

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 2014 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1968</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1968</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1968</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>HEDWIN CORPORATION</u> <u>1600 ROLAND HEIGHTS AVENUE</u> <u>BALTIMORE, MD 21211-1213</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>52-0559855</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>216-978-6565</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>326100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>52-0559855</u>	2c Plan Sponsor's telephone number <u>216-978-6565</u>	2d Business code (see instructions) <u>326100</u>	
2b Employer Identification Number (EIN) <u>52-0559855</u>					
2c Plan Sponsor's telephone number <u>216-978-6565</u>					
2d Business code (see instructions) <u>326100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/25/2015	JENNIFER SHAVER
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor HEDWIN CORPORATION 1600 ROLAND HEIGHTS AVENUE BALTIMORE, MD 21211-1213	3b Administrator's EIN 52-0559855 3c Administrator's telephone number 216-978-6565
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	5 343
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 95 6a(2) 0 6b 147 6c 176 6d 323 6e 18 6f 341 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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 2014 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014			
2 Assets:			
a Market value	2a	16108586	
b Actuarial value	2b	15409175	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	152	11265065	11265065
b For terminated vested participants	96	2783900	2783900
c For active participants	95	3371168	3408162
d Total	343	17420133	17457127
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.40%	
6 Target normal cost	6	170000	

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	09/25/2015 Signature of actuary STEPHEN A. KING, FSA Type or print name of actuary BOLTON PARTNERS, INC. Firm name 100 LIGHT STREET, 9TH FLOOR BALTIMORE, MD 21202 Address of the firm	Date 14-04373 Most recent enrollment number 410-547-0500 Telephone number (including area code)
--------------------------	--	--

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.75</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		53
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.60</u> %		3
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		56
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	88.26 %
15 Adjusted funding target attainment percentage	15	88.26 %
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	87.13 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	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	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th 0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to 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	
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	170000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	2047952	103580	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	273580	
	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	273580	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	273580	
40 Unpaid minimum required contributions for all years	40	273580	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HEDWIN CORPORATION	D Employer Identification Number (EIN) 52-0559855	

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BOLTON PARTNERS, INC

52-1231144

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	52499	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 28 50 59 62 63 64	NONE	26464	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION

B Three-digit plan number (PN)	001
---------------------------------------	-----

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HEDWIN CORPORATION

D	Employer Identification Number (EIN) 52-0559855
----------	--

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: [HEDWIN CORP ACCT NO. CT-71991 01](#)

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

c EIN-PN 04-6784256-001	d Entity code c	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15053546
--	-------------------------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HEDWIN CORPORATION</u>		D Employer Identification Number (EIN) <u>52-0559855</u>

Part I	Asset and Liability Statement	
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.		
	Assets	(a) Beginning of Year (b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	86305
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans.....	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	9215472
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	6810563
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	16112340	15790484

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16112340	15790484
---	-----------	----------	----------

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)	0	
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	51294	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		51294
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		933156
(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)		22134
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1006584

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1249477	
(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)		1249477
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)	52499	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	26464	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		78963
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1328440

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-321856
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WEYRICH, CRONIN & SORRA

(2) EIN: 52-1162023

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3689044</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>0</u>

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

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 lines 13e(1) and 13e(2).)

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

AUDITED FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2014 AND 2013

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

CONTENTS

	<u>Page</u>
Independent Auditors' Report	1 -2
Statement of Net Assets in Liquidation Available for Benefits at December 31, 2014 and Statement of Net Assets Available for Benefits at December 31, 2013	3
Statement of Changes in Net Assets in Liquidation Available for Benefits for the Year Ended December 31, 2014	4
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2013	5
Statement of Accumulated Plan Benefits	6
Statement of Changes in Accumulated Plan Benefits	7
Notes to Financial Statements	8 - 17
Supplementary Financial Information:	
Schedule of Assets (Held at End of Year)	18
Schedule of Reportable Transactions – Aggregate Transaction Exceeding 5% of the Plan Assets	19
Schedule of Reportable Transactions – Single Transactions Exceeding 5% of the Plan Assets	20

Weyrich
Cronin &
Sorra
CHARTERED

Independent Auditors' Report

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

Report on the Financial Statements

We have audited the financial statements of the Group Pension Plan for Employees of Hedwin Corporation, which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2013 (ongoing), the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the year ended December 31, 2013 (ongoing), the statements of net assets available for benefits as of December 31, 2014 (in liquidation), the related statements of changes in net assets available for benefits for the year ended December 31, 2014 (in liquidation), and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design 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. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the financial statements referred to in the first paragraph present fairly, in all material respects, the financial status of Group Pension Plan for Employees of Hedwin Corporation as of December 31, 2013, the changes in its financial status for the year ended December 31, 2013, its net assets available for benefits for the year ended December 31, 2014 in liquidation, and the changes in its net assets available for benefits for the year ended December 31, 2014, in liquidation, in accordance with accounting principles generally accepted in the United States of America applied on the bases described in the Basis of Accounting paragraph.

Basis of Accounting

As discussed in Note 4 and 10, the Plan Sponsor filed for bankruptcy in April 2014, and was acquired by an outside entity in June 2014. The Plan Sponsor negotiated with the PBGC to transfer trusteeship of the Plan. The date of plan termination was May 30, 2014, and subsequent to year-end, the PBGC took over trusteeship of the Plan and Plan assets were transferred to them. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the ongoing plan basis used in presenting the 2013 financial statements to the liquidation basis used in presenting the 2014 financial statements. Our opinion is not modified with respect to that matter.

Report on Supplementary Financial Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2014 and the schedules of reportable transactions for the year ended December 31, 2014, together referred to as "supplementary financial information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Neyrich, Cronin & Horra, Chtd

August 13, 2015
Lutherville, Maryland

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Statement of Net Assets in Liquidation Available for Benefits at December 31, 2014
Statement of Net Assets Available for Benefits at December 31, 2013

	(Liquidation Basis)	
	2014	2013
<u>ASSETS</u>		
Investments, at fair value:		
Mutual funds	\$ 736,938	\$ 6,810,564
Common collective trusts	<u>15,053,546</u>	<u>9,215,471</u>
	15,790,484	16,026,035
Contributions receivable from employer	<u>- 0 -</u>	<u>86,305</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 15,790,484</u>	<u>\$ 16,112,340</u>

See accompanying notes to financial statements.

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Statement of Changes in Net Assets in Liquidation Available for Benefits
for the Year Ended December 31, 2014

ADDITIONS TO NET ASSETS IN LIQUIDATION ATTRIBUTED TO:

Investment income:

Net appreciation in fair value of investments

\$ 955,290

Dividends

51,294

1,006,584

Less investment expenses

(26,464)

Total additions

980,120

DEDUCTIONS FROM NET ASSETS IN LIQUIDATION ATTRIBUTED TO:

Benefits paid directly to participants

1,249,477

Administrative expenses:

Actuarial

52,499

Total deductions

1,301,976

NET DECREASE IN NET ASSETS IN LIQUIDATION
AVAILABLE FOR BENEFITS

(321,856)

NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR

16,112,340

NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS AT END OF YEAR

\$ 15,790,484

See accompanying notes to financial statements.

