

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>01/01/1968</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>HEDWIN CORPORATION</u> <u>1600 ROLAND HEIGHTS AVENUE</u> <u>BALTIMORE, MD 21211-1213</u>	2b Employer Identification Number (EIN) <u>52-0559855</u> 2c Sponsor's telephone number <u>410-467-8209</u> 2d Business code (see instructions) <u>326100</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2012</u>	<u>THERESA LIPIRA</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 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	364
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	125
b Retired or separated participants receiving benefits.....	6b	127
c Other retired or separated participants entitled to future benefits.....	6c	91
d Subtotal. Add lines 6a , 6b , and 6c	6d	343
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	15
f Total. Add lines 6d and 6e	6f	358
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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>2011</u>	
2 Assets:	
a Market value	2a <u>14727340</u>
b Actuarial value	2b <u>13533036</u>
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>131</u> <u>10264909</u>
b For terminated vested participants	3b <u>96</u> <u>2138153</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>74598</u>
(2) Vested benefits	3c(2) <u>5531560</u>
(3) Total active	3c(3) <u>137</u> <u>5606158</u>
d Total	3d <u>364</u> <u>18009220</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.24 %</u>
6 Target normal cost	6 <u>150000</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>10/10/2012</u>
<u>STEPHEN A. KING, FSA</u>	Signature of actuary	Date
<u>BOLTON PARTNERS, INC.</u>	Type or print name of actuary	<u>11-04373</u>
<u>100 LIGHT STREET, 9TH FLOOR</u> <u>BALTIMORE, MD 21202</u>	Firm name	Most recent enrollment number
	Address of the firm	<u>410-547-0500</u>
		Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.20</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.66</u> % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III		Funding percentages	
14	Funding target attainment percentage	14	75.14 %
15	Adjusted funding target attainment percentage	15	75.14 %
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	81.85 %
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
04/13/2011	89793				
07/08/2011	89793				
10/14/2011	89793				
01/12/2012	89793				
09/13/2012	296481				
			Totals ▶	18(b)	655653
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 612791
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	150000	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	4476184	462791	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	612791	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	612791	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	612791	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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 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)

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	63933	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIVERSIFIED RETIREMENT CORPORATION

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?
15 28 50 54 59 61 62 63	NONE	30634	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 29	NONE	7715	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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 or DFE 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	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: HEDWIN CORP ACCT NO. CT-71991 01

b Name of sponsor of entity listed in (a): DIVERSIFIED RETIREMENT CORPORATION

c EIN-PN <u>13-3689044-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8683942</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
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 Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	328750	386274
(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)	8449794	8683942
(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)	5962356	5482769
(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	14740900	14552985

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	14740900	14552985
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	655653	
(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)		655653
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)	127670	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		127670
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(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)		658074
(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)		-361587
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1079810

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1123831	
(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)		1123831
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)	71648	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	72246	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		143894
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1267725

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-187915
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.			
4n			

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

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

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

5b(1) Name of plan(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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
---------------	----------------------

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>2</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

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

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, 2011

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All other supplemental schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure 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: 410-727-3123 • 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, 2011 and 2010, 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, 2011 and 2010, 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, 2011 and 2010, and the changes therein for the years then ended and its financial status as of December 31, 2011 and 2010, and the changes therein for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2011 and the schedule of reportable transactions for the year ended December 31, 2011 are presented for the purpose of additional analysis and are not a required part of the 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. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

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

The schedule of assets (held 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
September 28, 2012

GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2011 and 2010

	2011	2010
ASSETS		
Investments, at fair value	\$ 14,166,711	\$ 14,412,150
Contributions receivable from employer	<u>386,274</u>	<u>328,750</u>
Total assets	<u>14,552,985</u>	<u>14,740,900</u>
LIABILITIES		
Accounts payable	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 14,552,985</u>	<u>\$ 14,740,900</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, 2011 and 2010

	2011	2010
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 296,487	\$ 1,609,690
Dividends	<u>127,670</u>	<u>140,233</u>
	424,157	1,749,923
Employer contributions	<u>655,653</u>	<u>394,573</u>
Total additions	<u>1,079,810</u>	<u>2,144,496</u>
DEDUCTIONS		
Benefits paid directly to participants	<u>1,123,831</u>	<u>1,010,757</u>
Administrative expenses:		
Audit	7,715	7,708
Actuarial	63,933	19,010
Insurance commission	30,634	27,907
Pension Benefit Guaranty Corporation	<u>41,612</u>	<u>42,958</u>
Total administrative expenses	<u>143,894</u>	<u>97,583</u>
Total deductions	<u>1,267,725</u>	<u>1,108,340</u>
Net increase (decrease)	(187,915)	1,036,156
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>14,740,900</u>	<u>13,704,744</u>
End of year	<u>\$ 14,552,985</u>	<u>\$ 14,740,900</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, 2011 and 2010

