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 10/01/2011 and ending 09/30/2012

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
EMPLOYEES RETIREMENT PLAN OF SI GROUP, INC.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1953

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

SI GROUP, INC.

2750 BALLTOWN ROAD
SCHENECTADY, NY 12309-0000

2b Employer Identification Number (EIN)
14-1041790

2c Sponsor's telephone number
518-347-4200

2d Business code (see instructions)
325500

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.	07/15/2013	ROBERT D. MCQUEEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
SI GROUP, INC.

2750 BALLTOWN ROAD
SCHENECTADY, NE 12309-0000

3b Administrator's EIN
14-1041790

3c Administrator's telephone number
518-347-4200

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**	923
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**	384
b	Retired or separated participants receiving benefits	**6b**	248
c	Other retired or separated participants entitled to future benefits	**6c**	230
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	862
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	57
f	Total. Add lines **6d** and **6e**	**6f**	919
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)	X		**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

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
EMPLOYEES RETIREMENT PLAN OF SI GROUP, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SI GROUP, INC.

D Employer Identification Number (EIN)
14-1041790

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

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

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2011

2	Assets:			
	a Market value		**2a**	93262049
	b Actuarial value		**2b**	94162794
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	286	46342249
	b For terminated vested participants	**3b**	234	10507427
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		8873957
	(2) Vested benefits	**3c(2)**		41502970
	(3) Total active	**3c(3)**	407	50376927
	d Total	**3d**	927	107226603
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	5.70 %
6	Target normal cost		**6**	4722727

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

	07/11/2013
Signature of actuary	Date
TODD WEBER, EA, MAAA	11-04776
Type or print name of actuary	Most recent enrollment number
MERCER	585-389-8701
Firm name	Telephone number (including area code)
70 LINDEN OAKS, SUITE 310 ROCHESTER, NY 14625	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	12442687	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	
9	Amount remaining (line 7 minus line 8)	12442687	0
10	Interest on line 9 using prior year's actual return of 0.31%	38572	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		748229
b	Interest on (a) using prior year's effective rate of 6.49 % except as otherwise provided (see instructions)		48560
c	Total available at beginning of current plan year to add to prefunding balance		796789
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	4336589	
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	8144670	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.22 %
15	Adjusted funding target attainment percentage	15	80.00 %
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	96.12 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/16/2011	2400000	0			
03/12/2012	1400000	0			
06/11/2012	1400000	0			
09/27/2012	2400000	0			
12/31/2012	1700000	0			
03/12/2013	350000	0			
			Totals ► 18(b)	9650000	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	9266836

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
2.27%	5.43%	6.34 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required 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**	4722727
b Excess assets, if applicable, but not greater than 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	21208479	3377829
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**	8100556

	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**	8100556
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	9266836

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	1166280
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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

A Name of plan
EMPLOYEES RETIREMENT PLAN OF SI GROUP, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SI GROUP, INC.

D Employer Identification Number (EIN)
14-1041790

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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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)

LPL FINANCIAL

9785 TOWNE CENTRE DRIVE
SAN DIEGO, CA 92121

95-2834236

(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?
19 50 72	PLAN ASSET CUSTODIAN	168127	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL FINANCIAL GROUP

711 HIGH STREET
DES MOINES, IA 50392

42-0127290

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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

(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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: KRAIG M. KUMMER

b EIN: 13-2834414

c Position: ENROLLED ACTUARY

d Address: 70 LINDEN OAKS
SUITE 310
ROCHESTER, NY 14625

e Telephone: 585-389-8822

Explanation: DUE TO A CHANGE IN RESPONSIBILITIES, A NEW PERSON WITHIN THE SAME FIRM IS THE ENROLLED ACTUARY FOR THE PLAN.

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)

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 10/01/2011 and ending 09/30/2012

A Name of plan
EMPLOYEES RETIREMENT PLAN OF SI GROUP, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SI GROUP, INC.

D Employer Identification Number (EIN)
14-1041790

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)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	477407	415602
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8325134	8745486
(2) U.S. Government securities	1c(2)	53522	35893
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	9170201	6826024
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	65551967	77816494
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	10373678	17110554

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	93951909	110950053
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	93951909	110950053

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)	7600000	
(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)		7600000
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)	5533297	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5533297
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	21845460	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	21249970	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		595490

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	7846983	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		7846983
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		21575770
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4321795	
(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)		4321795
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	255831	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		255831
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4577626
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		16998144
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) [X] 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 [X] No

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

(1) Name: KPMG LLP (2) EIN: 14-5565207

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	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.)	4j	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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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.

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

A Name of plan
EMPLOYEES RETIREMENT PLAN OF SI GROUP, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SI GROUP, INC.

D Employer Identification Number (EIN)
14-1041790

Part I Distributions

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

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

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

EIN(s): 14-6015561

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 0

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

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

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

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

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

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

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

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

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):

KPMG LLP
515 Broadway
Albany, NY 12207-2974

Independent Auditors' Report

The Pension Committee
Employees' Retirement Plan of SI Group, Inc.:

We have audited the accompanying statements of net assets available for benefits as of September 30, 2012 and 2011, the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of September 30, 2012, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended September 30, 2012. These financial statements and supplemental schedules are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements and supplemental schedules 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 audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, 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 financial status of the Employees' Retirement Plan of SI Group, Inc. as of September 30, 2012 and 2011, and changes in its financial status for the years then ended in conformity with U.S. generally accepted accounting principles.

Our audits of the Plan's financial statements were made for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of September 30, 2012, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended September 30, 2012, 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 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 taken as a whole.