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Statement of Changes in Net Assets Available for Benefits
for the Year Ended December 31, 2013

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net appreciation in fair value of investments

\$ 1,637,531

Dividends

110,894

1,748,425

Less investment expenses

(30,056)

1,718,369

Employer contributions

315,421

Total additions

2,033,790

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid directly to participants

1,210,267

Administrative expenses:

Audit

8,000

Actuarial

59,935

Insurance

62,454

130,389

Total deductions

1,340,656

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS

693,134

NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR

15,419,206

NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR

\$ 16,112,340

See accompanying notes to financial statements.

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Statement of Accumulated Plan Benefits
December 31, 2013

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

Vested benefits:

Participants currently receiving payments	\$ 10,410,729
---	---------------

Other participants	<u>5,332,619</u>
--------------------	------------------

15,743,348

Nonvested benefits	<u>31,436</u>
--------------------	---------------

TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 15,774,784</u></u>
--	-----------------------------

See accompanying notes to financial statements.

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2013

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, BEGINNING OF YEAR	<u>\$ 15,891,915</u>
Increase (decrease) during the year attributable to:	
Change in actuarial assumption	26,363
Increase for interest due to the decrease in the discount period	1,222,943
Benefits accumulated	(156,170)
Benefits paid	<u>(1,210,267)</u>
	<u>(117,131)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, END OF YEAR	<u><u>\$ 15,774,784</u></u>

See accompanying notes to financial statements.

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Notes to Financial Statements
December 31, 2014 and 2013

1. Description of the Plan

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

- A. General - The Plan is a contributory defined benefit pension plan covering substantially all full time employees of Hedwin Corporation (the Company). The Plan was amended effective December 31, 2007 to freeze accrued benefits and to discontinue employee contributions. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was terminated with an effective date of May 30, 2014. See Note 4.
- B. Compensation - Total annual wages including salary reduction contributions made to the Hedwin Corporation Employees' Incentive Plan, but excluding sales commissions and bonuses. Effective January 1, 2002, compensation is limited to \$200,000, as increased for cost of living adjustments. Compensation earned after December 31, 2007 shall not be taken into account under the Plan.
- C. Average Compensation - Average of highest 5 consecutive years of compensation.
- D. Covered Compensation - Covered compensation as defined in the Internal Revenue Code. That is, a rounded 35-year average of the Social Security wage bases over the working lifetime of a participant ending with the year in which the participant reaches his Social Security retirement age. Increases in Covered Compensation after December 31, 2007 shall not be taken into account under the Plan.
- E. Years of Service - Plan year during which an employee completes at least 1,000 hours of service. Partial years of benefit accrual service are credited for service before 1968 and for years after 1975 in which the participant retired or terminated for any reason. A whole year of vesting service is credited for any year prior to 1976 in which the participant earned a partial year of benefit accrual service. No years of service earned after December 31, 2007 shall be taken into account for purposes of benefit accrual.
- F. Eligibility Requirements - Any employee hired after December 31, 2005 will not be eligible to participate in the Plan. Rehires will not be eligible to participate unless they were previously participating in the Plan and are still owed a benefit under the Plan. Any employee who ever participated in the Plan, vested or not, may re-enter the Plan according to the provisions of the Plan as they currently exist. Employees, who are first eligible or are currently eligible but have never done so, must elect to participate January 1, 2006 or January 1, 2007, or they will never be eligible. Employees who are first eligible to participate January 1, 2007, must elect to participate on that date, or they will never be eligible.
- G. Minimum Age - None.
- H. Maximum Age - None.
- I. Service Requirement - Six months, must contribute (prior to December 31, 2007).
- J. Company Contributions - Amount required to meet annual funding standards of the IRS, as determined by the Plan Actuary.

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Notes to Financial Statements
December 31, 2014 and 2013

1. Description of the Plan (continued)

- K. Participant Contributions - Required, in amount equal to 1.1% of compensation. No more than 30 years of contributions are required unless a withdrawal of employee contributions is made by the participant. Then, an additional 30 years of contributions are required if that person resumes participation. Prior to January 1, 1998, the limit was 25 years. Participant contributions will no longer be required or accepted after December 31, 2007.
- L. Normal Retirement Benefits - Eligible on first of the month coincident with or next following 65th birthday. The formula is as follows: 1.1% of average monthly compensation plus .65% of average monthly compensation in excess of Covered Compensation multiplied by years of accrual service, up to a maximum of 30 years. Prior to January 1, 1998, the limit was 25 years. However, in no event will the normal retirement benefit be less than the benefit accrued under the prior plan formula as of December 31, 1989. Benefit computed as 5 year certain and life annuity. Just after the end of the calendar year 1999, retirees and beneficiaries received an additional benefit of 2.64% of the benefit being received. Active participants received a similar increase based on their accrued benefit at the beginning of that year.
- M. Early Retirement Benefits - Eligible on first month after participant completes 10 years of vesting service and reaches age 60.

Computed by same formula as normal retirement benefit. Benefit is reduced by 1/144 for each month payments begin before normal retirement date.
- N. Postponed Retirement Benefits - Greater of (i) benefit calculated at normal retirement date and actuarially increased to reflect deferral of payment and (ii) benefit calculated at actual retirement date using compensation and service earned through actual retirement date.
- O. Disability Benefits - None.
- P. Termination of Employment - Employee portion of accrued benefit always 100% vested. Employer portion of accrued benefit - 0% with fewer than 5 years. 100% with 5 or more years. Service where participant refused to make required contributions excluded for vesting purposes.
- Q. Benefit Commencement Date - Normal retirement date, unless employee elects earlier.
- R. Death Benefits - Prior to eligibility for normal retirement benefits: return of employee contributions with interest, and the surviving spouse of a vested participant receives the survivor portion of a 50% joint and survivor benefit based upon the employer-provided accrued benefit starting on the date the participant would have become eligible for early retirement. If death occurs after normal retirement date but before benefit commenced, surviving spouse or other named beneficiary entitled to greater of 1) 50% of amount payable to participant under joint and 50% survivor option and 2) 60 months of payments under 5 year certain and life annuity option. Employees and retirees are provided a minimum death benefit equal to their contribution with interest (less any prior payments).
- S. Joint and Survivor Benefits - Normal form of benefit payment for married participants unless participant elects otherwise. Benefit is actuarial equivalent of the 5 year certain and life annuity.