	2011	2010
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving payments	\$ 9,600,315	\$ 9,310,124
Other participants	<u>6,243,646</u>	<u>6,414,752</u>
Total vested benefits	15,843,961	15,724,876
Non-vested benefits	<u>54,428</u>	<u>60,607</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 15,898,389</u>	<u>\$ 15,785,483</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, 2011 and 2010

	2011	2010
Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	<u>\$ 15,785,483</u>	<u>\$ 15,605,662</u>
Increase (decrease) during the year attributable to:		
Assumption change	27,495	27,207
Interest	1,217,885	1,208,023
Plan experience	(8,643)	(44,652)
Benefits paid	<u>(1,123,831)</u>	<u>(1,010,757)</u>
Net increase	<u>112,906</u>	<u>179,821</u>
Actuarial Present Value of Accumulated Plan Benefits, End of Year	<u>\$ 15,898,389</u>	<u>\$ 15,785,483</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 the 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%, 75%, 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

2012 IRS Combined Static Mortality Table (changed from the 2011 IRS Combined Static Mortality Table).

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits (continued)

Mortality (continued)

The mortality assumption for valuation purposes is prescribed by the Pension Protection Act of 2006. For all FASB accounting purposes, the assumption is selected by the plan sponsor. No mortality improvement is assumed beyond any improvements already included in the underlying assumption.

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

For FASB ASC 715 expected rate of return and FASB ASC 960 – 8.00% compounded annually.

For FASB ASC 715 discount rate – 5.00% compounded annually, for prior year 5.75%.

For Minimum Required Contribution – September 2011 adjusted 24-month average segment rates as specified by IRS Notice 2012-55 (5.54%, 6.85%, 7.52%). The effective interest rate for 2012 is 6.95%.

For all other valuation calculations – September 2011 three-segment rates (2.06%, 5.25%, 6.32%). The effective interest rate for 2012 is 5.39%. For 2011 valuation, September 2010 three-segment rates (3.78%, 6.31%, 6.57%). The effective interest rate for 2011 was 6.24%. The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor and by the Moving Ahead for Progress Act of the 21st Century (MAP-21). For all FASB accounting purposes, the interest assumptions are selected by the plan sponsor.

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits (continued)

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 FASB ASC 715 and 960 – Plan administrative expenses are assumed to be 4.0% of total plan costs. Liabilities loaded by 4.167% to arrive at this result.

For Valuation – Plan-related expenses expected to be paid from plan assets in 2012 (\$160,000) were added to the normal cost.

Asset Valuation

For FASB ASC 715 and 960 – Market value.

For 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). The asset valuation method for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor. For all FASB accounting purposes, the asset valuation method is selected by the plan sponsor.

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits (continued)

Actuarial Cost Method

Traditional Unit Credit.

Amortization Schedule

The plan sponsor has elected the fifteen-year alternative amortization schedule allowed under the Pension Relief Act of 2010 and described in IRS Notice 2011-3, for both the 2010 and 2011 plan years. An alternative amortization schedule has not been elected for any prior year. It is assumed that there will be no Installment Acceleration Amounts for either the 2010 or 2011 plan year.

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, 2011 and 2010 were \$1,325,315 and \$1,488,562, 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). Since the Plan has an Adjusted Funding Target Attainment Percentage (AFTAP) less than 80% as of December 31, 2011, it is the consulting actuary's understanding that these benefit restrictions will apply until an actuarial certification has been completed showing an AFTAP of at least 80% for the year ended December 31, 2012 or a later plan year. The AFTAP as of December 31, 2011 for the Plan was 74.15%.

NOTES TO FINANCIAL STATEMENTS

Note 4. Plan Termination

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.

