

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan <u>DWI HOLDINGS, INC. RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/15/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/15/2001</u>			
1b Three-digit plan number (PN) ▶	<u>001</u>						
1c Effective date of plan <u>10/15/2001</u>							
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>DWI HOLDINGS, INC.</u> <u>261 FIFTH AVENUE</u> <u>SUITE 1400</u> <u>NEW YORK, NY 10016</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) <u>58-2401710</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>2c Sponsor's telephone number <u>212-845-4162</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>442210</u></td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>58-2401710</u>		2c Sponsor's telephone number <u>212-845-4162</u>		2d Business code (see instructions) <u>442210</u>	
2b Employer Identification Number (EIN) <u>58-2401710</u>							
2c Sponsor's telephone number <u>212-845-4162</u>							
2d Business code (see instructions) <u>442210</u>							

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	07/10/2013 Date	PATRICIA BURGESS Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	07/10/2013 Date	PATRICIA BURGESS Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address DWI HOLDINGS, INC. 261 FIFTH AVENUE SUITE 1400 NEW YORK, NY 10016		3b Administrator's EIN 58-2401710 3c Administrator's telephone number 212-845-4162
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 104
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	78
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	18
d Subtotal. Add lines 6a , 6b , and 6c	6d	96
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	96
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	66
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>DWI HOLDINGS, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DWI HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>58-2401710</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
FID INV INST OPS CO

04-2647786

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

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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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65 37 60	RECORDKEEPER	1375	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
ALLNZ NFJ SMCPVAL AD - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
ARTISAN MID CAP VAL - BOSTON FINANC 330 W. 9TH STREET KANSAS CITY, MO 66160	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BARON ASSET FUND - DST SYSTEMS, INC	0.40%	
43-1581814		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BROWN SMALL CO INV - ALPS FUND SERV 20-3247785	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
EATON LG CAP VALUE A - BNY MELLON I P.O. BOX 9793 PROVIDENCE, RI 02940	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
HARBOR INTL INST - PRINCIPAL SHAREH 34-1953399	0.10%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
OAKMARK EQ & INC I - BOSTON FINANCIAL P.O. BOX 8480 BOSTON, MA 02266	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
PIMCO TOT RETURN ADM - BOSTON FINANCIAL P.O. BOX 8480 BOSTON, MA 02266	0.27%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
WFA COMMON STOCK INV - BOSTON FINANCIAL 330 W. 9TH STREET KANSAS CITY, MO 66160	0.55%	

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: GILBERT, CRUMP AND ASSOCIATES P.C.	b EIN: 20-3457986
c Position: ACCOUNTANT	
d Address: 401 SOUTH WALL STREET SUITE 101 CALHOUN, GA 30701	e Telephone: 706-629-9909

Explanation: COMPANY DECIDED TO CHANGE

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan DWI HOLDINGS, INC. RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 DWI HOLDINGS, INC.		D Employer Identification Number (EIN) 58-2401710

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)		
(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)	515450	512343
(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)	134814	171739
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	3426422	3274148
(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	4076686	3958230

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	4076686	3958230
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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)		
(B) Participants	2a(1)(B)	222929	
(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)		222929
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	51	
(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)	5843	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5894
(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)	115675	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		115675
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		372509
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		717007

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	813034	
(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)		813034
f Corrective distributions (see instructions)	2f		21048
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1381	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1381
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		835463

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-118456
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: KNAV P.A.

(2) EIN: 20-2751082

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

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

Part IV Compliance Questions

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

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>DWI HOLDINGS, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DWI HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>58-2401710</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</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	

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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 lines 13e(1) and 13e(2).)

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

DWI Holdings, Inc. Retirement Savings Plan

Financial Statements

December 31, 2012 and December 31, 2011

KNAV P.A.

Certified Public Accountants
3883 Rogers Bridge Road, Suite 601,
Duluth, GA 30097



America Counts on CPAs

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Report of Independent Auditor

To,
The Participants and the Plan Administrator,
DWI Holdings, Inc. Retirement Savings Plan

We were engaged to audit the accompanying statement of net assets available for benefits of DWI Holdings, Inc. Retirement Savings Plan (“the Plan”) as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012 and the supplemental schedule of assets held for investment as of December 31, 2012.