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Notes to Financial Statements
December 31, 2014 and 2013

1. Description of the Plan (continued)

- T. Other Options - Options available include 50%, 75%, and 100% contingent annuities, and 10 year certain and life annuity. Lump sum option is available to participants who have elected a refund of their employee contributions and have a remaining employer provided benefit with a lump sum value less than \$5,000.
- U. Optional Forms Conversion Factors - Annuity benefits payable under the optional forms are actuarially equivalent to the 5 year certain and life annuity form of payment using 8% interest and the UP84 Mortality Table. The lump sum of any remaining employer provided benefit is calculated using 417(e) mandated mortality and interest. The 417(e) interest for the preceding November is used for the entire next calendar year.

2. Summary of Significant Accounting Policies

Basis of Accounting - Due to the plan termination discussed in Note 4 and Note 10, the Plan adopted the liquidation basis of accounting for periods after January 1, 2014. Prior to that date, the financial statements of the Plan were prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services employees have rendered. Accumulated plan benefits include benefits expected to be paid (a) to retired or terminated employees, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for employees or their beneficiaries who retired or terminated prior to January 1, 1989 are based on employees' compensation during their last five years of credited service. Benefits for employees or their beneficiaries who retired or terminated after January 1, 1989 are based on employees' compensation in effect for the highest five years of continuous credited service. The accumulated plan benefits for active employees are based on their highest consecutive five year compensation prior to December 31, 2007. Benefits payable under all circumstances – retirement, death and termination of employment – are included, to the extent that they are deemed attributable to employee service rendered to the valuation date.

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Notes to Financial Statements
December 31, 2014 and 2013

2. Summary of Significant Accounting Policies (continued)

The actuarial present value of accumulated plan benefits is determined by an actuary from Bolton Partners, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

The following significant actuarial assumptions are for the year ended December 31, 2013. There was no actuarial valuation performed for the year ended December 31, 2014 due to the status of the Plan (see Note 4 and Note 10). The significant actuarial assumptions underlying the actuarial computations are:

Mortality - 2014 IRS Combined Static Mortality Table. For 2013 valuation, the 2013 IRS Combined Static Mortality Table. The mortality assumption for valuation purposes is prescribed by the Pension Protection Act of 2006. For all FASB Accounting purposes, the assumption is selected by the plan sponsor. No mortality improvement is assumed beyond any improvements already included in the underlying assumption.

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

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

Interest - Calculated as follows:

For FASB ASC 960 - 8.00% compounded annually.

For Minimum Required Contribution - September 2013 adjusted 24-month average segment rates as specified by IRS Notice 2014-48 (4.99%, 6.32%, 6.99%). The effective interest rate for 2014 is 6.40%. For the prior year valuation results shown in this report, September 2012 adjusted 24-month average segment rates as specified by IRS Notice 2014-48 (5.23%, 6.51%, and 7.16%). The effective interest rate for 2013 was 6.60%.

For all other valuation calculations - September 2013 three-segment rates (1.37%, 4.05%, 5.06%). The effective interest rate for 2014 is 4.22%. For the prior year valuation, September 2012 three-segment rates (1.75%, 4.62%, 5.72%). The effective interest rate for 2013 is 4.81%. The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor and by the Moving Ahead for Progress Act of the 21st Century (MAP-21) and the Highway and Transportation Funding Act of 2014 (HATFA). For all FASB accounting purposes, the interest assumptions are selected by the plan sponsor.

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

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

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Notes to Financial Statements
December 31, 2014 and 2013

2. Summary of Significant Accounting Policies (continued)

Disablement - None assumed.

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

Expenses - Calculated as follows:

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

For Valuation - Plan-related expenses expected to be paid from plan assets in 2014 (\$170,000) were added to the normal cost.

Asset Valuation - For FASB ASC 960 - Market value.

For Valuation - The two-year smoothing method described in Internal Revenue Code section 403(g)(3)(B), using annual determination dates ending on the valuation date, with an assumed investment return of 7.5% (not to exceed the third segment rate under Code section 430(h)(2)(c)(iii) as specified by IRS Notice 2009-22). The asset valuation method for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor. For all FASB accounting purposes, the asset valuation method is selected by the plan sponsor.

Actuarial Cost Method - Traditional Unit Credit.

Amortization Schedule - The plan sponsor has elected the fifteen-year alternative amortization schedule allowed under the Pension Relief Act of 2010 and described in IRS Notice 2011-3, for both the 2010 and 2011 plan years. An alternative amortization schedule has not been elected for any prior plan year. The plan sponsor signed certifications on September 11, 2012 and September 3, 2013 that there were no Installment Acceleration Amounts for either the 2010, 2011, or 2012 Plan Years. We also assume there were no Installment Acceleration Amounts for the 2013 or 2014 Plan Year.

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

Payment of Benefits - Benefit payments to participants are recorded upon distributions.

3. Funding Policy

As a condition of participation, employees were required to contribute 1.1% of their compensation to the Plan (through December 31, 2007). Present participants accumulated contributions at December 31, 2014 and 2013 were \$873,151 and \$979,640, respectively, including interest credit on an interest rate of 120% of the federal mid-term rate for contributory plans, compounded annually. Subsequent to December 31, 2007, employees are no longer required to make contributions. The Company makes contributions to the Plan based upon calculations performed by an actuary. The Company's contributions for 2013 exceeded the minimum funding requirements of ERISA. There were no contributions made for 2014, see Note 4.

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Notes to Financial Statements
December 31, 2014 and 2013

3. Funding Policy (continued)

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. See Note 4.

4. Plan Termination

On April 2, 2014, the Company filed for bankruptcy under Chapter 11 of the United States Bankruptcy Code. On June 1, 2014, the Company was acquired by Zacros America, Inc., a wholly owned subsidiary of Fujimori Kogyo Co. Ltd (a Japanese entity).

The Plan was not required to engage a third party to provide an actuarial valuation of the Plan as of December 31, 2014. This is because during the year, Plan management initiated an involuntary termination and was in negotiation with the PBGC to turn over trusteeship of the Plan. The Plan was terminated with an effective date of May 30, 2014. See Note 10.

