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

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HICKMAN, WILLIAMS & COMPANY EMPLOYEES' PENSION PLA

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1955

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
HICKMAN, WILLIAMS & COMPANY

250 EAST FIFTH SUITE 300
CINCINNATI, OH 45202-4175

2b Employer Identification Number (EIN)
31-0317960

2c Sponsor's telephone number
513-621-1946

2d Business code (see instructions)
423500

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/13/2011	TERRY MEADORS
	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")
HICKMAN, WILLIAMS & COMPANY

250 EAST FIFTH SUITE 300
CINCINNATI, OH 45202-4175

3b Administrator's EIN
31-0317960

3c Administrator's telephone number
513-621-1946

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	113
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**	84
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	5
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	90
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	90
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**	5
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

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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A Name of plan
HICKMAN, WILLIAMS & COMPANY EMPLOYEES' PENSION PLA

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
HICKMAN, WILLIAMS & COMPANY

D Employer Identification Number (EIN)
31-0317960

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

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE & ANNUITY CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	2535	90	04/01/2009	03/31/2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	616

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add **b** and **c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

▶ **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
HICKMAN, WILLIAMS & COMPANY EMPLOYEES' PENSION PLA

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HICKMAN, WILLIAMS & COMPANY

D Employer Identification Number (EIN)
31-0317960

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 04 Day 01 Year 2009

2	Assets:			
	a Market value		**2a**	9794632
	b Actuarial value		**2b**	10774095
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	1	88889
	b For terminated vested participants	**3b**	9	924766
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		2472364
	(2) Vested benefits	**3c(2)**		6188848
	(3) Total active	**3c(3)**	103	8661212
	d Total	**3d**	113	9674867
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**	6.49 %
6	Target normal cost		**6**	783774

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

12/03/2010
Signature of actuary — Date

COLIN B. CASSIDY, A.S.A., E.A.
Type or print name of actuary

08-05294
Most recent enrollment number

DIVERSIFIED INVESTMENT ADVISORS,INC
Firm name

508-903-6011
Telephone number (including area code)

24 PRIME PARK WAY, SUITE 400
NATICK, MA 01760-1528
Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	831649	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)	831649	0
10	Interest on item 9 using prior year's actual return of -26.12 %	-217227	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1942155
b	Interest on (a) using prior year's effective rate of 5.90 %		114587
c	Total available at beginning of current plan year to add to prefunding balance		2056742
d	Portion of (c) to be added to prefunding balance		2056742
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	614422	2056742

Part III Funding percentages

14	Funding target attainment percentage	14	83.75 %
15	Adjusted funding target attainment percentage	15	111.36 %
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	122.13 %
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
07/21/2009	1500000				
			Totals ► 18(b)	1500000	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	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1471588

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.33 %	6.62 %	6.80 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 62

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**:

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**: 783774

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

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**: 783774

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) — **36**: 783774

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 1471588

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 687814

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 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 04/01/2009 and ending 03/31/2010

A Name of plan
HICKMAN, WILLIAMS & COMPANY EMPLOYEES' PENSION PLA

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HICKMAN, WILLIAMS & COMPANY

D Employer Identification Number (EIN)
31-0317960

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: DIVERSIFIED COLLECTIVE TRUST FUNDS

b Name of sponsor of entity listed in (a): DIVERSIFIED INVESTMENT ADVISORS

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)
13-3689044-001	C	7460579

a Name of MTIA, CCT, PSA, or 103-12 IE: CIGNA REALTY OPEN END REAL ESTATE

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE

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)
06-1050034-176	P	616

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE I (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

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 04/01/2009 and ending 03/31/2010