These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2011, were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Fidelity Management Trust Company, the trustee of the Plan. Their report, dated June 04, 2012 indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. The plan administrator has obtained a certification from the trustees as of and for the year ended December 31, 2012, that the information provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information in the Plan's financial statements for the year 2012 that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements for the year 2012 and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KNAV P.A.

Atlanta, Georgia

July 1, 2013

Financial Statements

Statements of net assets available for benefits

(Amounts are in United States Dollars, unless otherwise stated)

As of

December 31, 2012 December 31, 2011

ASSETS

Investments at fair value

Money market funds	512,343	515,450
Shares of registered investment companies	3,274,148	3,426,422
Total investments	3,786,491	3,941,872

Receivables

Notes receivable from participants	171,738	134,814
Total receivable	171,738	134,814
Net assets available for benefits	\$ 3,958,229	\$ 4,076,686

(See accompanying notes to financial statements.)

Statements of changes in net assets available for benefits

(Amounts are in United States Dollars, unless otherwise stated)

Additions to net assets attributed to:

Contributions:

Participants

Investment income / (loss):

Net appreciation / (depreciation)

Interest and dividends

Other income / (expense)

Total additions

Deductions from net assets attributed to:

Distributions

Administrative expenses

Total deductions

Net decrease in assets available for benefits

Net assets available for benefits, at the beginning of year

Net assets available for benefits, at the end of year

Years ended		
December 31, 2012	December 31, 2011	
222,928	197,440	
222,928	197,440	
372,508	(114,761)	
121,568	107,204	
-	(651)	
494,076	(8,208)	
717,004	189,232	
834,080	1,394,263	
1,381	6,401	
835,461	1,400,664	
(118,457)	(1,211,432)	
4,076,686	5,288,118	
\$ 3,958,229	\$ 4,076,686	

(See accompanying notes to financial statements.)

Notes to Financial Statements

(All amounts are in United States Dollars, unless otherwise stated)

NOTE 1 - DESCRIPTION OF PLAN

The following description of the DWI Holdings Inc. Retirement Savings Plan ("the Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

i. General

The Plan is a defined contribution plan with salary reduction features as permitted under Section 401 (k) of the Internal Revenue Code and is sponsored by DWI Holdings Inc ("the Company"). The Plan is funded by employee and employer contributions and covers substantially all employees of the Company who are age twenty one or older and have completed two months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Broker commissions associated with investment transactions are paid by the Plan and netted against earnings on investments. Administrative expenses are paid by the Plan and the Plan Sponsor.

In accordance with a participating employers addendum dated July 19, 2010 an affiliate company Himatsingka America, Inc ("Himatsingka" or the "Participating Employer"), has adopted the Plan. Thus effective from July 19, 2010 the Plan covers all employees of Himatsingka as per same terms and conditions as applicable to employees of DWI Holdings Inc. As on December 31, 2011 and 2012, 4 employees of the Company and Nil employees of Himatsingka, respectively were participants of the Plan.

ii. Contributions

Participants may authorize an elective deferred contribution rate up to the maximum annual limitations as provided by the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company may make a discretionary employer contribution. Participants must be credited with two months of service to receive employer contributions.

The Plan includes a provision under Internal Revenue Code (IRC) Section 401(k) whereby participants may make pretax contributions to the Plan up to 100% of their annual compensation. Annual participant contribution amounts are limited to \$ 17,000 and \$ 16,500 of salary deferrals for the years ended December 31, 2012 and December 31, 2011 (\$ 22,500 and \$ 22,000 for participants aged 50 years and over).

The Company has the option to make a contribution towards the plan and the contribution, if any, is determined by the Company's board of directors and is subject to limitations under the IRC. The employer matching for years 2012 and 2011 were \$ Nil and \$ Nil, respectively.

A participant may deposit rollover contributions from another qualified plan. Rollover contributions are placed in the participant's account and are subject to the rules for investment established by the plan administrator.

DWI Holdings, Inc. Retirement Savings Plan
Financial Statements
December 31, 2012 and December 31, 2011

iii. Administration

Lisa Salomon-Geraci serves as the plan administrator on behalf of DWI Holdings Inc (Plan Sponsor). The plan administrator has the responsibility to administer the Plan for the exclusive benefit of the participants and their beneficiaries. These duties include, but are not limited to, establishing procedures, maintaining records, interpreting provisions of the Plan and making determinations regarding questions which may affect eligibility for benefits. The Company engaged a third-party administrator named Fidelity Workplace Services LLC for the years 2012 and 2011 to assist in the administration of the Plan.