KPMG LLP

July 12, 2013

KPMG LLP is a Delaware limited liability partnership, the U.S. member firm of KPMG International Cooperative ("KPMG International"), a Swiss entity.

Schedule SB, Line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up	Total
Under 25											
25-29		4	6								10
30-34		5	9	2							16
35-39		7	15	4	10	1					37
40-44		5	15	8	22	8					58
45-49		4	8	7	7	24	7				57
50-54		1	11	11	9	27	16	17	2		94
55-59		2	11	8	12	9	7	18	27	2	96
60-64				4	5	6	4	5	7	1	32
65-69			2			2				2	6
70 & Up					1						1
Total		28	77	44	66	77	34	40	36	5	407

In each cell, the number is the count of active participants for that age/service combination.

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

Actuarial assumptions

Discount rate sponsor elections	
▪ Segment rates or full yield curve	Segment
▪ Look-back months	4
▪ First 5 years	2.27%
▪ Next 15 years	5.43%
▪ Over 20 years	6.34%
Mortality sponsor elections	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement 7 and 15 years beyond the valuation date for annuitants and nonannuitants, respectively, based on Scale AA.
Economic assumptions	
▪ Salary increases	3.50% per year. The bonus paid in 2011, 2012 and 2013 is assumed to be double the target bonus. The bonus paid beginning in 2014 is assumed to be the target bonus.
▪ Expected investment return	8.00% per year.
Demographic assumptions	
▪ Withdrawal incidence	

Age	Rate
22	25.88%
27	18.69%
32	12.28%
37	8.24%
42	4.94%
47	2.78%
52	0.52%

▪ Disability incidence	1985 Pension Disability Table Class 2 rates.
▪ Retirement incidence (active participants)	

Age	Rate
58	20%
59	10%
60	25%
61	15%
62	40%
63 – 64	0%
65 – 67	40%
68	100%

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

▪ Benefit commencement age for				
– Future vested deferred	Age 65.			
– Current vested deferred	Age 65.			
▪ Spouse assumptions	**Male participants**		**Female participants**	
– Percentage married	85%		50%	
– Spouse age difference	3 years younger		3 years older	
▪ Form of payment	**5 Yr C&C**	**50% J&S**	**100% J&S**	
– Active retirements	40%	25%	35%	
– Future vested deferred	100%	0%	0%	
– Future disabilities	100%	0%	0%	
– Future deaths	0%	100%	0%	
– Current vested deferred	100%	0%	0%	

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

Actuarial methods

Asset methods

The asset valuation method is an average of the adjusted market values determined from three dates: the current and two preceding valuation dates. The adjusted market value is the market value at each determination date adjusted to the current valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. The actuarial value of assets is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.

Funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

EMPLOYEES' RETIREMENT PLAN
OF SI GROUP, INC.

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended September 30, 2012

Identity of party involved	Description of asset	Purchase price	Proceeds from sales or maturities	Lease rental	Expenses incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (c)								
	Vanguard GNMA	$ 4,848,371	600,000	—	—	578,421	9,088,148	(21,579)

Note: Reportable transactions which, for the purposes of this schedule, are:

(a) A single transaction within the plan year in excess of 5% of the value of the plan assets at the beginning of the plan year;

(b) Any series of transactions with, or in conjunction with, the same person, involving property other than securities, which amount in the aggregate within the plan year (regardless of the category of asset and the gain or loss on any transaction) to more than 5% of the value of plan assets at the beginning of the plan year;

(c) Any transaction within the plan year involving securities of the same issuer if within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 5% of the value of the plan assets at the beginning of the plan year; and

(d) Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with such person, with respect to securities, exceeds 5% of the valne of plan assets at the beginning of the plan year.

See accompanying independent auditors' report.

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

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

EMPLOYEES' RETIREMENT PLAN OF SI GROUP, INC.

B Three-digit plan number (PN) ▶ 001

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

SI GROUP, INC.

D Employer Identification Number (EIN)

14-1041790

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

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

Part I Basic Information

1 Enter the valuation date: Month 10 Day 1 Year 2011

2	Assets:			
a	Market value		**2a**	93,262,049
b	Actuarial value		**2b**	94,162,794
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	286	46,342,249
b	For terminated vested participants	**3b**	234	10,507,427
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		8,873,957
	(2) Vested benefits	**3c(2)**		41,502,970
	(3) Total active	**3c(3)**	407	50,376,927
d	Total	**3d**	927	107,226,603
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	[ ]		
a	Funding target disregarding prescribed at-risk assumptions		**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	5.70 %
6	Target normal cost		**6**	4,722,727

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 Todd Weber TEW

Signature of actuary

07/11/2013

Date

Todd Weber, EA, MAAA

Type or print name of actuary

11-06399

Most recent enrollment number

MERCER

Firm name

(585) 389-8701

Telephone number (including area code)

70 LINDEN OAKS, SUITE 310

ROCHESTER NY 14625

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	12,442,687	
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	
9	Amount remaining (line 7 minus line 8)	12,442,687	
10	Interest on line 9 using prior year's actual return of 0.31%	38,572	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38 from prior year)		748,22
	b Interest on (a) using prior year's effective rate of 6.49% except as otherwise provided (see instructions)		48,56
	c Total available at beginning of current plan year to add to prefunding balance		796,78
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	4,336,589	
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	8,144,670	

Part III Funding percentages

14	Funding target attainment percentage	14	80.22 %
15	Adjusted funding target attainment percentage	15	80.00 %
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	96.12 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/16/2011	2,400,000				
03/12/2012	1,400,000				
06/11/2012	1,400,000				
09/27/2012	2,400,000				
12/31/2012	1,700,000				
03/12/2013	350,000				
			Totals • 18(b)	9,650,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9,266,83

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
2.27 %	5.43 %	6.34 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

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

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required 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**: 4,722,727

b Excess assets, if applicable, but not greater than 31a — **31b**: 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	21,208,479	3,377,829
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**: 8,100,556

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35) — **36**: 8,100,556

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) — **37**: 9,266,836

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) — **38a**: 1,166,280

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below, based on 10,000 employees actively employed at age 58. The average retirement age is 62.

