Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 03/01/2009 and ending 02/28/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
DURO BAG MANUFACTURING COMPANY NATIONAL HOURLY EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 03/15/1979

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

7600 EMPIRE DRIVE
FLORENCE, KY 41042

2b Employer Identification Number (EIN) 61-0475966

2c Sponsor's telephone number 859-371-2150

2d Business code (see instructions) 322200

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.	12/14/2010	JACKIE ISAACS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
DURO BAG MANUFACTURING COMPANY

7600 EMPIRE DRIVE
FLORENCE, KY 41042

3b Administrator's EIN
61-0475966

3c Administrator's telephone number
859-371-2150

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**	1829
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	541
b	Retired or separated participants receiving benefits	**6b**	215
c	Other retired or separated participants entitled to future benefits	**6c**	1007
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1763
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	72
f	Total. Add lines **6d** and **6e**	**6f**	1835
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G 1I 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 03/01/2009 and ending 02/28/2010

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

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

A Name of plan
DURO BAG MANUFACTURING COMPANY NATIONAL HOURLY EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
61-0475966

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

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

Part I Basic Information

1 Enter the valuation date: Month 03 Day 01 Year 2009

2	Assets:			
	a Market value		**2a**	11178081
	b Actuarial value		**2b**	12295889
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	202	4413420
	b For terminated vested participants	**3b**	1045	5760053
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		64530
	(2) Vested benefits	**3c(2)**		4305734
	(3) Total active	**3c(3)**	582	4370264
	d Total	**3d**	1829	14543737
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	8.07 %
6	Target normal cost		**6**	340607

Statement by Enrolled Actuary

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

SIGN HERE

	12/13/2010
Signature of actuary	Date
GARY D. DICKSON	08-03764
Type or print name of actuary	Most recent enrollment number
MERCER	513-632-2650
Firm name	Telephone number (including area code)
525 VINE STREET, SUITE 1600 CINCINNATI, OH 45202	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)		
10	Interest on item 9 using prior year's actual return of -21.74 %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		426754
b	Interest on (a) using prior year's effective rate of 6.21 %		26702
c	Total available at beginning of current plan year to add to prefunding balance		453456
d	Portion of (c) to be added to prefunding balance		453456
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	453456

Part III Funding percentages

14	Funding target attainment percentage	14	81.43 %
15	Adjusted funding target attainment percentage	15	81.42 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.34 %
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
06/10/2009	138000				
09/11/2009	138000				
12/15/2009	138000				
11/11/2010	1600000				
11/15/2010	30000				
			Totals ► 18(b)	2044000	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1825923

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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	[X] No
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	[X] Yes	[ ] No
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31	Target normal cost, adjusted, if applicable (see instructions)	**31**	340607

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2701304	539512
b Waiver amortization installment		

33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34	Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**	880119

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement		453456	453456

36	Additional cash requirement (item 34 minus item 35)	**36**	426663
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	1825923
38	Interest-adjusted excess contributions for current year (see instructions)	**38**	1399260
39	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	
40	Unpaid minimum required contribution for all years	**40**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 03/01/2009 and ending 02/28/2010

A Name of plan
DURO BAG MANUFACTURING COMPANY NATIONAL HOURLY EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
DURO BAG MANUFACTURING COMPANY

D Employer Identification Number (EIN)
61-0475966

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).. . . . . [X] 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

THE BANK OF NEW YORK MELLON
500 GRANT STREET, BNY MELLON CENTER
PITTSBURGH, PA 15258

13-5160382

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

STABLE VALUE FUND, UNION BD&TR,TTEE
1300 SW FIFTH AVENUE, SUITE 3300
PORTLAND, OR 97201

93-6274329

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

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

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

MERCER

13-0283414

(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	ACTUARY	264290	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK OF NEW YORK

13-5160382

(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?
21	TRUSTEE	13105	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

FOURTH STREET FINANCIAL GROUP INC.

31-1336145

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	16131	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GRANT THORNTON LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	26533	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT LAKES ADVISORS INC.

36-3707782

(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?
27	INVESTMENT ADVISOR	5365	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a	Name: GRANT THORNTON	**b** EIN:	36-6055558
c	Position: ACCOUNTANT		
d	Address: 4000 SMITH ROAD, SUITE 500 CINCINNATI, OH 45209	**e** Telephone:	513-762-5000

Explanation: A CHANGE IN ACCOUNTANTS WAS MADE AS A RESULT OF A RFP (REQUEST FOR PROPOSAL) CONDUCTED TO REVIEW ACCOUNTING AND AUDIT SERVICES AND FEES.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 03/01/2009 and ending 02/28/2010

A Name of plan
DURO BAG MANUFACTURING COMPANY NATIONAL HOURLY EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DURO BAG MANUFACTURING COMPANY

D Employer Identification Number (EIN)
61-0475966

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: SHORT TERM INVESTMENT FUND

b Name of sponsor of entity listed in (a): BANK OF NEW YORK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-6154008-003	C	2498522

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

b Name of sponsor of entity listed in (a): UNION BANK & TRUST COMPANY

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)
93-6274329-001	C	1914044

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 03/01/2009 and ending 02/28/2010