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

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

Certain benefits under the Plan are insured by the PBGC. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2014 that ceiling is \$4,790 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Notes to Financial Statements
December 31, 2014 and 2013

5. Investments

The following table presents the fair values of the investments at December 31, 2014 and 2013 that individually represent 5% or more of the Plan's net assets:

	2014	2013
Diversified Stock Index Fund	\$ - 0 -	\$ 1,770,618
Diversified High Quality Bond Fund	1,207,161	1,478,613
Diversified High Yield Bond Fund	806,217	869,393
Diversified Long Bond Fund	11,364,957	2,064,841
Diversified Real Estate Fund	- 0 -	1,042,756
Diversified Large Growth Fund	- 0 -	939,046
Diversified Core Bond Fund	1,675,211	1,050,204
PIMCO Total Return Admin	578,186	1,089,389
American Funds EuroPacific Growth R5 Fund	- 0 -	2,735,223
Allianz NFJ Divided Value A Fund	- 0 -	871,891
Vanguard Mid Cap Index Fund	- 0 -	893,364
Vanguard Small Cap Index Fund	- 0 -	918,534
Various other investments under 5% of net assets	158,752	302,163
	<u>\$ 15,790,484</u>	<u>\$ 16,026,035</u>

For the years ended December 31, 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$955,290 and \$1,637,531 as follows:

	2014	2013
Mutual funds	\$ 22,133	\$ 1,050,232
Common collective trusts	933,157	587,299
	<u>\$ 955,290</u>	<u>\$ 1,637,531</u>

6. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets in liquidation available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical asset, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidences of fair value. Level 2 inputs were used only when Level 1 inputs were not available.

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Notes to Financial Statements
December 31, 2014 and 2013

6. Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013:

		Fair Value Measurements at Reporting Date Using:	
		Quoted Prices	
		In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
<u>December 31, 2014</u>	<u>Fair Value</u>		
Fixed income funds	\$15,790,484	\$ 736,938	\$ 15,053,546
Total investments at fair value	<u>\$15,790,484</u>	<u>\$ 736,938</u>	<u>\$ 15,053,546</u>

		Fair Value Measurements at Reporting Date Using:	
		Quoted Prices	
		In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
<u>December 31, 2013</u>	<u>Fair Value</u>		
U.S. equity funds	\$ 5,393,453	\$ 2,683,789	\$ 2,709,664
International equity funds	2,735,223	2,735,223	- 0 -
Fixed income funds	6,854,603	1,391,552	5,463,051
Real estate funds	<u>1,042,756</u>	<u>- 0 -</u>	<u>1,042,756</u>
Total investments at fair value	<u>\$16,026,035</u>	<u>\$ 6,810,564</u>	<u>\$ 9,215,471</u>

Gains and losses included in changes in net assets in liquidation available for benefits for the year ended December 31, 2014, are reported in net appreciation in fair value of investments.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted market prices.

Level 2 Fair Value Measurements

The fair value of the common collective trusts is stated at the daily calculated unit value as reported by the funds in which they invest.

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Notes to Financial Statements
December 31, 2014 and 2013

6. Fair Value Measurements (continued)

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2014, there were no significant transfers in or out of level 1, 2, or 3.

The Plan administrator determines the fair value measurement policies and procedures, subject to oversight by the Company's management. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

7. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated September 13, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended and has terminated since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

8. Risks and Uncertainties

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

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

9. Related-Party Transactions

At December 31, 2014 and 2013, the Plan held common collective trust investments of \$15,053,546 and \$9,215,471 that are managed by Diversified Investment Advisors, LLC. Diversified Investment Advisors, Inc., the recordkeeper of the Plan, is the service agent for the common collective trusts. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Notes to Financial Statements
December 31, 2014 and 2013

10. Subsequent Events

The Plan has evaluated subsequent events through August 13, 2015, the date the financial statements were available to be issued.

The Company transferred trusteeship of the Plan to the PBGC on December 19, 2014, which became effective as of January 9, 2015. The PBGC agreed to accept payment of \$7,500,000 from the Plan Sponsor, which included the unfunded benefits liability and termination charge. All plan assets have been transferred to the PBGC.

SUPPLEMENTARY FINANCIAL INFORMATION

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Schedule of Assets (Held at End of Year)
Schedule H, Part IV, Line 4i
Employer ID #52-0559855
Plan Number: 001
December 31, 2014

(a)	(b)	(c)	(d)	(e)
	<u>IDENTITY OF ISSUE</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>COST</u>	<u>CURRENT VALUE</u>
*	Diversified High Quality Bond Fund	Common/Collective Trust	**	\$ 1,207,161
*	Diversified High Yield Bond Fund	Common/Collective Trust	**	806,217
*	Diversified Long Bond Fund	Common/Collective Trust	**	11,364,957
*	Diversified Core Bond Fund	Common/Collective Trust	**	1,675,211
	Pimco Total Return Admin	Mutual Fund	**	578,186
	Oppenheimer International Bond	Mutual Fund	**	158,752
				<u>\$ 15,790,484</u>

* Indicates Party-in-Interest to the Plan.

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

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Schedule of Reportable Transaction
Aggregate Transaction Exceeding 5% of Plan Assets
Schedule H, Part IV, Line 4j
Employer ID #52-0559855
Plan No. 001
December 31, 2014

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity Date)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Transaction Expenses	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ Loss
<i>Series of Transactions</i>								
Tansamerica Retirement Solutions	Long Bond Fund	\$ 8,867,918	\$ -	\$ -	\$ -	\$ -	\$ 8,867,918	\$ -
Tansamerica Retirement Solutions	Long Bond Fund	-	176,002	-	-	158,515	176,002	17,487
Tansamerica Retirement Solutions	Real Estate Fund	-	1,213,729	-	-	1,042,756	1,213,729	170,973
Tansamerica Retirement Solutions	Large Growth	-	942,543	-	-	939,046	942,543	3,497
Tansamerica Retirement Solutions	Core Bond Fund	2,221,496	-	-	-	-	2,221,496	-
Tansamerica Retirement Solutions	Core Bond Fund	-	1,673,824	-	-	1,636,312	1,673,824	37,512
Tansamerica Retirement Solutions	Stock Index Fund	232,702	-	-	-	-	232,702	-
Tansamerica Retirement Solutions	Stock Index Fund	-	2,034,216	-	-	2,003,320	2,034,216	30,896
Tansamerica Retirement Solutions	High Quality Bond Fund	2,464,214	-	-	-	-	2,464,214	-
Tansamerica Retirement Solutions	High Quality Bond Fund	-	2,748,410	-	-	2,737,293	2,748,410	11,117
Tansamerica Retirement Solutions	American Funds Europacific GR R5	-	2,681,836	-	-	2,735,223	2,681,836	(53,387)
Tansamerica Retirement Solutions	Allianzgi NFJ Dividend Value A	12,368	-	-	-	-	12,368	-
Tansamerica Retirement Solutions	Allianzgi NFJ Dividend Value A	-	887,963	-	-	884,258	887,963	3,705
Tansamerica Retirement Solutions	Vanguard Mid Cap Index ADM	930,555	-	-	-	-	930,555	-
Tansamerica Retirement Solutions	Vanguard Mid Cap Index ADM	-	947,913	-	-	930,555	947,913	17,358
Tansamerica Retirement Solutions	Vanguard Small Cap Index ADM	932,238	-	-	-	-	932,238	-
Tansamerica Retirement Solutions	Vanguard Small Cap Index ADM	-	924,223	-	-	932,238	924,223	(8,015)
Tansamerica Retirement Solutions	Vanguard Mid Cap Index Signal	187	-	-	-	-	187	-
Tansamerica Retirement Solutions	Vanguard Mid Cap Index Signal	-	931,977	-	-	893,551	931,977	38,426
Tansamerica Retirement Solutions	Vanguard Small Cap Index Signal	-	-	-	-	-	77	-
Tansamerica Retirement Solutions	Vanguard Small Cap Index Signal	77	933,688	-	-	918,611	933,688	15,076