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, 2011 and 2010 consisted of the following:

	<u>2011</u>		<u>2010</u>	
Diversified common/collective trusts:				
Core Bond	\$ 982,185	*	\$ 1,003,877	*
High Quality Bond	1,723,470	*	1,565,408	*
High Yield Bond	750,214	*	765,370	*
Long Bond Fund	2,101,179	*	2,043,782	*
Large Cap Growth	713,967		729,177	
Real Estate	992,649	*	855,230	*
Stock Index	1,420,278	*	1,486,950	*
	<u>8,683,942</u>		<u>8,449,794</u>	
Mutual funds:				
Oppenheimer International Bond	283,397		285,120	
Pimco Total Return	1,014,023	*	1,036,113	*
Allianz NFJ Dividend Value A	736,470	*	743,782	*
American Funds EuroPacific Growth	2,036,504	*	2,200,020	*
Keeley Small Cap Value	337,572		383,567	
Vanguard Mid Cap Index	724,020		932,138	*
Vanguard Small Cap Index	350,783		381,616	
	<u>5,482,769</u>		<u>5,962,356</u>	
	<u>\$ 14,166,711</u>		<u>\$ 14,412,150</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, 2011 and 2010, the Plan's investments, (including gains and losses on investments bought and sold during the year) appreciated in value by \$296,487 and \$1,609,690, 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, 2011 and 2010.

Mutual funds:

Valued at the closing price reported on the active market on which the individual securities are traded.

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, 2011 and 2010:

Fair Value Measurements at December 31, 2011

	<i>Quoted Prices in Active Markets for Identical Assets</i>	<i>Significant Other Observable Inputs</i>	<i>Significant Unobservable Inputs</i>	
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 5,482,769	\$ -	\$ -	\$ 5,482,769
Common collective trusts	<u>-</u>	<u>8,683,942</u>	<u>-</u>	<u>8,683,942</u>
Total assets at fair value	<u>\$ 5,482,769</u>	<u>\$ 8,683,942</u>	<u>\$ -</u>	<u>\$ 14,166,711</u>

Fair Value Measurements at December 31, 2010

	<i>Quoted Prices in Active Markets for Identical Assets</i>	<i>Significant Other Observable Inputs</i>	<i>Significant Unobservable Inputs</i>	
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 5,962,356	\$ -	\$ -	\$ 5,962,356
Common collective trusts	<u>-</u>	<u>8,449,794</u>	<u>-</u>	<u>8,449,794</u>
Total assets at fair value	<u>\$ 5,962,356</u>	<u>\$ 8,449,794</u>	<u>\$ -</u>	<u>\$ 14,412,150</u>

NOTES TO FINANCIAL STATEMENTS

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 the 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service, the Department of Labor or the State of Maryland. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2008.

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 September 28, 2012, the date the financial statements were available to be issued. The Plan received a favorable IRS Determination Letter dated September 13, 2012. Other than this, 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 AT END OF YEAR)

December 31, 2011

Schedule H, Form 5500

Part IV, Line 4i - Schedule of Assets (Held 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	**	\$ 982,185
*	Diversified High Quality Bond Fund	Common/Collective Trust	**	1,723,470
*	Diversified High Yield Bond Fund	Common/Collective Trust	**	750,214
*	Diversified Long Bond Fund	Common/Collective Trust	**	2,101,179
*	Diversified Large Cap Growth Fund	Common/Collective Trust	**	713,967
*	Diversified Real Estate Fund	Common/Collective Trust	**	992,649
*	Diversified Stock Index Fund	Common/Collective Trust	**	1,420,278
	Vanguard Mid Cap Index Fund	Mutual Fund	**	724,020
	Vanguard Small Cap Index Fund	Mutual Fund	**	350,783
	Allianz NFJ Dividend Value A Fund	Mutual Fund	**	736,470
	American Funds EuroPacific Growth Fd	Mutual Fund	**	2,036,504
	Keeley Small Cap Value Fund	Mutual Fund	**	337,572
	Oppenheimer International Bond	Mutual Fund	**	283,397
	Pimco Total Return	Mutual Fund	**	<u>1,014,023</u>
				<u>\$ 14,166,711</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
AGGREGATE TRANSACTIONS EXCEEDING 5% OF THE PLAN ASSETS
Year Ended December 31, 2011

