan was changed from the IRS full yield curve published in January to the IRS full yield curve published in November. This change was elected by the Plan Sponsor.

Effective January 1, 2009, the asset method used in the valuation of the plan was changed from market value to the two-year smoothing method described in Internal Revenue Code section 430(g)(3)(B), using annual determination dates ending on the valuation date, with an assumed investment return of 7.5% (not to exceed the third segment rate under Code section 430 (h)(2)(c)(iii) as specified by IRS Notice 2009-22). This change was elected by the Plan Sponsor.

Schedule SB, line 24 - Change in Actuarial Assumptions

Effective January 1, 2009, an expense load equal to administrative expenses expected to be paid from plan assets in the coming plan year (\$51,000) was added to the normal cost. No expenses were assumed paid from plan assets in the previous valuation. This change was made to comply with the Worker, Retiree, and Employer Recovery Act of 2008.

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

Mortality: 2009 IRS Combined Static Mortality Table (changed from the 2008 IRS Combined Static Mortality Table).

Turnover: Table T-7 of the *Actuary's Pension Handbook*. Sample rates are as follows:

<u>Age</u>	<u>Rate</u>
25	9.67%
40	7.75%
55	1.55%

Interest: November 2008 full yield curve. The effective interest rate for 2009 is 8.25%. For 2008 valuation, the January 2008 full yield curve was used. The effective interest rate for 2008 was 6.28%.

Salary Increases: Not applicable. Effective December 31, 2007, all accrued benefits under the Plan became frozen. Compensation earned after December 31, 2007 shall not be taken into account under the plan.

Retirement Age: All participants are assumed to retire upon reaching age 65, or current age if older. Vested benefits and death benefits are assumed to be deferred until age 65 (normal retirement age).

Disablement: None assumed.

Marriage/Age of Spouse: 100% of the population is assumed to be married with females assumed to be four years younger than males.

Expenses: Administrative expenses expected to be paid from plan assets in 2009 (\$51,000) were added to the normal cost. None assumed paid from Plan assets for 2008.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
(continued)

Asset Valuation:

The two-year smoothing method described in Internal Revenue Code section 430(g)(3)(B), using annual determination dates ending on the valuation date, with an assumed investment return of 7.5% (not to exceed the third segment rate under Code section 430(h)(2)(c)(iii) as specified by IRS Notice 2009-22). Market value was used for 2008.

Actuarial Cost Method:

Traditional Unit Credit.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009▶ **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

Group Pension Plan for Employees of Hedwin Corporation

B Three-digit
plan number (PN) ▶

001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Hedwin Corporation

D Employer Identification Number (EIN)

52-0559855

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 1 Day 1 Year 2009**2** Assets:

a Market value.....	2a	12,163,487
b Actuarial value.....	2b	13,379,835

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 114	7,312,900
b For terminated vested participants.....	3b 115	1,744,717
c For active participants:		
(1) Non-vested benefits.....	3c(1)	72,768
(2) Vested benefits.....	3c(2)	5,311,674
(3) Total active.....	3c(3) 146	5,384,442
d Total.....	3d 375	14,442,059

4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	

5 Effective interest rate..... **5** 8.25 %**6** Target normal cost..... **6** 51,000**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

10/06/2010

Date

08-04373

Most recent enrollment number

(410) 547-0500

Telephone number (including area code)

Stephen A. King, FSA

Type or print name of actuary

Bolton Partners, Inc.

Firm name

575 S. Charles Street, Suite 500

Baltimore

MD 21201

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) 2009
v.092308.1

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 (Item 13 from prior year)	14,791	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	14,791	0
10 Interest on item 9 using prior year's actual return of <u>(22.37)</u> %	(3,309)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		66,375
b Interest on (a) using prior year's effective rate of <u>6.28</u> %		4,168
c Total available at beginning of current plan year to add to prefunding balance		70,543
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections		
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	11,482	0

Part III Funding percentages

14 Funding target attainment percentage	14	92.56 %
15 Adjusted funding target attainment percentage	15	92.56 %
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	95.85 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/08/2010	87,183				
Totals ▶			18(b)	87,183	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 contribution 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	76,282

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:
%2nd segment:
%3rd segment:
%☒ N/A, full yield curve used**b** Applicable month (enter code)**21b**

2

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 contribution for all prior years**28**

0

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

0

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

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions)**31**

51,000

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

207,182

36,764

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 (item 31 + item 32a + item 32b - item 33)**34**

87,764

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

11,482

0

11,482

36 Additional cash requirement (item 34 minus item 35)**36**

76,282

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

76,282

38 Interest-adjusted excess contributions for current year (see instructions)**38**

0

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

0

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

0

Schedule SB, line 11a

The amount shown on line 11a of the 2009 Schedule SB does not match the value from line 38 of the 2008 Schedule SB. Line 38 of the 2008 Schedule SB was incorrectly interest-adjusted to the end of the 2008 plan year, instead of reflecting a value as of the beginning of the 2008 plan year. The amount shown on Line 11a of the 2009 Schedule SB is equal to the amount from line 38 of the 2008 Schedule SB, divided by 1 plus the prior year's effective interest rate.