Fidelity Management Trust Company serves as trustee of the Plan pursuant to the plan agreement. The trustee receives all contributions made under the Plan, holds plan assets and pays benefits to participants as directed by the Plan Sponsor.

iv. Operating expenses

Administrative expenses comprise:

	For the year ended	
	December 31, 2012	December 31, 2011
Third party administrator fees	1,381	6,401
Total	\$ 1,381	\$ 6,401

v. Participant accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings, and (c) charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

vi. Vesting

Participants are immediately vested in their elective contributions plus actual earnings thereon. Participants are vested in the Company contributions and earnings thereon after five years of continuous service. The vesting percentages are as follows:

Years of service	Vesting percentage
0	0.00%
1	20.00%
2	40.00%
3	60.00%
4	80.00%
5 or more	100.00%

Participants also become 100% vested upon full or partial termination of the Plan, upon reaching the normal retirement age of sixty - five or upon disability or death of the participant. Any portion of a participant's account balance attributable to rollover contributions from another qualified plan and 100% vested at the time of contribution and not subject to forfeiture.

vii. Notes receivable

Participants may borrow from their accounts a minimum of \$ 1,000 up to a maximum equal to the lesser of \$ 50,000 or 50% of their account balance. Notes receivable from participants generally have terms ranging up to five years, are secured by the balance in the participant's account and bear interest at a rate determined by the plan administrator based on prevailing interest rates at the time of the loan. A loan used for financing the purchase of the participant's principal residence may be repaid over a period beyond five years. Notes receivable from participants are due and payable if a participant terminates employment for any reason or fails to make a principal and/or interest payment as provided in the loan agreement.

viii. Withdrawals

In-service withdrawals of all or a portion of a participant's vested account balance may be made by a participant after reaching age fifty - nine and half or the normal retirement age. Upon normal retirement at age sixty-five, disability or death, the participant or beneficiary may receive the value of the account through a lump sum distribution.

Participants withdrawing from the Plan due to termination of employment, other than due to retirement, disability or death, may receive the value of their vested account by transfer to another qualified plan or individual retirement account or through a lump sum distribution.

Distributions from the Plan will normally be subject to income taxes and in certain circumstances may also be subject to Internal Revenue Service (IRS) penalties, unless the distribution is transferred to another qualified plan or individual retirement account.

ix. Investment options

Participants are required to make participant-directed allocations of their accounts among various investment options offered by the trustee.

x. Forfeitures

Non - vested account balances of terminated employees are forfeited after five consecutive one year breaks in service, as defined in the plan agreement. Forfeitures of terminated employees' non-vested accounts are first used to pay administrative expenses and the remaining forfeitures are used to reduce employers' contribution, as defined in the plan agreement. Forfeitures of terminated employees' non-vested accounts totaled \$ Nil in 2012 and \$ 4,534 in 2011.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

i. Basis of accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

ii. Risks and uncertainties

The Plan provides for various investment options in money market funds and registered investment companies (mutual funds). The Plan's exposure to credit losses in the event of non-performance of investments is limited to the carrying value of such investments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. During the year ended December 31, 2012 and December 31, 2011, net appreciation / (depreciation) in fair values of investments totaled \$ 372,508 and (\$114,761), respectively. Due to the level of risk associated with certain investment

securities, it is 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 statements of net assets available for benefits, participant account balances and the statement of changes in net assets available for benefits.

iii. Use of estimates in financial statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

iv. Investment valuation and income recognition

Investments in mutual funds are valued at quoted market prices as provided by the trustee. Net appreciation in the fair value of mutual funds represents the change in fair value during the year, including realized and unrealized gains and losses.

Notes receivable from participant are valued at unpaid principal balance plus any accrued but unpaid interest at year end, which approximates their fair value.

v. Basis of fair value measurements

a. Level 1:

Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

b. Level 2:

Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable. Either directly or indirectly;

c. Level 3:

Prices or valuations that require inputs that are both significant to the fair value measurements and unobservable.

A financial instrument's level within fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurements.

NOTE 3 - INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Fidelity Workplace Services LLC for 2012 and 2011.