(A) Retirement age	(B) Retirement rates	(C) Number of employees expected to retire	(D) (A) x (C)
58	20%	2,000	116,000
59	10%	800	47,200
60	25%	1,800	108,000
61	15%	810	49,410
62	40%	1,836	113,832
63	0%	0	0
64	0%	0	0
65	40%	1,102	71,630
66	40%	661	43,626
67	40%	396	26,532
68	100%	595	40,460
Total		10,000	616,690
Average			61.67

Schedule SB, Part V — Summary of Plan Provisions

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through October 1, 2011, are included in this valuation.

- **Most recent plan amendments included:** The valuation is based on the plan document restated as of October 1, 2010 and amended through October 1, 2011.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
  - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Sections 415(b) and 401(a)(17) have been incorporated into the calculations.
- **Internal Revenue Code Section 416 rules for top-heavy plans:** We did not test whether the plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: October 1, 1953. Restated plan: October 1, 2010. Plan year: October 1 through September 30.
Status of the plan	The plan has ongoing benefit accruals; however, no new employees hired on or after January 1, 2010 are eligible to participate in the plan.
Significant events that occurred during the year	None.
Definitions	
• Sponsoring employer	SI Group, Inc.
• Participation	One year of service. Employees hired on or after January 1, 2010 are not eligible to participate in the plan.
• Service considered	Except as provided below, a year of vesting and benefit service are credited for each plan year in which a participant works 1,000 hours. For the plan year of hire, participants earn a full year of benefit service regardless of the number of hours worked provided they work at least 1,000 hours in the following plan year. In the year of termination, participants earn a full year of benefit service regardless of the number of hours worked provided they worked at least 1,000 hours in the preceding plan year. Benefit service is not credited for any period for which an employee has waived participation.
• Compensation considered	W-2 pay including bonuses.
• Final average compensation	Average of the highest five years of compensation during the last eight years.
Normal retirement	
• Eligibility	Age 65.
• Benefit	Effective for plan years on or after October 1, 2002, the greater of (i) and (ii) below: (i) 1% of final average compensation multiplied by years of benefit service. (ii) $456 multiplied by years of benefit service.

Schedule SB, Part V — Summary of Plan Provisions

Early retirement	
• Eligibility	Age 58 with 30 years of vesting service or age 60 with 25 years of vesting service.
• Benefit	Accrued benefit as of date of retirement. Benefits are unreduced.
Late retirement	
• Eligibility	Continued employment after normal retirement.
• Benefit	Accrued benefit at date of actual retirement.
Deferred vested	
• Eligibility	Termination of employment with five or more years of vesting service.
• Benefit	Payment of the vested benefit commences at age 65. An employee with 25 years of vesting service may elect to have payment of his vested benefit commence prior to age 65 but not before age 60. An employee with 30 or more years of service may elect to have payment of his vested benefit commence as early as age 58.
Disability	
• Eligibility	Total and permanent disability with at least 15 years of service.
• Benefit	Accrued benefit as of disability retirement date commencing immediately in an unreduced amount.
Pre-retirement death	Automatic 50% joint and survivor benefit.
Unpredictable contingent event benefits	None.
Form of benefits	
• Automatic form for unmarried participants	Five-year certain and continuous annuity.
• Automatic form for married participants	50% joint and survivor annuity.
• Optional forms	100%, 75% and 66 2/3% joint and survivor annuities; 50% joint and survivor annuity with pop-up.
• Optional form conversion factors	1994 Group Annuity Reserving Table projected to 2002 blended with 50% of the male mortality rates and 50% of the female mortality rates and a 5% annual interest rate.
Retiree increase	Effective July 1, 2003, benefits were increased by 10% for those who retired prior to October 1, 1991.

Schedule SB, Part V — Summary of Plan Provisions

Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2011, the limit is $245,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2011, the limit is $195,000.

Plan provision changes since prior valuation

There were no changes in plan provisions since the last valuation as of October 1, 2010.

EMPLOYEES' RETIREMENT PLAN
OF SI GROUP, INC.