A Name of plan
HICKMAN, WILLIAMS & COMPANY EMPLOYEES' PENSION PLA

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HICKMAN, WILLIAMS & COMPANY

D Employer Identification Number (EIN)
31-0317960

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

			(a) Beginning of Year	**(b)** End of Year
1	**Plan Assets and Liabilities:**			
a	Total plan assets	**1a**	9796867	12331154
b	Total plan liabilities	**1b**		
c	Net plan assets (subtract line 1b from line 1a)	**1c**	9796867	12331154
2	**Income, Expenses, and Transfers for this Plan Year:**		**(a)** Amount	**(b)** Total
a	Contributions received or receivable:			
	(1) Employers	**2a(1)**	1500000	
	(2) Participants	**2a(2)**		
	(3) Others (including rollovers)	**2a(3)**		
b	Noncash contributions	**2b**		
c	Other income	**2c**	3145980	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	**2d**		4645980
e	Benefits paid (including direct rollovers)	**2e**	2056659	
f	Corrective distributions (see instructions)	**2f**		
g	Certain deemed distributions of participant loans (see instructions)	**2g**		
h	Administrative service providers (salaries, fees, and commissions)	**2h**	55034	
i	Other expenses	**2i**		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	**2j**		2111693
k	Net income (loss) (subtract line 2j from line 2d)	**2k**		2534287
l	Transfers to (from) the plan (see instructions)	**2l**		

3 **Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	**No**	**Amount**
a	Partnership/joint venture interests	**3a**		X	
b	Employer real property	**3b**		X	
c	Real estate (other than employer real property)	**3c**		X	
d	Employer securities	**3d**		X	
e	Participant loans	**3e**		X	

			Yes	No	Amount
3f	Loans (other than to participants)	3f		X	
g	Tangible personal property	3g		X	

Part II Compliance Questions

4 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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A Name of plan
HICKMAN, WILLIAMS & COMPANY EMPLOYEES' PENSION PLA

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HICKMAN, WILLIAMS & COMPANY

D Employer Identification Number (EIN)
31-0317960

Part I Distributions

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

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

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

EIN(s): 13-3689044

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** 19

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **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

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**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

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):

Hickman, Williams & Company
Employees' Pension Plan

EIN 31-0317960 PN 001

Accountants' Report and Financial Statements

March 31, 2010 and 2009

Hickman, Williams & Company
Employees' Pension Plan
March 31, 2010 and 2009

Contents

Independent Accountants' Report **1**

Financial Statements

Statements of Net Assets Available for Benefits 2

Statements of Changes in Net Assets Available for Benefits 3

Notes to Financial Statements 4

Supplemental Schedules

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 12

Schedule H, Line 4j – Schedule of Reportable Transactions 13

BKD LLP
CPAs & Advisors

312 Walnut Street, Suite 3000
Cincinnati, OH 45202-4025
513.621.8300 Fax 513.621.8345 www.bkd.com

Independent Accountants' Report

Retirement Committee
Hickman, Williams & Company Employees' Pension Plan
Cincinnati, Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of Hickman, Williams & Company Employees' Pension Plan as of March 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended and the accompanying supplemental schedules. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, auditing procedures with respect to the information summarized in Note 3, which was certified by State Street Bank & Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended March 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

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

BKD, LLP

Cincinnati, Ohio
December 21, 2010

Federal Employer Identification Number: 44-0160260

experience BKD

Praxity
MEMBER
GLOBAL ALLIANCE OF INDEPENDENT FIRMS

Hickman, Williams & Company Employees' Pension Plan

Statements of Net Assets Available for Benefits

March 31, 2010 and 2009

	2010	2009
Assets		
Investments, At Fair Value	$ 12,330,292	$ 9,536,251
Employer Contributions Receivable	-	260,000
Net Assets Available for Benefits	$ 12,330,292	$ 9,796,251

Hickman, Williams & Company Employees' Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended March 31, 2010 and 2009

	2010	2009
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	$ 3,061,937	$ (3,054,416)
Dividends	83,797	-
Net investment income (loss)	3,145,734	(3,054,416)
Contributions		
Employer	1,500,000	2,010,000
	4,645,734	(1,044,416)
Deductions		
Benefits paid directly to participants	2,056,659	262,010
Administrative expenses	55,034	41,301
	2,111,693	303,311
Net Increase (Decrease)	2,534,041	(1,347,727)
Net Assets Available for Benefits, Beginning of Year	9,796,251	11,143,978
Net Assets Available for Benefits, End of Year	$ 12,330,292	$ 9,796,251

Hickman, Williams & Company Employees' Pension Plan

Notes to Financial Statements

March 31, 2010 and 2009

Note 1: Description of the Plan

The following description of the Hickman, Williams & Company Employees' Pension Plan (Plan) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guarantee Corporation's (PBGC) benefit guarantee is contained in the Plan document and *Summary Plan Description*, which are available from the plan administrator.