DWI Holdings, Inc. Retirement Savings Plan
Financial Statements
December 31, 2012 and December 31, 2011

		As of December 31, 2012	December 31, 2011
Investments:			
Money market funds		512,343	515,450
Shares of registered investment companies		3,274,148	3,426,422
Notes receivable from participants		171,738	134,814
Total assets certified by trustee (unaudited)	\$	3,958,229	4,076,686
Transactions during the year			
Net appreciation / (depreciation)		372,509	(114,761)
Interest and dividend income		121,569	107,204
Other income / (expense)		-	(651)

A schedule of the fair value of individual investments that comprised 5% or more of the Plan's assets available for benefits is provided below:

	As of			
	December 31, 2012		December 31, 2011	
Fund Name	Amount in \$	Percentage	Amount in \$	Percentage
Pimco Total Return Fund	600,515	16%	516,384	13 %
Fidelity Money Market Fund	512,343	14%	515,450	13 %
Fidelity Contra	473,449	13%	639,170	16%
Brown Small Company	331,397	9 %	543,125	14%
Wells Fargo Common Stock	283,002	7 %	229,870	6 %
Artisan Mid Cap	224,677	6 %	246,229	6%
Fidelity Freedom 2020	219,029	6 %	*	*

* Current value does not exceed 5% of net assets

NOTE 4 - RECONCILIATION OF INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED) TO FORM 5500

	As of December 31, 2012
Investment balance as certified by trustee (<i>unaudited</i>)- <i>Refer Note 3'</i>	3,958,230
Investment balance as per Schedule H, Form 5500	\$ 3,958,230

	As of December 31, 2011
Investment balance as certified by trustee (<i>unaudited</i>)- <i>Refer Note 3'</i>	4,076,686
Investment balance as per Schedule H, Form 5500	\$ 4,076,686

NOTE 5 - FAIR VALUE MEASUREMENTS

The following tables present by level, within the fair value hierarchy, the plan investment assets at fair value, as of December 31, 2012 and December 31, 2011. As required by Accounting Standard Codification Topic

DWI Holdings, Inc. Retirement Savings Plan
Financial Statements
December 31, 2012 and December 31, 2011

820, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

		Level 1	Level 2	Level 3
Description	As of December 31, 2012	Quoted in active markets for identical assets	Significant other observable inputs	Significant unobservable inputs
Money market funds	512,343	512,343	-	-
Shares of registered investment companies	3,274,148	3,274,148	-	-
Total investments	\$ 3,786,491	\$ 3,786,491	-	-

		Level 1	Level 2	Level 3
Description	As of December 31, 2011	Quoted in active markets for identical assets	Significant other observable inputs	Significant unobservable inputs
Money market funds	515,450	515,450	-	-
Shares of registered investment companies	3,462,422	3,462,422	-	-
Total investments	\$ 3,941,872	\$ 3,941,872	-	-

NOTE 6 - INCOME TAX STATUS

The Plan uses a volume submitter plan document sponsored by Fidelity Management & Research Co ('FMR'). FMR received an opinion letter from the Internal Revenue Service ("IRS") dated March 31, 2008, which states that the volume submitter plan document satisfies the applicable provisions of the IRC. The Plan Administrative Committee believes that it can rely on such opinion letter and need not apply for a determination letter from the IRS. It is the opinion of the Plan administration and the Plan's attorney that the Plan is in compliance with all applicable laws and regulations. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments were managed by Fidelity Management Trust Company, the trustee and asset custodian of the Plan. Any purchases and sales of these funds were performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA. Apart from this the Company provides certain accounting, administrative, and investment management services to the Plan for which no fees are charged.

NOTE 8 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

NOTE 9 - SUBSEQUENT EVENTS

The Plan evaluated all events and transactions that occurred after December 31, 2012 through July 1, 2013, the date the financial statements are issued. Based on the evaluation, the Plan is not aware of any events or transactions that would require recognition or disclosure in the financial statements.

Supplemental Information

(All amounts are in United States Dollars, unless otherwise stated)