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

September 30, 2012

Description of investment	Identity of issue, borrower, lessor, or similar party	Shares or par value	Cost	Current value
Short term investments				
	JPMorgan Prime Money Market Fund Inst.		$ 7,025,486	7,025,486
			7,025,486	7,025,486
Auction rate securities				
	Access Group Inc Zero Coupon Due 12/26/2035 ARP		2,150,000	1,720,000
			2,150,000	1,720,000
Government obligations	Hudson County NJ Impt Auth Solid Waste Systems		37,275	35,893
			37,275	35,893
Common and preferred stock	RBS Capital Funding	1,030	24,895	18,128
	Abbott Laboratories	4,200	204,445	287,952
	Aberdeen Latin America Equity Fund Inc	5,196	181,685	179,158
	Acadian Timber Corp	12,630	148,340	162,618
	Admiral Group Plc	3,945	74,099	66,276
	Aegon NV Pfd	11,003	243,549	278,046
	AES Tiete SA	21,910	296,695	199,381
	AES Trust III Pfd	2,150	98,599	107,221
	Ag Growth International Inc	5,142	173,111	168,480
	AGIC Convertible & Income Fund	41,775	421,530	394,356
	Alcoa Inc	7,670	123,196	67,918
	Alliance Resources Partners LP	409	24,925	24,520
	Alliant Techsystems Inc.	995	49,039	49,859
	Alon Holdings Blue Square Israel Ltd.	42,080	184,125	83,739
	Altria Group Inc	8,875	177,649	296,336
	Ameren Corp	9,230	271,302	301,544
	American Water Works Co	3,288	99,519	121,853
	Amerigas Partners LP	8,097	258,198	353,515
	Anheuser Busch Inbev SA/NV	1,236	99,271	106,185
	Annaly Capital Management	20,325	312,197	342,273
	APA Group	61,740	277,556	307,465
	Apollo Investment Corp	43,848	405,478	345,522
	Apple Inc	300	154,457	200,132
	Applied Materials	14,340	173,304	160,106
	Archer Daniels Midland Co	13,036	429,420	354,318
	Ares Capital Corp	2,850	49,198	48,849
	Arrow Financial Corp	20,037	447,716	500,925
	Artis REIT	6,600	48,036	109,606
	Ascendas REIT	32,500	45,825	63,850
	Aspen Insurance Holding Ltd Pfd	3,900	84,162	105,027
	Astrazeneca Plc	2,130	95,496	101,942
	AT&T Inc	9,800	261,501	369,460
	Atlantic Power Corp	50,611	520,466	757,141
	Atmos Energy Corp	4,800	151,127	171,792
	Australia & New Zealand Banking Group Ltd	5,341	122,643	137,230
	B&G Foods Holding Corp	2,425	98,554	73,502
	Bank of America Noncumul Pfd	20,049	455,501	521,074
	Barclays Bank Plc iPath Dow Jones UBS Copper	1,535	74,446	73,051
	Baxter International Inc.	1,896	99,052	114,272
	Becton Dickinson & Co	932	74,038	73,218
	Belgacom SA	19,470	123,640	117,404
	Berkshire Hathaway Inc Cl B	3,258	243,206	287,356
	Berkshire Income Realty Inc Pfd	4,206	103,907	109,398
	BHP Billiton Ltd	2,756	197,350	189,089
	Blackrock Debt Strategies Fund	27,615	161,134	124,544
	Boardwalk Pipeline Partners LP	7,412	197,822	206,795
	Boeing Co	4,954	345,583	344,774
	Brasil Foods SA	5,285	98,586	91,431
	Bristol Myers Squibb Co	5,905	117,513	199,294
	Brookfield Real Estate Services Fund	9,140	123,065	120,849
	Calumet Specialty Products Partners LP	7,605	148,004	243,360
	Cameco Corp	8,335	242,051	162,116
	Campbell Soup Co	3,130	93,786	108,987
	Capital Products Partners LP	14,190	123,563	115,932
	Capstead Mortgage Corp	26,925	346,269	363,218
	Capstone Infrastructure Corp	72,650	377,249	322,130
	Cardinal Health Inc.	1,170	49,576	45,595
	Caterpillar Inc	2,524	197,044	217,165
	CCA Inds Inc	15,430	75,229	66,195
	Cellcom Israel Ltd	15,878	360,660	137,345
	Centrica Plc	6,870	146,271	144,888
	CenturyLink Inc	12,964	444,531	523,746

(Continued)

EMPLOYEES' RETIREMENT PLAN
OF SI GROUP, INC.