General

The Plan is a noncontributory defined benefit plan that covers substantially all employees of Hickman, Williams & Company (the Company) and provides for retirement, death and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). State Street Bank & Trust Company is the trustee of the Plan (acquired Investors Bank & Trust Company).

Contributions

The Company has agreed to voluntarily contribute amounts that are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Company's present intention is to make contributions in amounts sufficient to meet funding requirements established by the federal government. The Plan has met the minimum funding requirements established by the federal government.

Pension Benefits

Benefits under the Plan are based on employees' five highest compensation years during their last ten years of credited service. Normal retirement age for Plan benefits is 65. Participants may elect to receive reduced benefits upon early retirement at age 55, provided that they have a specified length of service with the Company. Accrued benefits are payable as an annuity over the participant's lifetime, as a qualified joint and survivor annuity, as a life and 10 year certain annuity or as a lump sum payment.

Death Benefits

The spouse of a participant will receive a survivor annuity, as defined in the Plan, upon the death of the participant. This benefit is immediately payable to the spouse if the participant was already receiving benefits. If the participant was not already receiving benefits, payments to the spouse may commence as of the earliest date the participant would have received benefits.

Vesting

Eligible employees are fully vested upon completion of five years of vesting service, with no vesting prior to that time.

Plan Termination

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

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.

b. Other vested benefits insured by the PBGC up to the applicable limitations discussed below.

c. Vested benefits not insured by the PBGC.

d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

Note 2: Summary of 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 accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets available for benefits, 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.

Valuation of Investments and Income Recognition

Mutual funds are valued at the net asset value (NAV) of the shares held by the plan at year end.

The fair value of the participation units owned by the Plan in the State Street Bank & Trust Company (the trustee) collective trust were based upon quoted redemption values on the last business day of the Plan year.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

a. Retired or terminated employees or their beneficiaries

b. Present employees or their beneficiaries

Benefits under the Plan are based on employees' compensation during their last five years of 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, disability and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

Plan Tax Status

The Plan obtained its latest determination letter on February 5, 2003, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 3: Investments

The Plan's investments are held by a trust fund. The Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in fair value as follows:

	2010	
	Net Appreciation (Depreciation) in Fair Value During Year	Fair Value at End of Year
Collective trust funds		
Bond	$ 789,798	$ 6,352,858
Common stock	1,293,764	610,878
Alternatives	500,426	496,843
International	366,414	-
Mutual funds		
Bond	(23,559)	3,012,202
Common stock	125,779	1,250,509
International	9,315	607,002
	$ 3,061,937	$ 12,330,292

	2009	
	Net Depreciation in Fair Value During Year	Fair Value at End of Year
Collective trust funds	$ (3,054,416)	$ 9,536,251

The fair value of individual investments that represented 5% or more of the Plan's net assets available for benefits were as follows:

	2010	2009
Diversified Investment Advisors		
Collective Trust Funds		
Core Bond Fund	$ 2,528,842	$ 1,284,637
Long Bond Fund	2,928,713	1,480,255
High Quality Bond Fund	*	1,203,221
Large Growth Fund	*	1,124,601
Value and Income Fund	*	606,689
Stock Index Fund	*	844,122
International Equity Fund	*	731,873
Real Estate Fund	*	524,240
High Yield Bond Fund	895,303	*
Mutual Fund		
Vanguard Long Term Bond Fund	3,012,202	*

* Did not meet 5% criteria at respective date

Dividends paid on the Plan's investments for 2010 was $83,797 (none in 2009).