Schedule H, Part IV, Line 4i - Schedule of assets (held at end of year)*

(a)	(b) Identity of issuer, borrower, lessor or similar party/	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current value
	Fidelity Money Market Fund	Money market fund	512,343
	Pimco Total Return Fund	Mutual Fund	600,515
	Fidelity Contra Fund	Mutual Fund	473,449
	Brown Small Company	Mutual Fund	331,397
	Wells Fargo Common Stock	Mutual Fund	283,002
	Artisan Mid Cap	Mutual Fund	224,677
	Fidelity Freedom 2020	Mutual Fund	219,029
	Eaton Large Cap	Mutual Fund	163,713
	Spartan Intel Index	Mutual Fund	148,309
	Allianz Small Cap Value	Mutual Fund	131,688
	Fidelity Freedom 2025	Mutual Fund	99,376
	Fidelity Intl Discovery	Mutual Fund	98,850
	Fidelity Freedom 2040	Mutual Fund	82,152
	Sparten 500 Index Advantage	Mutual Fund	77,511
	Fidelity Freedom 2030	Mutual Fund	75,480
	Oakmark Equity & Income	Mutual Fund	64,173
	Fidelity Freedom 2045	Mutual Fund	57,993
	Spartan Extended Market	Mutual Fund	57,419
	Harbor International	Mutual Fund	34,699
	Fidelity Freedom 2035	Mutual Fund	20,377
	Baron Asset Fund	Mutual Fund	14,397
	Fidelity Freedom 2050	Mutual Fund	8,580
	Fidelity Freedom 2015	Mutual Fund	7,052
	Fidelity Freedom 2055	Mutual Fund	309
			\$ 3,786,491
**	Notes receivable from participants	4.25% - 7.00 %	171,738
	Total assets held at December 31, 2012		\$ 3,958,229

* Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.

** Party in interest as defined by ERISA

DWI Holdings, Inc. Retirement Savings Plan

Financial Statements

December 31, 2012 and December 31, 2011

KNAV P.A.

Certified Public Accountants
3883 Rogers Bridge Road, Suite 601,
Duluth, GA 30097



America Counts on CPAs

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Report of Independent Auditor

To,
The Participants and the Plan Administrator,
DWI Holdings, Inc. Retirement Savings Plan

We were engaged to audit the accompanying statement of net assets available for benefits of DWI Holdings, Inc. Retirement Savings Plan (“the Plan”) as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012 and the supplemental schedule of assets held for investment as of December 31, 2012.

These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2011, were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Fidelity Management Trust Company, the trustee of the Plan. Their report, dated June 04, 2012 indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. The plan administrator has obtained a certification from the trustees as of and for the year ended December 31, 2012, that the information provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information in the Plan's financial statements for the year 2012 that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements for the year 2012 and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KNAV P.A.

Atlanta, Georgia

July 1, 2013

Financial Statements

Statements of net assets available for benefits

(Amounts are in United States Dollars, unless otherwise stated)

As of

December 31, 2012 December 31, 2011

ASSETS

Investments at fair value

Money market funds	512,343	515,450
Shares of registered investment companies	3,274,148	3,426,422
Total investments	3,786,491	3,941,872

Receivables

Notes receivable from participants	171,738	134,814
Total receivable	171,738	134,814
Net assets available for benefits	\$ 3,958,229	\$ 4,076,686

(See accompanying notes to financial statements.)

Statements of changes in net assets available for benefits

(Amounts are in United States Dollars, unless otherwise stated)

Additions to net assets attributed to:

Contributions:

Participants

Investment income / (loss):

Net appreciation / (depreciation)

Interest and dividends

Other income / (expense)

Total additions

Deductions from net assets attributed to:

Distributions

Administrative expenses

Total deductions

Net decrease in assets available for benefits

Net assets available for benefits, at the beginning of year

Net assets available for benefits, at the end of year

Years ended		
December 31, 2012	December 31, 2011	
222,928	197,440	
222,928	197,440	
372,508	(114,761)	
121,568	107,204	
-	(651)	
494,076	(8,208)	
717,004	189,232	
834,080	1,394,263	
1,381	6,401	
835,461	1,400,664	
(118,457)	(1,211,432)	
4,076,686	5,288,118	
\$ 3,958,229	\$ 4,076,686	

(See accompanying notes to financial statements.)

Notes to Financial Statements

(All amounts are in United States Dollars, unless otherwise stated)

NOTE 1 - DESCRIPTION OF PLAN

The following description of the DWI Holdings Inc. Retirement Savings Plan ("the Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

i. General

The Plan is a defined contribution plan with salary reduction features as permitted under Section 401 (k) of the Internal Revenue Code and is sponsored by DWI Holdings Inc ("the Company"). The Plan is funded by employee and employer contributions and covers substantially all employees of the Company who are age twenty one or older and have completed two months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Broker commissions associated with investment transactions are paid by the Plan and netted against earnings on investments. Administrative expenses are paid by the Plan and the Plan Sponsor.