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

September 30, 2012

Description of investment	Identity of issue, borrower, lessor, or similar party	Shares or par value	Cost	Current value
	CF Industries Holdings Inc	420	$ 54,731	93,341
	Chemtrade Logistics Income Fund	10,500	82,936	173,723
	Cheniere Energy Partners	15,400	277,526	352,198
	Chevron Corp	3,580	291,359	417,285
	Chimera Investment Corp	101,380	368,225	274,740
	Chorus Aviation	22,500	87,826	87,579
	Chunghwa Telecom Co	4,516	108,350	143,383
	Cincinnati Financial Corp	3,014	79,227	114,140
	Cisco Systems	23,660	440,312	451,788
	City Telekom HK Ltd	12,190	124,214	56,927
	Cliffs Natural Resources Inc	1,165	49,172	45,586
	Clorox Co	3,753	247,272	270,404
	Coca Cola Company	7,788	188,636	295,399
	Cohen & Steers Infrastructure Fund Inc	12,895	222,774	234,947
	Collectors Universe Inc	17,740	252,757	248,892
	Commonwealth REIT	9,631	307,788	140,220
	Companhia de Bebidas Das Americas	6,320	197,640	241,803
	Companhia de Transmissao de Energia Paulista Eletrica	7,365	222,006	132,865
	Companhia Siderurgica Nacional SA	29,450	246,357	165,804
	ConocoPhillips	6,942	318,899	396,944
	Consolidated Communications Holdings Inc	20,535	297,944	352,997
	Consolidated Edison Inc	4,940	190,182	295,857
	Copano Energy LLC	3,235	98,510	106,691
	Corp Backed Tr AT&T Corp	5,283	148,436	138,415
	Corp Backed Tr Boeing Corp	4,190	99,756	111,035
	Corp Backed Tr Goldman Sachs Group Inc	5,604	124,842	140,660
	Corp Backed Tr CNA Finl Corp	6,000	149,331	155,400
	Corp Backed Tr Toys R Us	2,631	24,829	23,653
	CORTS Federal Express Corp	1,300	13,000	14,950
	CORTS Peco Energy Pfd	4,094	124,942	133,464
	CORTS Sunamerica	12,789	295,790	322,922
	CORTS Trust for Weyerhaeuser	6,166	149,254	154,656
	CPFL Energia SA	12,140	188,026	265,987
	Crestwood Midstream Partners LP	8,803	223,272	209,511
	CVR Partners LP	8,370	222,862	219,796
	Darden Restaurants Inc	3,270	148,576	182,303
	Davis & Henderson Income Fund	8,790	141,114	184,383
	Deere & Co	1,860	121,033	153,394
	Delek Group Ltd	8,110	150,449	137,465
	Deutsche Bank Capital Trups	4,050	98,488	109,958
	Deutsche Telekom AG	16,775	231,631	206,836
	Diageo PLC SPN ADR	1,600	108,975	180,368
	Drax Group Plc	25,474	200,540	208,815
	Dr Reddy's Laboratories Ltd	1,700	49,462	52,462
	Duet Group	151,214	271,370	317,549
	E I DuPont De Nemours	4,383	181,005	220,333
	Duke Energy Corp	10,164	463,451	658,526
	Eaton Corp	3,015	123,652	142,519
	Eaton Vance Short Duration Diversified Income Fund	22,960	397,928	404,555
	Eaton Vance Tax Managed Global Diversified Equity Inc Fd	36,710	322,015	323,415
	Eldorado Gold Corp	11,660	196,531	177,698
	Emerson Electric Co	1,655	74,002	79,887
	Enel Societa Per Azioni	25,060	175,657	90,216
	Enercare Inc	24,700	175,842	211,926
	Energy Transfer Partners LP	6,027	272,891	256,569
	Enerplus Resources Fund Trust	18,633	489,724	309,494
	Enervest Diversified Income Trust	12,853	215,761	171,973
	Eni SpA	3,387	148,878	148,486
	Enterprise Products Partners LP	3,120	57,189	167,232
	Envestra Ltd	344,057	236,022	323,138
	E.On AG	7,805	220,703	185,057
	Espey Mfg & Electronics Corp	4,110	98,194	108,175
	ETFS Palladium Trust	1,800	98,994	113,130
	Everest Reinsurance pfd	5,260	124,043	132,026
	Exelon Corp	12,735	553,543	453,111
	Extendicare Inc	34,120	294,487	277,907
	Exterran Partners LP	9,405	196,710	202,772
	Family Dollar Stores Inc	5,710	270,959	378,573
	FerrellGas Partners	18,214	366,475	353,352
	Fifth Street Finance Corp	26,530	297,510	291,299
	First Niagara Financial Group Inc	30,140	262,134	243,230
	First Surgical Partners Inc.	223,975	259,684	228,455
	FirstEnergy Corp	5,841	221,656	257,588
	Fly Leasing Ltd	24,300	229,136	328,293
	Ford Otomotiv Sanayi AS	2,429	116,048	122,057

(Continued)

EMPLOYEES' RETIREMENT PLAN
OF SI GROUP, INC.

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

September 30, 2012

Description of investment	Identity of issue, borrower, lessor, or similar party	Shares or par value	Cost	Current value
	Ford Motor Co	17,265	$ 222,327	170,233
	Ford Motor Co Pfd	7,960	138,356	215,875
	Fortum Corp	4,655	100,284	85,820
	Fortune Real Estate Investment	506,200	222,560	385,826
	France Telecom SA	13,680	290,575	167,170
	Freehold Royalty Trust	5,945	100,061	118,246
	Freeport McMoran Copper & Gold	7,354	307,775	291,071
	Frontier Communications Corp	68,666	419,802	337,493
	Frontline Ltd	9,435	279,357	36,230
	GDF Suez	1,864	92,141	41,754
	General Electric Co.	24,644	514,642	559,665
	General Mills Inc	4,101	133,441	163,425
	Genuine Parts Co	4,162	221,677	254,007
	Glacier Water Services Inc Pfd	4,116	98,637	105,987
	Gladstone Investment Corp	9,530	73,862	74,525
	GlaxoSmithKline Plc	3,758	148,423	173,770
	Global Partners LP	10,515	223,042	274,652
	Globe Telecom	5,610	113,405	155,598
	Gold Fields Ltd	3,030	34,778	38,936
	Government Properties Income Trust	13,890	344,315	325,026
	Great Plains Energy Inc	3,150	58,965	70,119
	Greek Org. of Football Prognostics SA	45,603	371,963	119,480
	Hatteras Financial Corp	9,798	262,387	276,206
	Hawaiian Electric Industries Inc	4,420	98,239	116,290
	HJ Heinz Co	4,728	216,872	264,532
	Herbalife Ltd	6,150	202,066	291,510
	Hess Corp	3,074	173,700	165,135
	Himax Technologies Inc	87,322	228,979	171,151
	Hospitality Pptys Trust	12,171	331,170	289,426
	HSBC Holdings Plc Series A Pfd	11,723	273,002	296,240
	Huntington Preferred Capital Pfd	5,487	146,646	152,593
	IndexPlus Trust 6.05%	11,268	248,282	299,729
	India Fund Inc	1,320	24,710	30,677
	Inergy LP	16,125	469,386	306,859
	ING Groep NV Pfd	10,326	226,990	258,357
	ING Prime Rate Trust	42,137	248,821	260,828
	Innergex Power Income Fund	19,366	124,681	213,545
	Integrys Energy Group	2,957	122,840	154,355
	Intel Corp.	18,585	376,295	421,043
	Intl Business Machine Corp	510	45,795	105,800
	Invesco Mortgage Capital Inc	15,315	314,768	308,290
	iShares Silver Trust	15,248	320,191	510,503
	Ituran Location and Control Ltd	18,605	272,287	216,934
	Johnson & Johnson	7,368	353,963	507,729
	Just Energy Group Inc	25,850	293,808	281,765
	Kellogg Co	1,475	73,792	76,199
	Keppel Ltd	5,250	69,025	97,125
	Keycorp	9,120	74,435	79,708
	Keyreit Trust	47,080	345,355	305,262
	Kimberly Clark Corp	2,771	147,658	237,696
	Kiwi Income Property Trust	48,000	53,760	44,256
	Knightsbridge Tankers Ltd	9,545	196,617	62,520
	K Plus S AG	975	24,668	24,190
	Kumba Iron Ore	9,564	222,994	192,619
	Legacy Reserves Ltd	6,490	133,641	187,107
	Leggett & Platt Inc	1,075	24,725	26,929
	Leisureworld Senior Care Corp	14,800	148,604	185,006
	Lexington Realty Trust	7,476	112,625	72,218
	Liberty All-Star Equity fund	53,830	270,206	259,999
	Liberty Media Corp	1,125	98,724	117,090
	Light SA	23,275	344,872	279,766
	Eli Lilly & Co	7,154	255,992	339,171
	Linn Energy LLC	8,442	222,652	348,148
	Liquor Stores Income Fund	8,350	120,959	158,774
	Loews Corp	1,856	74,435	76,579
	M&T Capital Trust IV	1,945	49,799	49,967
	Macquarie Infrastructure Company Trust	2,625	67,896	108,885
	Magyar Telkom Telecommunications	25,230	406,423	236,657
	Main Street Capital Corp	9,665	148,531	285,214
	Marine Harvest ASA	414,621	314,863	335,304
	Markwest Energy Partners LP	2,325	49,679	126,527
	Maroc Telekom	9,927	154,399	119,592
	Martin Midstream Partner LP	9,560	252,232	328,577
	McCormick & Co Inc.	1,580	73,751	98,023
	McDonalds Corp	5,019	325,765	460,493