Note 4: Fair Value of Plan Assets

ASC Topic 820, *Fair Value Measurements*, defines fair value as 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. Topic 820 also specifies a fair value hierarchy which requires a plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 investments include mutual funds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Level 2 securities include collective trust funds. Investments in units of collective trust funds are valued at their respective net asset values (NAV) as reported by the funds daily. The NAV is based on the value of the underlying assets owned by the trust, minus its liabilities, and then divided by the number of shares outstanding. The NAV is classified within Level 2 of the valuation hierarchy because the NAV's unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments which are traded on an active market.

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at March 31, 2010 and 2009:

	March 31, 2010			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Collective trust funds				
Bond	$ 6,352,858	$ -	$ 6,352,858	$ -
Common stock	610,878	-	610,878	-
Alternatives	496,843	-	496,843	-
Mutual funds				
Bond	3,012,202	3,012,202	-	-
Common stock	1,250,509	1,250,509	-	-
International	607,002	607,002	-	-
Total	$ 12,330,292	$ 4,869,713	$ 7,460,579	$ -

	March 31, 2009			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Collective trust funds	$ 9,536,251	$ -	$ 9,536,251	$ -
Total	$ 9,536,251	$ -	$ 9,536,251	$ -

Note 5: Accumulated Plan Benefits

An actuary from Diversified Investment Advisors, Inc. determines the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of the beginning of each plan year was as follows:

	April 1, 2009	April 1, 2008
Actuarial present value of accumulated plan benefits		
Vested benefits	$ 5,963,519	$ 6,022,429
Nonvested benefits	2,182,054	2,359,171
Total actuarial present value of accumulated Plan benefits	$ 8,145,573	$ 8,381,600

Changes in the actuarial present value of accumulated plan benefits for the period ending April 1, 2009 were as follows:

Actuarial present value of accumulated plan benefits, beginning of year	$ 8,381,600
Increase (decrease) during the year attributable to:	
Benefits accumulated	267,196
Increase for interest due to the decrease in the discount period	618,972
Assumption changes	(860,185)
Benefits paid	(262,010)
Net decrease	(236,027)
Actuarial present value of accumulated plan benefits, end of year	$ 8,145,573

Significant assumptions underlying the actuarial computations are:

- Assumed rate of return on investments: 8.0%
- Method: Projected Unit Credit Cost Method
- Mortality basis: Static mortality table in accordance with IRS Regulation 1.430(h)(3)-1

- Retirement: At normal retirement age (65)
- Asset valuation: Market

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

Note 6: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons.

The Plan invests in collective trusts of the Plan trustee and fees for trust and management services paid by the Plan to this trustee were $55,034 for 2010 and $41,301 for 2009. The Company provides certain administrative services at no cost to the Plan.

Note 7: 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 those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption 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.

The current protracted economic decline continues to present employee benefit plans with difficult circumstances and challenges, which in some cases have resulted in large and unanticipated declines in the fair value of investments. The financial statements have been prepared using values and information currently available to the Plan.

Given the volatility of current economic conditions, the values of the assets recorded in the financial statements could change rapidly, resulting in material future adjustments in investment values that could negatively impact the Plan.

Note 8: Subsequent Events

Subsequent events have been evaluated through December 21, 2010, which is the date the financial statements were available to be issued.

Supplemental Schedules

Hickman, Williams & Company Employees' Pension Plan

EIN 31 - 0317960 PN 001

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

March 31, 2010

Identity of Issuer	Description of Investment	Cost	Current Value
***Diversified Investment Advisors**			
Collective Trust			
Core Bond Fund	101,393 units	$ 2,323,840	$ 2,528,842
High Yield Bond Fund	32,732 units	621,674	895,303
Long Bond Fund	182,959 units	2,703,494	2,928,713
Stock Index Fund	18,270 units	399,796	610,878
Real Estate Fund	27,444 units	242,917	496,843
Mutual Funds			
Vanguard Long Term Bond Fund	337,313 units	3,035,759	3,012,202
Black Rock Equity Fund	23,191 units	354,398	379,861
Harbor Cap Apprc Fund	11,262 units	353,330	381,684
JP Morgan Midcap Equity Fund	9,691 units	215,092	244,547
Royce Penn Mutual Fund	24,393 units	217,341	244,417
Amer Europacific Funds	15,974 units	597,679	607,002
		$ 11,065,320	$ 12,330,292