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 <u>Party Involved</u>	Description of <u>Asset</u>	Purchase <u>Price</u>	Selling <u>Price</u>	Lease <u>Rental</u>	Transaction <u>Expenses</u>	Cost of <u>Asset</u>	Current Value of Asset on Transaction <u>Date</u>	Net Gain or <u>(Loss)</u>
Diversified Investment Advisors	Diversified High Quality Bond Fund	\$ 1,565,516 -	\$ - 1,422,302	\$ - -	\$ - -	\$ - 1,429,802	\$ 1,565,516 1,442,302	\$ - 12,500

Attachment to 2011 Schedule H
Group Pension Plan for Employees of Hedwin Corporation
EIN/PN: 52-0559855/001

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

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
*	Diversified Retirement Corporation	Core Bond Fund	**	982,185
*	Diversified Retirement Corporation	High Quality Bond Fund	**	1,723,470
*	Diversified Retirement Corporation	High Yield Bond Fund	**	750,214
*	Diversified Retirement Corporation	Large Growth Fund	**	713,967
*	Diversified Retirement Corporation	Long Bond Fund	**	2,101,179
*	Diversified Retirement Corporation	Real Estate Fund	**	992,649
*	Diversified Retirement Corporation	Stock Index Fund	**	1,420,278
	Allianz	Allianz NFJ Dividend Value A	**	736,470
	American Funds	American Funds EuroPacific Growth R5	**	2,036,504
	Keeley	Keeley Small Cap Value A	**	337,572
	Oppenheimer	Oppenheimer International Bond Y	**	283,397
	PIMCO	PIMCO Total Return Admin	**	1,014,023
	Vanguard	Vanguard Mid Cap Index Signal	**	724,020
	Vanguard	Vanguard Small Cap Index Signal	**	350,783

*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, Part IV, 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 Retirement Corporation	DVFD HIGH QUAL BD	\$ 1,565,514.55	\$ -	\$ -	\$ -	\$ -	\$ 1,565,514.55	\$ -
		\$ -	\$ 1,442,302.09	\$ -	\$ -	\$ 1,429,801.64	\$ 1,442,302.09	\$ 12,500.45

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

(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
NONE								

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.

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

Mortality: 2011 IRS Combined Static Mortality Table (changed from the 2010 IRS Combined Static Mortality Table).

The mortality assumption for valuation purposes is prescribed by the Pension Protection Act of 2006. No mortality improvement is assumed beyond any improvements already included in the underlying assumption.

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: September 2010 three segment rates (3.78%, 6.31%, 6.57%). The effective interest rate for 2011 is 6.24%. For 2010 valuation, September 2009 three-segment rates (5.03%, 6.73%, 6.82%). The effective interest rate for 2010 was 6.66%.

The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor.

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.

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

<u>Marriage/Age of Spouse:</u>	100% of the population is assumed to be married with females assumed to be four years younger than males.
<u>Expenses:</u>	Plan-related expenses expected to be paid from plan assets in 2011 (\$150,000) were added to the normal cost.
<u>Asset Valuation:</u>	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). The asset valuation method for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor.
<u>Actuarial Cost Method:</u>	Traditional Unit Credit.
<u>Amortization Schedule:</u>	The plan sponsor has elected the fifteen - year alternative amortization schedule allowed under the pension Relief Act of 2010 and described in IRS Notice 2011-3, for both the 2010 and 2011 plan years. An alternative amortization schedule has not been elected for any prior plan year. We assume there will be no Installment Acceleration Amounts for either the 2010 or 2011 plan year.

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.
<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. 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.

Attachment to 2011 Schedule SB
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										Total
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	
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	1	2	0	0	0	0	0	0	0	3
35 to 39	Number	0	2	4	1	0	0	0	0	0	0	7
40 to 44	Number	0	1	2	3	0	0	0	0	0	0	6
45 to 49	Number	0	2	7	7	3	0	0	0	0	0	19
50 to 54	Number	0	5	12	6	2	2	0	0	0	0	27
55 to 59	Number	0	7	13	10	7	2	5	2	0	0	46
60 to 64	Number	0	2	7	8	1	3	2	2	0	0	25
65 to 69	Number	0	0	1	1	0	0	0	2	0	0	4
70 & Up	Number	0	0	0	0	0	0	0	0	0	0	0
Total	Number	0	20	48	36	13	7	7	6	0	0	137

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	170,908	36,764	5
1/1/2010*	2,202,450	222,409	14
1/1/2011*	<u>2,102,826</u>	<u>203,618</u>	15
Total	\$4,476,184	\$462,791	

* 2010 and 2011 bases are being amortized over fifteen years, pursuant to the plan sponsor's election of such alternative amortization schedule for the 2010 and 2011 plan years under IRS Notice 2011-3.