(Continued)

EMPLOYEES' RETIREMENT PLAN
OF SI GROUP, INC.

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

September 30, 2012

Description of investment	Identity of issue, borrower, lessor, or similar party	Shares or par value	Cost	Current value
	Medallion Financial Corp	18,740	$ 181,358	221,319
	Medical Facilities Corp IPS	20,800	176,689	302,016
	Medical Properties Trust	26,943	272,656	281,554
	Medtronic Inc	1,245	46,418	53,684
	Merck & Co Inc	7,807	255,916	352,057
	Mercury General Corp	1,950	78,706	75,368
	Metlife Inc Series B Pfd	11,802	274,293	303,783
	Microsoft Corp	16,558	352,787	492,766
	Monmouth Real Estate Investment Corp	24,075	198,850	269,399
	Mosaic Co	2,898	222,753	166,954
	Nam Tai Electronics Inc	17,000	119,186	182,240
	National Australia Bank Ltd.	5,035	123,141	133,075
	National Grid Plc	6,999	354,823	387,465
	National Health Investors Inc	805	24,802	41,409
	Natural Resources Partners LP	6,110	173,792	126,660
	New York Community Bancorp	22,370	274,155	316,759
	Nestle SA	2,635	147,212	166,558
	Newmont Mining Corp	1,740	83,385	97,466
	Nextera Energy Inc	6,127	295,368	430,912
	Niska Gas Storage Partners LLC	19,860	247,172	249,044
	Nordic American Tanker Shipping Ltd	21,095	504,846	212,638
	Norfolk Southern Corp.	765	49,206	48,677
	NovaCopper Inc	32,759	74,428	70,432
	NovaGold Resources Inc	36,960	369,036	206,976
	Novartis AG	5,550	291,056	339,993
	Nustar Energy LP	3,625	198,210	184,440
	Nuveen Multi-Currency Short Term Govt Income Fund	32,978	490,149	435,309
	Nuveen Quality Preferred Income Fund	41,390	296,759	370,441
	OI SA	28,608	255,690	115,004
	OI SA	6,957	23,836	34,507
	Omega Healthcare Investors Inc	3,135	73,374	71,259
	OneBeacon Insurance Group Ltd	3,355	49,344	45,091
	Oracle Corp	8,600	235,590	270,556
	Otelco Inc IDS	35,956	383,858	65,080
	PAA Natural Gas Storage LP	5,315	97,590	105,769
	Pan American Silver Corp	3,245	98,112	69,573
	Park National Corp	468	24,790	32,769
	Parkland Income Fund	19,400	220,460	327,327
	Partner Communications Co Ltd.	23,055	351,435	121,039
	PartnerRe Ltd	990	23,730	25,037
	Pembina Pipeline Corp	9,865	199,745	277,207
	Pengrowth Energy Corp	17,302	24,624	116,615
	PVR Partners LP	9,940	162,589	252,277
	Peoples United Financial Inc	12,350	148,493	149,929
	Pepco Holdings Inc	10,285	148,051	194,387
	Pepsico Inc.	2,963	159,646	209,692
	Perpetual Energy Inc	97,335	371,704	119,722
	Petroleo Brasileiro SA	2,420	73,952	55,503
	Peyto Exploration & Development Corp	14,100	246,785	347,365
	Pfizer Inc.	26,910	737,185	668,714
	Philip Morris International Inc	5,405	261,897	486,125
	Phoenix Cos Inc Pfd	11,745	200,944	284,816
	Pioneer Floating Rate Trust	26,790	317,526	376,935
	Pioneer Southwest Energy Partners LP	5,425	123,631	139,585
	Pitney Bowes Inc	15,275	295,162	211,101
	PMC Commercial Trust	8,330	74,999	62,475
	Popular Inc Monthly Income PFD CL A	2,369	49,565	44,063
	Portugal Telecom SA	5,000	24,700	24,800
	PPG Industries Inc	1,720	135,812	197,525
	PPL Corp	3,905	98,763	113,440
	Limited Brands Ser pfd	6,254	149,301	154,787
	Qwest Capital Funding pfd	14,196	317,624	362,992
	Embarq Corp pfd	12,061	298,679	307,556
	RR Donnelley & Sons pfd	14,436	308,270	317,448
	Citizens Comms pfd	7,410	182,820	188,214
	Liberty Media pfd	8,050	200,102	205,758
	Principal Financial Group Inc Pfd	7,407	157,587	195,545
	Procter & Gamble	2,805	83,861	194,555
	Prologis Trust PERP R	3,390	73,214	84,750
	Prologis Trust PER M	4,882	125,170	122,099
	Prospect Capital Corp	4,255	49,526	49,018
	Protective Life Corp Sr Notes Pfd	13,424	295,193	317,389
	PT International Nickel Indonesia	215,382	121,164	65,627
	Public Service Enterprise Group Inc	1,525	49,432	49,075