*Party-in-Interest to the Plan

Hickman, Williams & Company Employees' Pension Plan

EIN 31 – 0317960 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended March 31, 2010

Identity	Description of Investment	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Single Transaction Exceed 5%						
Diversified Investment Advisors	Diversified Long Bond Fund Purchase	$ 1,184,671			$ 1,184,671	$ -
Diversified Investment Advisors	Diversified Large Growth Fund Sale		$ 500,000	$ 380,529	$ 500,000	$ 119,471
Diversified Investment Advisors	Diversified Large Growth Fund Sale		$ 889,430	$ 656,300	$ 889,430	$ 233,130
Diversified Investment Advisors	Money Market Fund Purchase	$ 1,500,000			$ 1,500,000	$ -
Diversified Investment Advisors	Money Market Fund Sale		$ 1,496,000	$ 1,495,984	$ 1,496,000	$ 16
Diversified Investment Advisors	Money Market Fund Purchase	$ 915,556			$ 915,556	$ -
Diversified Investment Advisors	Money Market Fund Sale		$ 834,083	$ 834,083	$ 834,083	$ -
Diversified Investment Advisors	Diversified Core Bond Fund Purchase	$ 720,000			$ 720,000	$ -
Diversified Investment Advisors	Diversified Large Value Fund Sale		$ 1,044,896	$ 839,729	$ 1,044,896	$ 205,167
Diversified Investment Advisors	Diversified International Equity Fund Sale		$ 725,251	$ 515,953	$ 725,251	$ 209,298
Diversified Investment Advisors	Diversified High Quality Bond Fund Sale		$ 503,639	$ 489,708	$ 503,639	$ 13,931
Diversified Investment Advisors	Diversified High Quality Bond Fund Purchase	$ 700,000			$ 700,000	$ -
Diversified Investment Advisors	Diversified High Quality Bond Fund Sale		$ 552,615	$ 526,325	$ 552,615	$ 26,290
Diversified Investment Advisors	Amer Europacific Fund Purchase	$ 588,475			$ 588,475	$ -
Diversified Investment Advisors	Vanguard Long Term Bond Fund Purchase	$ 1,597,511			$ 1,597,511	$ -
Diversified Investment Advisors	Vanguard Long Term Bond Fund Purchase	$ 834,083			$ 834,083	

Hickman, Williams & Company Employees' Pension Plan

EIN 31 – 0317960 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions (continued)

Year Ended March 31, 2010

Identity	Description of Investment	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Series of Transactions Exceed 5%						
Diversified Investment Advisors	Diversified Long Bond Fund Purchases	$ 1,232,483			$ 1,232,483	$ -
Diversified Investment Advisors	Diversified Long Bond Fund Sales		$ 9,906	$ 9,244	$ 9,906	$ 662
Diversified Investment Advisors	Diversified Real Estate Fund Purchases	$ 24,362			$ 24,362	$ -
Diversified Investment Advisors	Diversified Real Estate Fund Sales		$ 552,184	$ 305,684	$ 552,184	$ 246,500
Diversified Investment Advisors	Diversified Large Growth Fund Sales		$ 1,526,873	$ 1,138,553	$ 1,526,873	$ 388,320
Diversified Investment Advisors	Money Market Fund Purchases	$ 2,675,556			$ 2,675,556	$ -
Diversified Investment Advisors	Money Market Fund Sales		$ 2,958,156	$ 2,957,899	$ 2,958,156	$ 257
Diversified Investment Advisors	Diversified Core Bond Fund Purchases	$ 1,165,000			$ 1,165,000	$ -
Diversified Investment Advisors	Diversified Core Bond Fund Sales		$ 136,239	$ 125,798	$ 136,239	$ 10,441
Diversified Investment Advisors	Diversified Large Value Fund Purchases	$ 400,000			$ 400,000	$ -
Diversified Investment Advisors	Diversified Large Value Fund Sales		$ 1,247,502	$ 1,006,689	$ 1,247,502	$ 240,813
Diversified Investment Advisors	Diversified Stock Index Fund Sales		$ 595,375	$ 444,327	$ 595,375	$ 151,048
Diversified Investment Advisors	Diversified International Equity Fund Purchases	$ 200,000			$ 200,000	
Diversified Investment Advisors	Diversified International Equity Fund Sales		$ 1,298,285	$ 931,873	$ 1,298,285	$ 366,412
Diversified Investment Advisors	Diversified High Quality Bond Fund Purchases	$ 700,000			$ 700,000	$ -
Diversified Investment Advisors	Diversified High Quality Bond Fund Sales		$ 1,977,210	$ 1,903,221	$ 1,977,210	$ 73,989
Diversified Investment Advisors	Amer Europacific Fund Purchases	$ 598,324			$ 598,324	$ -
Diversified Investment Advisors	Amer Europacific Fund Sales		$ 637	$ 645	$ 637	$ (8)
Diversified Investment Advisors	Vanguard Long Term Bond Fund Purchases	$ 3,043,126			$ 3,043,126	$ -
Diversified Investment Advisors	Vanguard Long Term Bond Fund Sales		$ 7,365	$ 7,367	$ 7,365	$ (2)