**GROUP PENSION PLAN FOR
EMPLOYEES OF HEDWIN CORPORATION**

Schedule of Reportable Transaction
Single Transaction Exceeding 5% of Plan Assets
Schedule H, Part IV, Line 4j
Employer ID #52-0559855
Plan No. 001
December 31, 2014

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity Date)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Transaction Expenses	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ Loss
Series of Transactions								
Tansamerica Retirement Solutions	Long Bond Fund	\$ 7,256,178	\$ - 0 -	\$ - 0 -	\$ - 0 -	\$ - 0 -	\$ 7,256,178	\$ - 0 -
Tansamerica Retirement Solutions	Real Estate Fund	- 0 -	1,134,280	- 0 -	- 0 -	975,040	1,134,280	159,240
Tansamerica Retirement Solutions	Core Bond Fund	1,037,412	- 0 -	- 0 -	- 0 -	- 0 -	1,037,412	- 0 -
Tansamerica Retirement Solutions	Core Bond Fund	- 0 -	1,673,004	- 0 -	- 0 -	1,635,516	1,673,004	37,489
Tansamerica Retirement Solutions	Stock Index Fund	- 0 -	2,030,087	- 0 -	- 0 -	1,999,340	2,030,087	30,746
Tansamerica Retirement Solutions	High Quality Bond Fund	816,499	- 0 -	- 0 -	- 0 -	- 0 -	816,499	- 0 -
Tansamerica Retirement Solutions	High Quality Bond Fund	- 0 -	1,437,927	- 0 -	- 0 -	1,431,816	1,437,927	6,111
Tansamerica Retirement Solutions	American Funds Europacific GR RE	- 0 -	2,470,029	- 0 -	- 0 -	2,410,112	2,470,029	59,917
Tansamerica Retirement Solutions	Vanguard Mid Cap Index ADM	930,555	- 0 -	- 0 -	- 0 -	- 0 -	930,555	- 0 -
Tansamerica Retirement Solutions	Vanguard Mid Cap Index ADM	- 0 -	806,493	- 0 -	- 0 -	793,148	806,493	13,345
Tansamerica Retirement Solutions	Vanguard Small Cap Index ADM	932,238	- 0 -	- 0 -	- 0 -	- 0 -	932,238	- 0 -
Tansamerica Retirement Solutions	Vanguard Mid Cap Index Signal	- 0 -	930,555	- 0 -	- 0 -	892,159	930,555	38,396
Tansamerica Retirement Solutions	Vanguard Small Cap Index Signal	- 0 -	932,238	- 0 -	- 0 -	917,176	932,238	15,062

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2014****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) HEDWIN CORPORATION 1600 ROLAND HEIGHTS AVENUE BALTIMORE MD 21211-1213	1c Effective date of plan <u>01/01/1968</u>
	2b Employer Identification Number (EIN) <u>52-0559855</u>
	2c Plan Sponsor's telephone number <u>(216) 978-6565</u>
	2d Business code (see instructions) <u>326100</u>

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

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

SIGN HERE  Signature of plan administrator	<u>9/10/15</u> Date	CHARLES DEUTCHMAN 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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)		Preparer's telephone number (optional)

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

Form 5500 (2014)
v. 140124

3a Plan administrator's name and address ☐ Same as Plan Sponsor HEDWIN CORPORATION 1600 ROLAND HEIGHTS AVENUE BALTIMORE MD 21211-1213	3b Administrator's EIN 52-0559855 3c Administrator's telephone number (216) 978-6565
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	5 343
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 95 6a(2) 0 6b 147 6c 176 6d 323 6e 18 6f 341 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

The rate of retirement at age 65 is 1.

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

Mortality:

2014 IRS Combined Static Mortality Table. For 2013 valuation, the 2013 IRS Combined Static Mortality Table.

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

Interest:

*For Minimum Required Contribution
and AFTAP:*

September 2013 adjusted 24-month average segment rates as specified by IRS Notice 2014-48 (4.99%, 6.32%, 6.99%). The effective interest rate for 2014 is 6.40%.

For the 2013 valuation, September 2012 adjusted 24-month average segment rates as specified by IRS Notice 2014-48 (5.23%, 6.51%, and 7.16%). The effective interest rate for 2013 was 6.60%.

For all other valuation calculations:

September 2013 three-segment rates (1.37%, 4.05%, 5.06%). The effective interest rate for 2014 is 4.22%.

For the 2013 valuation, September 2012 three-segment rates (1.75%, 4.62%, 5.72%). The effective interest rate for 2013 is 4.81%.

The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor and by the Moving Ahead for Progress Act of the 21st Century (MAP-21) and the Highway and Transportation Funding Act of 2014 (HATFA).

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

Turnover:

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

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

Salary Increases:

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

Retirement Age:

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

Disablement:

None assumed.

Expenses:

Plan-related expenses expected to be paid from plan assets in 2014 (\$170,000) were added to the normal cost.

Asset Valuation:

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

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

Actuarial Cost Method:

Traditional Unit Credit.

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

Employee Contribution Interest

Credits:

Current year's interest credit rate equal to actual interest crediting rate for the valuation year (120% of the Federal mid-term rate for January). Interest credits thereafter of 5.0% per year used to project employee contributions to normal retirement age (based on long-term equivalent assumption of 417(e) segment rates).

Marriage/Age of Spouse:

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

Amortization Schedule:

The plan sponsor has elected the fifteen-year alternative amortization schedule allowed under the pension Relief Act of 2010 and described in IRS Notice 2011-3, for both the 2010 and 2011 plan years. An alternative amortization schedule has not been elected for any prior plan year. The plan sponsor signed certifications on September 11, 2012 and September 3, 2013 that there were no Installment Acceleration Amounts for either the 2010, 2011, or 2012 Plan Years. We also assume there were no Installment Acceleration Amounts for the 2013 Plan Year.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan:

Within the process for electronic filing of Form 5500, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB, which is attached in .pdf form to the electronic filing, will govern to the extent there are any differences between the data filed electronically and the data contained on the signed Schedule SB.

Schedule SB, Part V – Summary of Plan Provisions

Compensation:

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

Average Compensation:

Average of highest 5 consecutive years of compensation.