Schedule SB, line 22 - Description of Weighted Average Retirement Age

The weighted average retirement age is equal to the normal retirement age of 65.

The rate of retirement at age 65 is 1.

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Group Pension Plan for Employees of Hedwin Corporation
EIN/PN: 52-0559855/001

Schedule SB, line 26 - Schedule of Active Participant Data

Years of Credited Service

Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25 Number	0	0	0	0	0	0	0	0	0	0	0
25 to 29 Number	0	0	0	0	0	0	0	0	0	0	0
30 to 34 Number	0	3	3	0	0	0	0	0	0	0	6
35 to 39 Number	0	1	3	2	0	0	0	0	0	0	6
40 to 44 Number	0	2	4	5	2	0	0	0	0	0	13
45 to 49 Number	0	3	10	4	3	0	0	0	0	0	20
50 to 54 Number	0	4	12	10	3	3	1	0	0	0	33
55 to 59 Number	0	4	8	14	8	2	5	3	0	0	44
60 to 64 Number	0	0	3	3	2	3	2	7	0	0	20
65 to 69 Number	0	0	0	0	0	1	1	2	0	0	4
70 & Up Number	0	0	0	0	0	0	0	0	0	0	0
Total Number	0	17	43	38	18	9	9	12	0	0	146

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

Mortality: 2009 IRS Combined Static Mortality Table (changed from the 2008 IRS Combined Static Mortality Table).

Turnover: Table T-7 of the *Actuary's Pension Handbook*. Sample rates are as follows:

<u>Age</u>	<u>Rate</u>
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40	7.75%
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Salary Increases: Not applicable. Effective December 31, 2007, all accrued benefits under the Plan became frozen. Compensation earned after December 31, 2007 shall not be taken into account under the plan.

Retirement Age: All participants are assumed to retire upon reaching age 65, or current age if older. Vested benefits and death benefits are assumed to be deferred until age 65 (normal retirement age).

Disablement: None assumed.

Marriage/Age of Spouse: 100% of the population is assumed to be married with females assumed to be four years younger than males.

Expenses: Administrative expenses expected to be paid from plan assets in 2009 (\$51,000) were added to the normal cost. None assumed paid from Plan assets for 2008.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
(continued)

Asset Valuation:

The two-year smoothing method described in Internal Revenue Code section 430(g)(3)(B), using annual determination dates ending on the valuation date, with an assumed investment return of 7.5% (not to exceed the third segment rate under Code section 430(h)(2)(c)(iii) as specified by IRS Notice 2009-22). Market value was used for 2008.

Actuarial Cost Method:

Traditional Unit Credit.

Schedule SB, Part V – Summary of Plan Provisions

Compensation:

Total annual wages including salary reduction contributions made to the Hedwin Corporation Employees' Incentive Plan, but excluding sales commissions and bonuses. Effective January 1, 2002, compensation is limited to \$200,000, as increased for cost of living adjustments. Compensation earned after December 31, 2007 shall not be taken into account under the plan.

Average Compensation:

Average of highest 5 consecutive years of compensation.

Covered Compensation:

Covered compensation as defined in the Internal Revenue Code. That is, a rounded 35-year average of the Social Security wage bases over the working lifetime of a participant ending with the year in which the participant reaches his Social Security retirement age. Increases in Covered Compensation after December 31, 2007 shall not be taken into account under the plan.

Year of Service:

Plan year during which an employee completes at least 1,000 hours of service. Partial years of benefit accrual service are credited for service before 1968 and for years after 1975 in which the participant retired or terminated for any reason. A whole year of vesting service is credited for any year prior to 1976 in which the participant earned a partial year of benefit accrual service. No years of service earned after December 31, 2007 shall be taken into account for purposes of benefit accrual.

Eligibility Requirements:

Any Employee hired after 12/31/2005 will not be eligible to participate in the Plan. Rehires will not be eligible to participate unless they were previously participating in the Plan and are still owed a benefit under the Plan. Any employee who ever participated in the Plan, vested or not, may re-enter the Plan according to the provisions of the plan as they currently exist.

Schedule SB, Part V – Summary of Plan Provisions
(continued)

Employees who are first eligible or are currently eligible but have never done so, must elect to participate January 1, 2006 or January 1, 2007, or they will never be eligible. Employees who are first eligible to participate January 1, 2007, must elect to participate on that date, or they will never be eligible.

<i>Minimum age:</i>	None;
<i>Maximum age:</i>	None;
<i>Service requirement:</i>	6 months; must contribute.