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

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

▶ **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

HICKMAN, WILLIAMS & COMPANY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

HICKMAN, WILLIAMS & COMPANY

D Employer Identification Number (EIN)

31-0317960

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 4 Day 1 Year 2009

2 Assets:

a	Market value	2a	9,794,632
b	Actuarial value	2b	10,774,095

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	1	88,889
b	For terminated vested participants	3b	9	924,766
c	For active participants:			
	(1) Non-vested benefits	3c(1)		2,472,364
	(2) Vested benefits	3c(2)		6,188,848
	(3) Total active	3c(3)	103	8,661,212
d	Total	3d	113	9,674,867

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	6.49 %
6	Target normal cost	6	783,774

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

Colin B. Cassidy

Signature of actuary

12/03/2010

Date

Colin B. Cassidy, A.S.A., E.A.

Type or print name of actuary

08-05294

Most recent enrollment number

Diversified Investment Advisors, Inc

Firm name

(508)903-6011

Telephone number (including area code)

24 Prime Park Way, Suite 400

Natick MA 01760-1528

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	831,649	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)	831,649	0
10	Interest on item 9 using prior year's actual return of (26.12)%	(217,227)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		1,942,155
	b Interest on (a) using prior year's effective rate of 5.90 %		114,587
	c Total available at beginning of current plan year to add to prefunding balance		2,056,742
	d Portion of (c) to be added to prefunding balance		2,056,742
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	614,422	2,056,742

Part III Funding percentages

14	Funding target attainment percentage	14	83.75 %
15	Adjusted funding target attainment percentage	15	111.36 %
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	122.13 %
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
07/21/2009	1,500,000				
			Totals ▶ 18(b)	1,500,000	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	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,471,588

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.33 %	6.62 %	6.80 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 62

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**	
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**	783,774
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment			
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**	783,774

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	783,774
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	1,471,588
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	687,814
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

Attachment to 2009 Form 5500 Schedule SB,
Line 19 – Discounted Employer Contributions

Plan Name: Hickman, Williams & Company Employees' Pension Plan
Plan Sponsor: Hickman, Williams & Company

E.I.N.: 31-0317960 Plan No.: 001
Plan Year: April 1, 2009 to March 31, 2010

Date	***Actual Contribution***	***Discounted Contribution***	***Effective Rate***	***Plan Year***
July 21, 2009	$ 1,500,000	$ 1,471,588	6.49%	4/ 1/ 2009 – 3/ 31/ 2010
Total	$ 1,500,000	$ 1,471,588		

Attachment to 2009 Form 5500 Schedule SB,
Line 22 – Description of Weighted Average Retirement Age

Plan Name: Hickman, Williams & Company Employees' Pension Plan
Plan Sponsor: Hickman, Williams & Company

E.I.N.: 31-0317960 Plan No.: 001
Plan Year: April 1, 2009 to March 31, 2010

The average retirement age for Line 22 was calculated by weighing each expected retirement age with the percentage of active participants who are on track to retire at that age based on their age and service.