(Continued)

EMPLOYEES' RETIREMENT PLAN
OF SI GROUP, INC.

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

September 30, 2012

Description of investment	Identity of issue, borrower, lessor, or similar party	Shares or par value	Cost	Current value
	Public Storage Cumulative Perp DEP	3,091	$ 74,351	77,430
	QR Energy LP	12,400	270,834	242,048
	Qualcomm Inc	4,800	241,136	299,856
	RAIT Investment Trust Pfd	3,690	93,883	86,309
	Realty Income Corp	2,260	49,334	92,411
	Reckitt Benckiser Plc	9,080	99,208	104,057
	Red Lion Hotels Capital Trust Pfd	1,758	47,484	46,302
	Rentech Nitrogen Partners LP	2,840	73,255	110,078
	Reynolds American Inc	7,866	207,811	340,912
	Rhino Resource Partners Ltd	8,430	172,684	129,737
	Roche Holding Ltd	1,175	49,452	55,213
	Rogers Sugar Income Fund	40,200	223,047	264,516
	Royal Dutch Shell Plc	3,948	272,101	281,492
	RWE AG	6,391	444,320	286,764
	Sabra HealthCare REIT	24,615	296,178	492,546
	Saint Jude Medical Inc.	1,207	49,707	50,851
	Sanofi Aventis ADR	6,544	273,126	281,785
	Saturns Sears Roebuck Accep Corp Pfd	12,189	219,386	175,598
	Scana Corp	1,445	49,662	69,750
	Seadrill Ltd.	7,230	272,703	283,561
	SSE Plc	14,803	257,715	334,548
	Senior Housing Pptys Trust	7,633	141,513	166,247
	Severn Trent Plc	5,600	106,744	151,829
	Shin Corp PCL	25,800	138,304	232,200
	Ship Finance International Ltd	27,825	384,799	437,409
	Silver Wheaton Corp	1,210	48,977	48,049
	SK Telecom Ltd.	4,845	73,662	70,446
	Snam SpA	6,050	74,475	54,027
	Snyders Lance Inc	5,350	104,033	133,697
	Solar Capital Ltd.	11,535	270,460	264,382
	Southern Co	7,225	214,219	333,000
	Southern Copper Corp	10,137	296,180	348,307
	Southwest Airlines Co	5,780	49,344	50,691
	Spark Infrastructure Group	199,164	269,174	336,906
	Spectra Energy Partners LP	5,675	173,115	180,635
	SPDR Gold Trust	1,497	157,220	257,319
	Sprott Physical Silver Trust	9,600	123,244	135,648
	Starhub Ltd	7,900	162,707	239,570
	StoneMor Partners LP	7,900	218,987	185,966
	Bellsouth Telecom Pfd	7,878	184,667	198,132
	News Corp 7% pfd	10,000	249,156	257,100
	Sprint Corp 6.5% pfd	2,138	49,482	50,542
	US Cellular Trust pfd	27,168	253,656	274,940
	Student Transportation of America IPS	37,240	298,547	252,115
	Sturm Ruger & Co Inc.	1,178	49,399	58,299
	Suburban Propane Partners Ltd	9,946	311,640	411,367
	Sun Life Financial Inc	11,550	247,941	268,307
	Suntec REIT	332,663	326,529	395,869
	Superior Plus Corp	41,365	382,180	380,186
	Sysco Corp	7,040	197,340	220,141
	Tabcorp Holdings Ltd	41,980	247,050	240,978
	Tahoe Resources Inc	5,615	96,951	114,321
	Targa Resources Partners LP	2,473	99,405	106,042
	TC Pipelines LP	4,318	198,705	194,958
	TDC A/S	9,510	74,471	69,356
	Teco Energy Inc	6,420	74,260	113,891
	Telefonica Brasil SA	16,595	359,472	360,775
	Telefonica SA	18,045	320,235	239,638
	Telekom Austria AG	3,635	97,143	51,799
	Telephone & Data Systems Pfd	5,070	124,893	130,826
	Telstra Ltd	11,955	172,275	243,668
	Telular Corp	6,600	39,970	65,340
	Terra Nitrogen Co LP	825	75,914	178,200
	Teva Pharmaceutical Industries Ltd	5,839	296,824	241,793
	3M Company	375	18,094	34,658
	Total SA	7,597	373,604	380,610
	Trans. Elettricita Rete Nazionale SpA	19,700	96,844	74,119
	Transmontaigne Partners LP	4,350	109,026	165,300
	UBS AG Jersey E-TRACS Lkd Bloomberg Platinum Total Ret	1,210	24,381	23,211
	UIL Holdings Corp	7,240	197,434	259,626
	Unilever Plc	5,365	148,538	195,930
	Universal Corp	1,150	49,594	58,558

(Continued)

EMPLOYEES' RETIREMENT PLAN
OF SI GROUP, INC.