**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

2011**This Form is Open to Public
Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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 <u>1</u> Day <u>1</u> Year <u>2011</u>		
2 Assets:		
a Market value	2a	14,727,340
b Actuarial value	2b	13,533,036
3 Funding target/participant count breakdown:		
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 131	10,264,909
b For terminated vested participants.....	3b 96	2,138,153
c For active participants:		
(1) Non-vested benefits.....	3c(1)	74,598
(2) Vested benefits.....	3c(2)	5,531,560
(3) Total active.....	3c(3) 137	5,606,158
d Total.....	3d 364	18,009,220
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
a Funding target disregarding prescribed at-risk assumptions.....	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5 Effective interest rate	5	6.24 %
6 Target normal cost	6	150,000

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

10/10/2012

Date

11-04373

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

100 Light Street, 9th Floor

Baltimore

MD 21202

Address of the firm

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>13.20%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.66%</u> except as otherwise provided (see instructions).....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	75.14 %
15 Adjusted funding target attainment percentage	15	75.14 %
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	81.85 %
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
04/13/2011	89,793				
07/08/2011	89,793				
10/14/2011	89,793				
01/12/2012	89,793				
09/13/2012	296,481				
Totals •			18(b)	655,653	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	612,791

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: 3.78 %	2nd segment: 6.31 %	3rd segment: 6.57 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....	21b		4
22 Weighted average retirement age	22		65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	150,000	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	4,476,184	462,791	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	612,791	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	612,791	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	612,791	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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.

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

Mortality: 2011 IRS Combined Static Mortality Table (changed from the 2010 IRS Combined Static Mortality Table).

The mortality assumption for valuation purposes is prescribed by the Pension Protection Act of 2006. No mortality improvement is assumed beyond any improvements already included in the underlying assumption.

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: September 2010 three segment rates (3.78%, 6.31%, 6.57%). The effective interest rate for 2011 is 6.24%. For 2010 valuation, September 2009 three-segment rates (5.03%, 6.73%, 6.82%). The effective interest rate for 2010 was 6.66%.

The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor.

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.

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

<u>Marriage/Age of Spouse:</u>	100% of the population is assumed to be married with females assumed to be four years younger than males.
<u>Expenses:</u>	Plan-related expenses expected to be paid from plan assets in 2011 (\$150,000) were added to the normal cost.
<u>Asset Valuation:</u>	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). The asset valuation method for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor.
<u>Actuarial Cost Method:</u>	Traditional Unit Credit.
<u>Amortization Schedule:</u>	The plan sponsor has elected the fifteen - year alternative amortization schedule allowed under the pension Relief Act of 2010 and described in IRS Notice 2011-3, for both the 2010 and 2011 plan years. An alternative amortization schedule has not been elected for any prior plan year. We assume there will be no Installment Acceleration Amounts for either the 2010 or 2011 plan year.

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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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)

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Benefit computed as 5 year certain and life annuity.

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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

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Schedule SB, Part V – Summary of Plan Provisions

(continued)

Termination of Employment Benefits:

(continued)

Benefit commencement date:

Normal retirement date, unless employee elects earlier.

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

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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	1	2	0	0	0	0	0	0	0	3
35 to 39 Number	0	2	4	1	0	0	0	0	0	0	7
40 to 44 Number	0	1	2	3	0	0	0	0	0	0	6
45 to 49 Number	0	2	7	7	3	0	0	0	0	0	19
50 to 54 Number	0	5	12	6	2	2	0	0	0	0	27
55 to 59 Number	0	7	13	10	7	2	5	2	0	0	46
60 to 64 Number	0	2	7	8	1	3	2	2	0	0	25
65 to 69 Number	0	0	1	1	0	0	0	2	0	0	4
70 & Up Number	0	0	0	0	0	0	0	0	0	0	0
Total Number	0	20	48	36	13	7	7	6	0	0	137

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	170,908	36,764	5
1/1/2010*	2,202,450	222,409	14
1/1/2011*	<u>2,102,826</u>	<u>203,618</u>	15
Total	\$4,476,184	\$462,791	

* 2010 and 2011 bases are being amortized over fifteen years, pursuant to the plan sponsor's election of such alternative amortization schedule for the 2010 and 2011 plan years under IRS Notice 2011-3.