Covered Compensation:

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

Year of Service:

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

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

Eligibility Requirements:

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

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

Minimum age:

None;

Maximum age:

None;

Service requirement:

6 months; must contribute.

Contributions:

Company contributions:

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

Participant contributions:

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

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

Normal Retirement Benefits:

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

Formula:

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

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

Benefit computed as 5 year certain and life annuity.

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

Early Retirement Benefits:

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

Benefit:

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

Postponed Retirement Benefits:

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

Disability Benefits:

None.

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

Termination of Employment Benefits:

Vesting Schedule: Employee portion of accrued benefit always 100% vested.

Employer portion of accrued benefit:

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

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

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

Death Benefits:

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

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

Joint and Survivor Benefits:

Normal form of benefit payment for married participants unless participant elects otherwise.

Benefit is actuarial equivalent of the 5 year certain and life annuity.

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

Other Options:

Options available include 50%, 75% and 100% contingent annuities, and 10 year certain and life annuity. Lump sum option is available to participants who have elected a refund of their employee contributions and have a remaining employer provided benefit with a lump sum value less than \$5,000.

Optional Forms Conversion Factors:

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

Schedule SB, line 32 - Schedule of Amortization Bases

Type of base: shortfall

<u>Date established</u>	<u>Present value of remaining installments</u>	<u>Amortization installment</u>	<u>Years remaining in amortization period</u>
1/1/2009	\$ 71,782	\$ 36,764	2
1/1/2010*	1,858,605	222,409	11
1/1/2011*	1,805,338	203,618	12
1/1/2012	(1,442,722)	(317,305)	5
1/1/2013	(40,805)	(7,724)	6
1/1/2014	<u>(204,246)</u>	<u>(34,182)</u>	7
Total	\$ 2,047,952	\$ 103,580	

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

Attachment to 2014 Schedule SB
Group Pension Plan for Employees of Hedwin Corporation
EIN/PN: 52-0559855/001

Schedule SB, line 26 - Schedule of Active Participant Data

		Years of Credited Service										Total
Attained Age		Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	Number	0	0	0	0	0	0	0	0	0	0	0
25 to 29	Number	0	0	0	0	0	0	0	0	0	0	0
30 to 34	Number	0	0	0	0	0	0	0	0	0	0	0
35 to 39	Number	0	1	2	0	0	0	0	0	0	0	3
40 to 44	Number	0	0	3	1	0	0	0	0	0	0	4
45 to 49	Number	0	2	5	3	1	0	0	0	0	0	11
50 to 54	Number	0	1	8	3	2	0	0	0	0	0	14
55 to 59	Number	0	6	11	7	2	3	1	0	0	0	30
60 to 64	Number	0	5	8	9	5	1	2	0	0	0	30
65 to 69	Number	0	0	0	2	0	1	0	0	0	0	3
70 & Up	Number	0	0	0	0	0	0	0	0	0	0	0
Total	Number	0	15	37	25	10	5	3	0	0	0	95

Attachment to 2014 Schedule H
Group Pension Plan for Employees of Hedwin Corporation
EIN/PN: 52-0559855/001

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

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
*	Transamerica Retirement Solutions	Core Bond Fund	**	1,675,211
*	Transamerica Retirement Solutions	High Quality Bond Fund	**	1,207,161
*	Transamerica Retirement Solutions	High Yield Bond Fund	**	806,217
*	Transamerica Retirement Solutions	Long Bond Fund	**	11,364,957
	Oppenheimer	Oppenheimer International Bond Y	**	158,752
	PIMCO	PIMCO Total Return Admin	**	578,186

*Indicates Party-In-Interest to the Plan

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

Attachment to 2014 Schedule H
Group Pension Plan for Employees of Hedwin Corporation
EIN/PN: 52-0559855/001

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

Identity of party	FUND ID	Description of Asset	Purchase Price	Selling Price	Lease Rental	Transaction Expenses	Cost of Asset	Current value of asset on	Net gain or loss	Number of Transactions
Transamerica Retirement Solutions	CLBU	LONG BOND FUND	\$8,867,917.93	\$ -	\$ -	\$ -	\$ -	\$ 8,867,917.93	\$ -	6
			\$ -	\$ 176,002.39	\$ -	\$ -	\$ 158,514.91	\$ 176,002.39	\$ 17,487.48	13
Transamerica Retirement Solutions	CRTU	REAL ESTATE FUND	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
			\$ -	\$ 1,213,729.09	\$ -	\$ -	\$ 1,042,756.08	\$ 1,213,729.09	\$ 170,973.01	12
Transamerica Retirement Solutions	CT1U	LARGE GROWTH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
			\$ -	\$ 942,542.89	\$ -	\$ -	\$ 939,045.81	\$ 942,542.89	\$ 3,497.08	12
Transamerica Retirement Solutions	CT5A	CORE BOND FUND	\$2,221,495.99	\$ -	\$ -	\$ -	\$ -	\$ 2,221,495.99	\$ -	5
			\$ -	\$ 1,673,824.33	\$ -	\$ -	\$ 1,636,311.85	\$ 1,673,824.33	\$ 37,512.48	13
Transamerica Retirement Solutions	C0F	STOCK INDEX FUND	\$ 232,702.28	\$ -	\$ -	\$ -	\$ -	\$ 232,702.28	\$ -	1
			\$ -	\$ 2,034,215.78	\$ -	\$ -	\$ 2,003,319.92	\$ 2,034,215.78	\$ 30,895.86	11
Transamerica Retirement Solutions	C15A	HIGH QUALITY BOND FUND	\$2,464,213.60	\$ -	\$ -	\$ -	\$ -	\$ 2,464,213.60	\$ -	11
			\$ -	\$ 2,748,410.21	\$ -	\$ -	\$ 2,737,293.11	\$ 2,748,410.21	\$ 11,117.10	44
Transamerica Retirement Solutions	N484	AMERICAN FUNDS EUROPACIFIC GR R5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
			\$ -	\$ 2,681,836.28	\$ -	\$ -	\$ 2,735,223.23	\$ 2,681,836.28	\$ (53,386.95)	12
Transamerica Retirement Solutions	N657	ALLIANZGI NFJ DIVIDEND VALUE A	\$ 12,367.50	\$ -	\$ -	\$ -	\$ -	\$ 12,367.50	\$ -	13
			\$ -	\$ 887,963.04	\$ -	\$ -	\$ 884,258.02	\$ 887,963.04	\$ 3,705.02	2
Transamerica Retirement Solutions	VDJ0	VANGUARD MID CAP INDEX ADM	\$ 930,554.99	\$ -	\$ -	\$ -	\$ -	\$ 930,554.99	\$ -	1
			\$ -	\$ 947,913.20	\$ -	\$ -	\$ 930,554.99	\$ 947,913.20	\$ 17,358.21	8
Transamerica Retirement Solutions	VDJ3	VANGUARD SMALL CAP INDEX ADM	\$ 932,238.44	\$ -	\$ -	\$ -	\$ -	\$ 932,238.44	\$ -	1
			\$ -	\$ 924,223.32	\$ -	\$ -	\$ 932,238.44	\$ 924,223.32	\$ (8,015.12)	8
Transamerica Retirement Solutions	VD10	VANGUARD MID CAP INDEX SIGNAL	\$ 187.16	\$ -	\$ -	\$ -	\$ -	\$ 187.16	\$ -	1
			\$ -	\$ 931,977.32	\$ -	\$ -	\$ 893,551.43	\$ 931,977.32	\$ 38,425.89	6
Transamerica Retirement Solutions	VD13	VANGUARD SMALL CAP INDEX SIGNAL	\$ 77.34	\$ -	\$ -	\$ -	\$ -	\$ 77.34	\$ -	1
			\$ -	\$ 933,687.52	\$ -	\$ -	\$ 918,611.03	\$ 933,687.52	\$ 15,076.49	6
Total of Purchases: Total of Sales:										40 147