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

September 30, 2012

Description of investment	Identity of issue, borrower, lessor, or similar party	Shares or par value	Cost	Current value
	Universal Health Realty Income Trust	4,465	$ 148,366	205,301
	USA Mobility Inc	31,430	370,936	373,074
	Vanguard Natural Resources LLC	7,442	197,831	215,371
	Vector Group Ltd	22,446	272,386	372,379
	Veolia Environment	34,149	556,123	369,492
	Veresen Inc	15,110	197,435	198,394
	Verizon Comms.	7,800	256,464	355,446
	Vodafone Group Plc	15,550	363,453	443,175
	Vornado Realty Trust Pfd	14,008	296,803	357,204
	Wal-Mart Stores Inc	7,950	413,719	586,710
	Warwick Valley Telephone Co	8,300	121,190	107,900
	Waste Management Inc	11,218	360,697	359,873
	Western Asset Emerging Markets Debt	17,080	343,562	375,589
	Windstream Corp	36,350	389,745	366,772
	Yara International ASA	450	24,862	22,476
	Yum Brands Inc	4,615	197,537	306,155
	Zions Bancorporation Pfd	4,091	98,171	107,058
			73,259,283	77,816,494
Corporate bonds	Aetna Inc	192,000	215,505	238,514
	Alpha Natural Resources inc Sr Note	100,000	87,468	83,500
	AmerenEnergy Generating Co Sr Note	250,000	216,875	226,250
	Assured Guaranty US Holdings Inc	25,000	26,285	26,846
	Bausch & Lomb Inc	200,000	212,000	160,550
	Boise Cascade LLC	100,000	98,000	100,000
	Browning-Ferris Ind Inc	100,000	92,930	132,420
	Centerplate Inc	23,840	98,644	2
	Champion International Corp	75,000	76,695	87,837
	Chesapeake & Potomac Tel of MD	250,000	321,973	329,085
	Cooper Tire & Rubber Co	250,000	298,825	283,750
	Corning Inc	80,000	84,400	97,091
	Delhaize Group SA	250,000	203,665	222,430
	Dole Food Inc	125,000	139,469	131,719
	RR Donnelley & Sons Co	250,000	275,386	229,688
	Dresdner Bank	100,000	80,000	105,878
	Eagle Rock Energy Partners Fin Corp LP	100,000	99,240	98,250
	Energy East Corp	100,000	88,491	105,931
	Ferro Corp Sr Note	100,000	95,490	96,500
	Harcourt General Inc	185,000	225,913	246,163
	Harcourt General Inc	64,000	69,368	69,252
	Hartford Life Inc	125,000	140,888	151,314
	Household Finance Corp	125,000	137,061	145,114
	Jefferies Group Inc	250,000	245,128	247,500
	Kellwood Company	250,000	280,000	86,250
	Kindred Healthcare Inc Sr Note	100,000	99,000	97,250
	Limited Brands Inc	125,000	133,400	123,750
	Lincoln National Corp	41,000	43,922	48,934
	Masco Corp	250,000	246,885	258,883
	MBIA Inc	220,000	231,660	172,975
	News America Holdings Inc	75,000	79,484	94,628
	Nokia Corp	100,000	85,450	83,750
	Owens Illinois Inc	125,000	135,313	144,063
	Penn Mutual Life Insurance	47,000	48,525	53,245
	Philip Morris Cos Inc	250,000	298,259	313,763
	PPL Energy Supply LLC	100,000	87,149	110,698
	Prudential Financial	250,000	223,850	280,430
	Radian Group Inc	40,000	36,837	33,200
	Republic NY Corp	20,000	24,981	25,335
	Sara Lee Corp	250,000	233,690	267,070
	Sears Roebuck Acceptance Corp	250,000	261,303	208,065
	Sprint Corp	180,000	236,682	203,400
	SunAmerica Inc	35,000	36,746	38,526
	Time Warner Inc	50,000	66,408	71,622
	Torchmark Corp	93,000	105,053	114,318
	TXU Corp	250,000	241,662	92,500
	Tyson Foods Inc	75,000	73,559	87,188
	Washington Real Estate Investment Trust	19,000	20,044	21,745
	Wendys International Inc	100,000	107,000	91,500
	Weyerhaeuser Co	75,000	75,592	87,352
			7,142,153	6,826,024

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EMPLOYEES' RETIREMENT PLAN
OF SI GROUP, INC.

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

September 30, 2012

Identity of issue, borrower, lessor, or similar party	Description of investment	Shares or par value	Cost	Current value
Mutual Funds	Vanguard GNMA Fund		$ 8,978,515	9,088,148
			8,978,515	9,088,148
Annuities	Jackson National Annuity		2,000,000	2,183,772
	Prudential Annuity		2,000,000	2,021,304
	Transamerica Annuity		2,000,000	1,974,372
			6,000,000	6,179,448
Separate account	Principal Financial Group US Property Separate Acct	64,393	2,000,000	1,842,958
			2,000,000	1,842,958
			$ 106,592,712	110,534,451

See accompanying independent auditors' report.

Schedule SB, Line 32 — Schedule of Amortization Bases

The shortfall amortization charge is the sum of the shortfall base amortization for each plan year covered under PPA. Although a shortfall base can be negative, the combined shortfall amortization charge cannot be negative.

Shortfall bases

Year established	Outstanding balance	Years remaining	Installment
2011	$ 21,208,479	7	$ 3,377,829

Schedule SB, Line 24 — Change in Actuarial Assumptions

The salary increase and bonus assumptions were updated to better reflect expected future plan experience.