Contributions:

<i>Company contributions:</i>	Amount required to meet annual funding standards of IRS, as determined by plan actuary.
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<i>Participant contributions:</i>	Required, in amount equal to 1.1% of compensation. No more than 30 years of contributions are required unless a withdrawal of employee contributions is made by the participant. Then, an additional 30 years of contributions are required if that person resumes participation. Prior to January 1, 1998, the limit was 25 years. Participant contributions will no longer be required or accepted after December 31, 2007.
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Normal Retirement Benefits:

	Eligible on first of month coincident with or next following 65 th birthday.
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<i>Formula:</i>	1.1% of average monthly compensation plus .65% of average monthly compensation in excess of Covered Compensation multiplied by years of accrual service, up to a maximum of 30 years. Prior to January 1, 1998, the limit was 25 years.
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Schedule SB, Part V – Summary of Plan Provisions
(continued)

However, in no event will the normal retirement benefit be less than the benefit accrued under the prior plan formula as of December 31, 1989.

Benefit computed as 5 year certain and life annuity.

Just after the end of calendar year 1999, retirees and beneficiaries received an additional benefit of 2.64% of the benefit being received. Active participants received a similar increase based on their accrued benefit at the beginning of that year.

Early Retirement Benefits:

Eligible on first month after participant completes 10 years of vesting service and reaches age 60.

Benefit:

Computed by same formula as normal retirement benefit. Benefit is reduced by 1/144 for each month payments begin before normal retirement date.

Postponed Retirement Benefits:

Greater of (i) benefit calculated at normal retirement date and actuarially increased to reflect deferral of payment and (ii) benefit calculated at actual retirement date using compensation and service earned through actual retirement date.

Disability Benefits:

None.

Termination of Employment Benefits:

Vesting Schedule:

Employee portion of accrued benefit always 100% vested.

Employer portion of accrued benefit:

0% with fewer than 5 years
100% with 5 or more years

Service where participant refused to make required contributions excluded for vesting purposes.

Schedule SB, Part V – Summary of Plan Provisions
(continued)

Termination of Employment Benefits:
(continued)

Benefit commencement date: Normal retirement date, unless employee elects earlier.

Death Benefits:

Prior to eligibility for normal retirement benefits: return of employee contributions with interest, and the surviving spouse of a vested participant receives the survivor portion of a 50% joint and survivor benefit based upon the employer-provided accrued benefit starting on the date the participant would have become eligible for early retirement.

If death occurs after normal retirement date but before benefit commenced, surviving spouse or other named beneficiary entitled to greater of 1) 50% of amount payable to participant under joint and 50% survivor option and 2) 60 months of payments under 5 year certain and life annuity option. Employees and retirees are provided a minimum death benefit equal to their contribution with interest (less any prior payments).

Joint and Survivor Benefits:

Normal form of benefit payment for married participants unless participant elects otherwise. Benefit is actuarial equivalent of the 5 year certain and life annuity.

Other Options:

Options available include 50%, 75% and 100% contingent annuities, and 10 year certain and life annuity.

Optional Forms Conversion Factors:

Annuity benefits payable under the optional forms are actuarially equivalent to the 5 year certain and life annuity form of payment using 8% interest and the UP84 Mortality Table. The lump sum of any remaining employer provided benefit is calculated using 417(e) mandated mortality and interest. The 417(e) interest for the preceding November is used for the entire next calendar year.

Schedule SB, line 24 – Change in Actuarial Assumptions

Effective January 1, 2009, an expense load equal to administrative expenses expected to be paid from plan assets in the coming plan year (\$51,000) was added to the normal cost. No expenses were assumed paid from plan assets in the previous valuation. This change was made to comply with the Worker, Retiree, and Employer Recovery Act of 2008.

Schedule SB, line 25 - Change in Method

Effective January 1, 2009, the interest rate basis used in the valuation of the Plan was changed from the IRS full yield curve published in January to the IRS full yield curve published in November. This change was elected by the Plan Sponsor.

Effective January 1, 2009, the asset method used in the valuation of the plan was changed from market value to the two-year smoothing method described in Internal Revenue Code section 430(g)(3)(B), using annual determination dates ending on the valuation date, with an assumed investment return of 7.5% (not to exceed the third segment rate under Code section 430 (h)(2)(c)(iii) as specified by IRS Notice 2009-22). This change was elected by the Plan Sponsor.

Schedule SB, line 32 - Schedule of Amortization Bases

Type of base: shortfall

<u>Date established</u>	<u>Present value of remaining installments</u>	<u>Amortization installment</u>	<u>Years remaining in amortization period</u>
1/1/2009	<u>207,182</u>	<u>36,764</u>	7
Total	\$207,182	\$36,764	

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Total	\$207,182	\$36,764	