Attachment to 2014 Schedule H

Group Pension Plan for Employees of Hedwin Corporation

EIN/PN: 52-0559855/001

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

Summary of Single transactions in excess of 5%

Identity of party	FUND ID	Description of Asset	Purchase Price	Selling Price	Lease Rental	Transaction Expenses	Cost of Asset	Current value of asset on transaction date	Net gain or loss	Number of Transactions
TRS	CLBU	LONG BOND FUND	\$ 7,256,177.70	\$ -	\$ -	\$ -	\$ -	\$ 7,256,177.70	\$ -	1
TRS	CRTU	REAL ESTATE FUND	\$ -	\$ 1,134,279.96	\$ -	\$ -	\$ 975,039.82	\$ 1,134,279.96	\$ 159,240.14	1
TRS	CT5A	CORE BOND FUND	\$ 1,037,412.34	\$ -	\$ -	\$ -	\$ -	\$ 1,037,412.34	\$ -	1
TRS	CT5A	CORE BOND FUND	\$ -	\$ 1,673,004.43	\$ -	\$ -	\$ 1,635,515.59	\$ 1,673,004.43	\$ 37,488.84	1
TRS	C0F	STOCK INDEX FUND	\$ -	\$ 2,030,086.50	\$ -	\$ -	\$ 1,999,340.37	\$ 2,030,086.50	\$ 30,746.13	1
TRS	C15A	HIGH QUALITY BOND FUND	\$ 816,498.91	\$ -	\$ -	\$ -	\$ -	\$ 816,498.91	\$ -	1
TRS	C15A	HIGH QUALITY BOND FUND	\$ -	\$ 1,437,926.85	\$ -	\$ -	\$ 1,431,815.63	\$ 1,437,926.85	\$ 6,111.22	1
TRS	N484	AMERICAN FUNDS EUROPACIFIC GR R5	\$ -	\$ 2,470,029.37	\$ -	\$ -	\$ 2,410,112.30	\$ 2,470,029.37	\$ 59,917.07	1
TRS	VDJ0	VANGUARD MID CAP INDEX ADM	\$ 930,554.99	\$ -	\$ -	\$ -	\$ -	\$ 930,554.99	\$ -	1
TRS	VDJ0	VANGUARD MID CAP INDEX ADM	\$ -	\$ 806,492.74	\$ -	\$ -	\$ 793,147.98	\$ 806,492.74	\$ 13,344.76	1
TRS	VDJ3	VANGUARD SMALL CAP INDEX ADM	\$ 932,238.44	\$ -	\$ -	\$ -	\$ -	\$ 932,238.44	\$ -	1
TRS	VD10	VANGUARD MID CAP INDEX SIGNAL	\$ -	\$ 930,554.99	\$ -	\$ -	\$ 892,158.52	\$ 930,554.99	\$ 38,396.47	1
TRS	VD13	VANGUARD SMALL CAP INDEX SIGNAL	\$ -	\$ 932,238.44	\$ -	\$ -	\$ 917,176.19	\$ 932,238.44	\$ 15,062.25	1

Schedule SB, line 39 and line 40 – Unpaid Minimum Required Contribution Explanation

Lines 39 and 40 on the 2014 Schedule SB show an unpaid minimum required contribution of \$273,580 as of December 31, 2014. On January 9, 2015, the PBGC trustees the Group Pension Plan for Employees of Hedwin Corporation at which time all assets of the plan came under the control of the PBGC. In April 2015, the plan sponsor informed us that they made a payment in excess of the amount needed to eliminate the Unpaid Minimum Required Contribution directly to the PBGC to satisfy all PBGC claims against the plan.

Schedule SB, line 39 and line 40 – Unpaid Minimum Required Contribution Explanation

Lines 39 and 40 on the 2014 Schedule SB show an unpaid minimum required contribution of \$273,580 as of December 31, 2014. On January 9, 2015, the PBGC trustees the Group Pension Plan for Employees of Hedwin Corporation at which time all assets of the plan came under the control of the PBGC. In April 2015, the plan sponsor informed us that they made a payment in excess of the amount needed to eliminate the Unpaid Minimum Required Contribution directly to the PBGC to satisfy all PBGC claims against the plan.

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2014**This Form is Open to Public
Inspection**For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A Name of plan**

GROUP PENSION PLAN FOR EMPLOYEES OF HEDWIN CORPORATION

B Three-digit

plan number (PN) ▶

001

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

HEDWIN CORPORATION

D Employer Identification Number (EIN)

52-0559855

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F Prior year plan size:** ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2014**2 Assets:****a** Market value **2a** 16,108,586**b** Actuarial value **2b** 15,409,175**3 Funding target/participant count breakdown****a** For retired participants and beneficiaries receiving payment..... (1) Number of participants 152 (2) Vested Funding Target 11,265,065 (3) Total Funding Target 11,265,065**b** For terminated vested participants..... 96 2,783,900 2,783,900**c** For active participants..... 95 3,371,168 3,408,162**d** Total..... 343 17,420,133 17,457,127**4** If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐**a** Funding target disregarding prescribed at-risk assumptions **4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor **4b****5** Effective interest rate **5** 6.40%**6** Target normal cost **6** 170,000**Statement by Enrolled Actuary**

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

**SIGN
HERE**

Signature of actuary

Date

STEPHEN A. KING, FSA

Type or print name of actuary

14-04373

Most recent enrollment number

BOLTON PARTNERS, INC.