In accordance with a participating employers addendum dated July 19, 2010 an affiliate company Himatsingka America, Inc ("Himatsingka" or the "Participating Employer"), has adopted the Plan. Thus effective from July 19, 2010 the Plan covers all employees of Himatsingka as per same terms and conditions as applicable to employees of DWI Holdings Inc. As on December 31, 2011 and 2012, 4 employees of the Company and Nil employees of Himatsingka, respectively were participants of the Plan.

ii. Contributions

Participants may authorize an elective deferred contribution rate up to the maximum annual limitations as provided by the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company may make a discretionary employer contribution. Participants must be credited with two months of service to receive employer contributions.

The Plan includes a provision under Internal Revenue Code (IRC) Section 401(k) whereby participants may make pretax contributions to the Plan up to 100% of their annual compensation. Annual participant contribution amounts are limited to \$ 17,000 and \$ 16,500 of salary deferrals for the years ended December 31, 2012 and December 31, 2011 (\$ 22,500 and \$ 22,000 for participants aged 50 years and over).

The Company has the option to make a contribution towards the plan and the contribution, if any, is determined by the Company's board of directors and is subject to limitations under the IRC. The employer matching for years 2012 and 2011 were \$ Nil and \$ Nil, respectively.

A participant may deposit rollover contributions from another qualified plan. Rollover contributions are placed in the participant's account and are subject to the rules for investment established by the plan administrator.

DWI Holdings, Inc. Retirement Savings Plan
Financial Statements
December 31, 2012 and December 31, 2011

iii. Administration

Lisa Salomon-Geraci serves as the plan administrator on behalf of DWI Holdings Inc (Plan Sponsor). The plan administrator has the responsibility to administer the Plan for the exclusive benefit of the participants and their beneficiaries. These duties include, but are not limited to, establishing procedures, maintaining records, interpreting provisions of the Plan and making determinations regarding questions which may affect eligibility for benefits. The Company engaged a third-party administrator named Fidelity Workplace Services LLC for the years 2012 and 2011 to assist in the administration of the Plan.

Fidelity Management Trust Company serves as trustee of the Plan pursuant to the plan agreement. The trustee receives all contributions made under the Plan, holds plan assets and pays benefits to participants as directed by the Plan Sponsor.

iv. Operating expenses

Administrative expenses comprise:

	For the year ended	
	December 31, 2012	December 31, 2011
Third party administrator fees	1,381	6,401
Total	\$ 1,381	\$ 6,401

v. Participant accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings, and (c) charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

vi. Vesting

Participants are immediately vested in their elective contributions plus actual earnings thereon. Participants are vested in the Company contributions and earnings thereon after five years of continuous service. The vesting percentages are as follows:

Years of service	Vesting percentage
0	0.00%
1	20.00%
2	40.00%
3	60.00%
4	80.00%
5 or more	100.00%

Participants also become 100% vested upon full or partial termination of the Plan, upon reaching the normal retirement age of sixty - five or upon disability or death of the participant. Any portion of a participant's account balance attributable to rollover contributions from another qualified plan and 100% vested at the time of contribution and not subject to forfeiture.

vii. Notes receivable

Participants may borrow from their accounts a minimum of \$ 1,000 up to a maximum equal to the lesser of \$ 50,000 or 50% of their account balance. Notes receivable from participants generally have terms ranging up to five years, are secured by the balance in the participant's account and bear interest at a rate determined by the plan administrator based on prevailing interest rates at the time of the loan. A loan used for financing the purchase of the participant's principal residence may be repaid over a period beyond five years. Notes receivable from participants are due and payable if a participant terminates employment for any reason or fails to make a principal and/or interest payment as provided in the loan agreement.

viii. Withdrawals

In-service withdrawals of all or a portion of a participant's vested account balance may be made by a participant after reaching age fifty - nine and half or the normal retirement age. Upon normal retirement at age sixty-five, disability or death, the participant or beneficiary may receive the value of the account through a lump sum distribution.

Participants withdrawing from the Plan due to termination of employment, other than due to retirement, disability or death, may receive the value of their vested account by transfer to another qualified plan or individual retirement account or through a lump sum distribution.