Age at Retirement	Number Retiring	% of Total Retiring		Weighted Age
60	53	51.46%	x Age	30.8738
61	0	0.00%	x Age	0.0000
62	0	0.00%	x Age	0.0000
63	0	0.00%	x Age	0.0000
64	0	0.00%	x Age	0.0000
65	49	47.57%	x Age	30.9223
66	1	0.97%	x Age	0.6408
67	0	0.00%	x Age	0.0000
68	0	0.00%	x Age	0.0000
69	0	0.00%	x Age	0.0000
70	0	0.00%	x Age	0.0000
71	0	0.00%	x Age	0.0000
Average age at retirement				62.4369
Rounded retirement age for Schedule SB item 22				**62**

Attachment to 2009 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Hickman, Williams & Company Employees' Pension Plan
Plan Sponsor: Hickman, Williams & Company

E.I.N.: 31-0317960 Plan No.: 001
Plan Year: April 1, 2009 to March 31, 2010

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;

2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return (at the valuation interest rate) over the actual return on the market value (including employer contributions receivable for any given year).

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

Previously, the actuarial value of assets was equal to the market value of plan assets on the valuation date plus any accrued but unpaid Company contributions as of the valuation date.

Attachment to 2009 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Hickman, Williams & Company Employees' Pension Plan
Plan Sponsor: Hickman, Williams & Company

E.I.N.: 31-0317960 Plan No.: 001
Plan Year: April 1, 2009 to March 31, 2010

C ACTUARIAL ASSUMPTIONS

Target Liability Interest Rates	First Segment Rate	5.33%
	Second Segment Rate	6.62%
	Third Segment Rate	6.80%
FAS35 Interest Rate	8.00% (previously, 7.50%).	
Pre- and Post-Retirement Mortality	Static mortality table in accordance with IRS Regulation 1.430(h)(3)-1 updated to 2009 as provided in IRS Notice 2008-85.	
Salary Increases	3.50% per year.	
IRC Maximum Benefit and Compensation Limitations		
Benefit Limit	$195,000 for 2009 (previously, $185,000).	
Compensation Limit	$245,000 for 2009 (previously, $230,000).	
Lump Sums	Under PPA it is assumed that the future lump sum distributions are determined using the target (funding) liability rates and the 2009 applicable mortality table in accordance with IRS Revenue Ruling 2007-67.	
Withdrawal Rates	Sample probabilities are as follows:	

Age	Male Rate	Female Rate
25	10%	15%
40	3%	5%
55	0%	0%

C ACTUARIAL ASSUMPTIONS (cont'd)

Retirement Age	Retirements are assumed to occur at age 65 and 5 years of service or age 60 if participant satisfies rule of 86.
Disability Rates	None assumed.
Form of Payment	Lump sum.
Marital Assumption	It is assumed that 90% of plan participants are married. Husbands are assumed to be three years older than their wives.
Plan Expenses	Prior year administrative expenses, rounded to nearest $5,000. For 2009, equal to $40,000; included in target normal cost (previously, none assumed).

Attachment to 2009 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions

Plan Name: Hickman, Williams & Company Employees' Pension Plan
Plan Sponsor: Hickman, Williams & Company

E.I.N.: 31-0317960 Plan No.: 001
Plan Year: April 1, 2009 to March 31, 2010

For 2009, $40,000 was included in the target normal cost to cover expected expenses (previously, none assumed).

Attachment to 2009 Form 5500 Schedule SB,
Line 25 – Change in Funding Method

Plan Name: Hickman, Williams & Company Employees' Pension Plan
Plan Sponsor: Hickman, Williams & Company

E.I.N.: 31-0317960 Plan No.: 001
Plan Year: April 1, 2009 to March 31, 2010

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;

2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return (at the valuation interest rate) over the actual return on the market value (including employer contributions receivable for any given year).

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

Previously, the actuarial value of assets was equal to the market value of plan assets on the valuation date plus any employer contributions receivable.