Firm name

(410) 547-0500

Telephone number (including area code)

100 LIGHT STREET, 9TH FLOOR

BALTIMORE

MD 21202

Address of the firm

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

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

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.75%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		53
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.60%</u>		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		3
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		56
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	88.26 %
15 Adjusted funding target attainment percentage	15	88.26 %
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	87.13 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	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 0

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If line 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: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to 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	
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	170,000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:			
a Net shortfall amortization installment		Outstanding Balance 2,047,952	Installment 103,580
b Waiver amortization installment.....			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		34	273,580
	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	273,580	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	273,580	
40 Unpaid minimum required contributions for all years	40	273,580	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☒ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011	
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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

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

The rate of retirement at age 65 is 1.

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

Mortality:

2014 IRS Combined Static Mortality Table. For 2013 valuation, the 2013 IRS Combined Static Mortality Table.

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

Interest:

*For Minimum Required Contribution
and AFTAP:*

September 2013 adjusted 24-month average segment rates as specified by IRS Notice 2014-48 (4.99%, 6.32%, 6.99%). The effective interest rate for 2014 is 6.40%.

For the 2013 valuation, September 2012 adjusted 24-month average segment rates as specified by IRS Notice 2014-48 (5.23%, 6.51%, and 7.16%). The effective interest rate for 2013 was 6.60%.

For all other valuation calculations:

September 2013 three-segment rates (1.37%, 4.05%, 5.06%). The effective interest rate for 2014 is 4.22%.

For the 2013 valuation, September 2012 three-segment rates (1.75%, 4.62%, 5.72%). The effective interest rate for 2013 is 4.81%.

The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor and by the Moving Ahead for Progress Act of the 21st Century (MAP-21) and the Highway and Transportation Funding Act of 2014 (HATFA).

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

Turnover:

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

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

Salary Increases:

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

Retirement Age:

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

Disablement:

None assumed.

Expenses:

Plan-related expenses expected to be paid from plan assets in 2014 (\$170,000) were added to the normal cost.

Asset Valuation:

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

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

Actuarial Cost Method:

Traditional Unit Credit.

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

Employee Contribution Interest

Credits:

Current year's interest credit rate equal to actual interest crediting rate for the valuation year (120% of the Federal mid-term rate for January). Interest credits thereafter of 5.0% per year used to project employee contributions to normal retirement age (based on long-term equivalent assumption of 417(e) segment rates).

Marriage/Age of Spouse:

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

Amortization Schedule:

The plan sponsor has elected the fifteen-year alternative amortization schedule allowed under the pension Relief Act of 2010 and described in IRS Notice 2011-3, for both the 2010 and 2011 plan years. An alternative amortization schedule has not been elected for any prior plan year. The plan sponsor signed certifications on September 11, 2012 and September 3, 2013 that there were no Installment Acceleration Amounts for either the 2010, 2011, or 2012 Plan Years. We also assume there were no Installment Acceleration Amounts for the 2013 Plan Year.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan:

Within the process for electronic filing of Form 5500, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB, which is attached in .pdf form to the electronic filing, will govern to the extent there are any differences between the data filed electronically and the data contained on the signed Schedule SB.

Schedule SB, Part V – Summary of Plan Provisions

Compensation:

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

Average Compensation:

Average of highest 5 consecutive years of compensation.

Covered Compensation:

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

Year of Service:

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

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

Eligibility Requirements:

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

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

Minimum age:

None;

Maximum age:

None;

Service requirement:

6 months; must contribute.

Contributions:

Company contributions:

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

Participant contributions:

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

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

Normal Retirement Benefits:

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

Formula:

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

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

Benefit computed as 5 year certain and life annuity.

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

Early Retirement Benefits:

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

Benefit:

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

Postponed Retirement Benefits:

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

Disability Benefits:

None.

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

Termination of Employment Benefits:

Vesting Schedule:

Employee portion of accrued benefit always 100% vested.

Employer portion of accrued benefit:

0% with fewer than 5 years

100% with 5 or more years

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

Benefit commencement date:

Normal retirement date, unless employee elects earlier.

Death Benefits:

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

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

Joint and Survivor Benefits:

Normal form of benefit payment for married participants unless participant elects otherwise.

Benefit is actuarial equivalent of the 5 year certain and life annuity.

Schedule SB, Part V – Summary of Plan Provisions

(continued)

Other Options:

Options available include 50%, 75% and 100% contingent annuities, and 10 year certain and life annuity. Lump sum option is available to participants who have elected a refund of their employee contributions and have a remaining employer provided benefit with a lump sum value less than \$5,000.

Optional Forms Conversion Factors:

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

Attachment to 2014 Schedule SB
Group Pension Plan for Employees of Hedwin Corporation
EIN/PN: 52-0559855/001

Schedule SB, line 26 - Schedule of Active Participant Data

Years of Credited Service

Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25 Number	0	0	0	0	0	0	0	0	0	0	0
25 to 29 Number	0	0	0	0	0	0	0	0	0	0	0
30 to 34 Number	0	0	0	0	0	0	0	0	0	0	0
35 to 39 Number	0	1	2	0	0	0	0	0	0	0	3
40 to 44 Number	0	0	3	1	0	0	0	0	0	0	4
45 to 49 Number	0	2	5	3	1	0	0	0	0	0	11
50 to 54 Number	0	1	8	3	2	0	0	0	0	0	14
55 to 59 Number	0	6	11	7	2	3	1	0	0	0	30
60 to 64 Number	0	5	8	9	5	1	2	0	0	0	30
65 to 69 Number	0	0	0	2	0	1	0	0	0	0	3
70 & Up Number	0	0	0	0	0	0	0	0	0	0	0
Total Number	0	15	37	25	10	5	3	0	0	0	95

Schedule SB, line 32 - Schedule of Amortization Bases

Type of base: shortfall

<u>Date established</u>	<u>Present value of remaining installments</u>	<u>Amortization installment</u>	<u>Years remaining in amortization period</u>
1/1/2009	\$ 71,782	\$ 36,764	2
1/1/2010*	1,858,605	222,409	11
1/1/2011*	1,805,338	203,618	12
1/1/2012	(1,442,722)	(317,305)	5
1/1/2013	(40,805)	(7,724)	6
1/1/2014	<u>(204,246)</u>	<u>(34,182)</u>	7
Total	\$ 2,047,952	\$ 103,580	

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

Schedule SB, line 39 and line 40 – Unpaid Minimum Required Contribution Explanation

Lines 39 and 40 on the 2014 Schedule SB show an unpaid minimum required contribution of \$273,580 as of December 31, 2014. On January 9, 2015, the PBGC trusteesd the Group Pension Plan for Employees of Hedwin Corporation at which time all assets of the plan came under the control of the PBGC. In April 2015, the plan sponsor informed us that they made a payment in excess of the amount needed to eliminate the Unpaid Minimum Required Contribution directly to the PBGC to satisfy all PBGC claims against the plan.