Distributions from the Plan will normally be subject to income taxes and in certain circumstances may also be subject to Internal Revenue Service (IRS) penalties, unless the distribution is transferred to another qualified plan or individual retirement account.

ix. Investment options

Participants are required to make participant-directed allocations of their accounts among various investment options offered by the trustee.

x. Forfeitures

Non - vested account balances of terminated employees are forfeited after five consecutive one year breaks in service, as defined in the plan agreement. Forfeitures of terminated employees' non-vested accounts are first used to pay administrative expenses and the remaining forfeitures are used to reduce employers' contribution, as defined in the plan agreement. Forfeitures of terminated employees' non-vested accounts totaled \$ Nil in 2012 and \$ 4,534 in 2011.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

i. Basis of accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

ii. Risks and uncertainties

The Plan provides for various investment options in money market funds and registered investment companies (mutual funds). The Plan's exposure to credit losses in the event of non-performance of investments is limited to the carrying value of such investments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. During the year ended December 31, 2012 and December 31, 2011, net appreciation / (depreciation) in fair values of investments totaled \$ 372,508 and (\$114,761), respectively. Due to the level of risk associated with certain investment

securities, it is 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 statements of net assets available for benefits, participant account balances and the statement of changes in net assets available for benefits.

iii. Use of estimates in financial statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

iv. Investment valuation and income recognition

Investments in mutual funds are valued at quoted market prices as provided by the trustee. Net appreciation in the fair value of mutual funds represents the change in fair value during the year, including realized and unrealized gains and losses.

Notes receivable from participant are valued at unpaid principal balance plus any accrued but unpaid interest at year end, which approximates their fair value.

v. Basis of fair value measurements

a. Level 1:

Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

b. Level 2:

Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable. Either directly or indirectly;

c. Level 3:

Prices or valuations that require inputs that are both significant to the fair value measurements and unobservable.

A financial instrument's level within fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurements.

NOTE 3 - INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Fidelity Workplace Services LLC for 2012 and 2011.

DWI Holdings, Inc. Retirement Savings Plan
Financial Statements
December 31, 2012 and December 31, 2011

		As of December 31, 2012	December 31, 2011
Investments:			
Money market funds		512,343	515,450
Shares of registered investment companies		3,274,148	3,426,422
Notes receivable from participants		171,738	134,814
Total assets certified by trustee (unaudited)	\$	3,958,229	4,076,686
Transactions during the year			
Net appreciation / (depreciation)		372,509	(114,761)
Interest and dividend income		121,569	107,204
Other income / (expense)		-	(651)

A schedule of the fair value of individual investments that comprised 5% or more of the Plan's assets available for benefits is provided below:

	As of			
	December 31, 2012		December 31, 2011	
Fund Name	Amount in \$	Percentage	Amount in \$	Percentage
Pimco Total Return Fund	600,515	16%	516,384	13 %
Fidelity Money Market Fund	512,343	14%	515,450	13 %
Fidelity Contra	473,449	13%	639,170	16%
Brown Small Company	331,397	9 %	543,125	14%
Wells Fargo Common Stock	283,002	7 %	229,870	6 %
Artisan Mid Cap	224,677	6 %	246,229	6%
Fidelity Freedom 2020	219,029	6 %	*	*

* Current value does not exceed 5% of net assets

NOTE 4 - RECONCILIATION OF INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED) TO FORM 5500

	As of December 31, 2012
Investment balance as certified by trustee (<i>unaudited</i>)- <i>Refer Note 3'</i>	3,958,230
Investment balance as per Schedule H, Form 5500	\$ 3,958,230
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		Level 1	Level 2	Level 3
Description	As of December 31, 2012	Quoted in active markets for identical assets	Significant other observable inputs	Significant unobservable inputs
Money market funds	512,343	512,343	-	-
Shares of registered investment companies	3,274,148	3,274,148	-	-
Total investments	\$ 3,786,491	\$ 3,786,491	-	-

		Level 1	Level 2	Level 3
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NOTE 6 - INCOME TAX STATUS

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Supplemental Information

(All amounts are in United States Dollars, unless otherwise stated)

Schedule H, Part IV, Line 4i - Schedule of assets (held at end of year)*

(a)	(b) Identity of issuer, borrower, lessor or similar party/	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current value
	Fidelity Money Market Fund	Money market fund	512,343
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	Harbor International	Mutual Fund	34,699
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**	Notes receivable from participants	4.25% - 7.00 %	171,738
	Total assets held at December 31, 2012		\$ 3,958,229

* Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.

** Party in interest as defined by ERISA