Attachment to 2009 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: Hickman, Williams & Company Employees' Pension Plan
Plan Sponsor: Hickman, Williams & Company

E.I.N.: 31-0317960 Plan No.: 001
Plan Year: April 1, 2009 to March 31, 2010

Effective Date	April 1, 1955. Plan most recently restated effective April 1, 1997. Most recent amendment effective April 1, 2008.
Plan Year	April 1 through March 31.
Participant Eligibility	Any full time Employee who has attained age 21 and has 1 year of Eligibility Service becomes a member on the October 1 or April 1 following the eligibility period. A member of a collective bargaining unit may participate if that unit has bargained for inclusion in the plan. Leased employees are not eligible.
Eligibility Service	All years of service with the employer in which 1,000 hours are worked during the 12 month period immediately following employment date and each Plan Year following the employment date.
Credited Service	A year of service is granted for each Plan Year in which an employee works at least 1,000 hours. Overtime hours are not included.
Benefit Formula	1.50% of Final Earnings times years of Credited Service.
Earnings	Regular basic compensation excluding commissions, bonuses, overtime pay, severance pay and other special compensation.
Final Earnings	The annual average of an employee's salary for the highest sixty months during the ten year period preceding retirement.
Form of Annuity	Life Annuity.
Normal Retirement Date	Later of age 65 or the fifth anniversary of employment.

Attachment to 2009 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: Hickman, Williams & Company Employees' Pension Plan
Plan Sponsor: Hickman, Williams & Company

E.I.N.: 31-0317960 Plan No.: 001
Plan Year: April 1, 2009 to March 31, 2010

Early Retirement Eligibility	Age 55 with 5 years of Credited Service if employee retires from active service. Age 55 with 10 years of Credited Service if employee terminates prior to eligibility for Early Retirement.
Early Retirement Benefit	Normal retirement benefit accrued in early retirement, actuarially reduced by 7.2% per year for the first five years and 3.6% per year for the next five years Annuity Commencement Date precedes Normal Retirement Date.
Special Early Retirement Benefit	No benefit reduction if employee retires at age 60 or later and the sum of age and years of credited service is 86 or greater.
Vesting	100% vesting with 5 years of Credited Service.
Lump Sums	All participants may elect a lump sum payment of their vested benefit upon termination.
Preretirement Death Benefit	
A *Surviving Spouse Eligibility*	5 years of Credited Service and married at date of death.
Benefit Formula	100% of the pension benefit accrued to date of death payable at the participant's Normal Retirement Date. The spouse may elect to receive an actuarially reduced benefit prior to the participant's Normal Retirement Date. Alternatively, the spouse may elect a lump sum. The lump sum is the greater of the annuity benefit payable to spouse or the lump sum the participant could have received if participant had terminated the day prior to death and elected a lump sum.
B Non Spouse Beneficiary Eligibility	5 years of Credited Services and not married on date of death.
Benefit Formula	Lump Sum value of benefit accrued at date of death.

Attachment to 2009 Form 5500 Schedule SB,
Line 26 – Schedule of Active Participant Data

Plan Name: Hickman, Williams & Company Employees' Pension Plan
Plan Sponsor: Hickman, Williams & Company

E.I.N.: 31-0317960 Plan No.: 001
Plan Year: April 1, 2009 to March 31, 2010

	..... Completed Years of Credited Service										
Age	0 to 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 +	Total
0 – 24	0	2	0	0	0	0	0	0	0	0	2
25 – 29	0	3	2	0	0	0	0	0	0	0	5
30 – 34	0	1	0	2	0	0	0	0	0	0	3
35 – 39	0	3	5	3	2	0	0	0	0	0	13
40 – 44	0	1	3	3	3	0	0	0	0	0	10
45 – 49	0	5	3	0	5	3	1	1	0	0	18
50 – 54	0	11	4	2	2	2	3	1	1	0	26
55 – 59	0	3	1	1	3	0	0	2	3	0	13
60 – 64	0	2	2	0	1	2	3	1	0	0	11
65 – 69	0	0	1	1	0	0	0	0	0	0	2
70 & Up	0	0	0	0	0	0	0	0	0	0	0
Totals	0	31	21	12	16	7	7	5	4	0	103