A Name of plan
DURO BAG MANUFACTURING COMPANY NATIONAL HOURLY EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
DURO BAG MANUFACTURING COMPANY

D Employer Identification Number (EIN)
61-0475966

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)		1630000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5654	4707
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)	841141	1544468
(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)	4921816	4412566
(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)	5409470	6981475
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	11178081	14573216
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	47093	123361
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		22401
k	Total liabilities (add all amounts in lines 1g through1j)	1k	47093	145762
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11130988	14427454

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)	2044705	
	(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)		2044705
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)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	39484	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	174096	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		213580
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	92141	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	64603	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		27538

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	486629	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		486629
(6) Net investment gain (loss) from common/collective trusts	2b(6)		52076
(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)		1394735
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4219263
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	501709	
(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)		501709
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)	290823	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	21496	
(4) Other	2i(4)	108769	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		421088
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		922797
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3296466
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: BARNES DENNIG & CO (2) EIN: 31-1119890

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1250000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l	X		1395000
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 03/01/2009 and ending 02/28/2010

A Name of plan
DURO BAG MANUFACTURING COMPANY NATIONAL HOURLY EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
DURO BAG MANUFACTURING COMPANY

D Employer Identification Number (EIN)
61-0475966

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): 13-3807284

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** 8

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

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

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

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

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

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

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

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

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

Duro Bag Manufacturing Company National Hourly Employees' Pension Plan

Financial Statements
Years Ended February 28, 2010 and 2009
With Report of Independent Certified Public Accountants

BARNES DENNIG
Accounting · Tax · Business Insight

Report of Independent Certified Public Accountants

To the Plan Administrator of the
Duro Bag Manufacturing Company National Hourly Employees' Pension Plan
Florence, Kentucky

We were engaged to audit the accompanying Statement of Net Assets Available for Benefits of the Duro Bag Manufacturing Company National Hourly Employees' Pension Plan as of February 28, 2010, and the related Statement of Changes in Net Assets Available for Benefits for the year then ended, and the supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) at February 28, 2010 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended February 28, 2010. These financial statements and schedules are the responsibility of the Plan's management. The financial statements of the plan as of February 28, 2009 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by The Bank of New York and Union Bond & Trust Company, the trustees of the Plan. Their report, dated on December 14, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustees, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by the Bank of New York Mellon and Union Bond & Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the 2010 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended February 28, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2010 financial statements and schedules that we did not audit, we are unable to, and do not express an opinion on the accompanying 2010 financial statements and schedules taken as a whole. The form and content of the information included in the 2010 financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Barnes Dennig & Co., Ltd.

Cincinnati, Ohio
December 14, 2010

DURO BAG MANUFACTURING COMPANY NATIONAL HOURLY EMPLOYEES' PENSION PLAN

Statements of Net Assets Available for Benefits
February 28, 2010 and 2009

	2010	2009
Assets:		
Investments at fair value:		
Equitiy securities	$ 1,544,468	$ 841,141
Common collective trusts	4,412,566	4,921,816
Fixed income securities	3,488,421	2,016,484
Mutual funds	3,493,054	3,392,986
Total investments	12,938,509	11,172,427
Other:		
Employer contribution receivable	1,630,000	-
Investment income receivable	4,707	5,654
Total assets	14,573,216	11,178,081
Liabilities:		
Accrued plan expenses	123,361	47,093
Other	22,401	-
Total liabilities	145,762	47,093
Net assets available for benefits	$ 14,427,454	$ 11,130,988

The accompanying notes are an integral part of these financial statements

DURO BAG MANUFACTURING COMPANY NATIONAL HOURLY EMPLOYEES' PENSION PLAN

Statement of Changes in Net Assets Available for Benefits
Years Ended February 28, 2010 and 2009

	2010	2009
Additions:		
Investment income:		
Net appreciation in fair value of investments	$ 1,952,117	$ -
Interest and dividend income	222,441	217,155
Employer contributions	2,044,705	480,612
Transfer from another plan	-	3,683,991
Total additions	4,219,263	4,381,758
Deductions:		
Net depreciation in fair value of investments	-	2,132,082
Benefits paid to participants	501,709	359,497
Administrative fees and expenses	421,088	192,547
Total deductions	922,797	2,684,126
Net increase	3,296,466	1,697,632
Net assets available for benefits:		
Beginning of year	11,130,988	9,433,356
End of year	$ 14,427,454	$ 11,130,988

The accompanying notes are an integral part of these financial statements

DURO BAG MANUFACTURING COMPANY NATIONAL HOURLY EMPLOYEES' PENSION PLAN

Notes to Financial Statements

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements of the Duro Bag Manufacturing Company National Hourly Employees' Pension Plan (the "Plan") have been prepared on the accrual basis.

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 4 for discussion of fair value measurements.

Investment transactions are accounted for on the trade date (the date the order to buy or sell is executed). The cost of investments sold is computed on an average cost 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.

Investment securities, in general, are exposed to various risks such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses

Certain expenses and costs of administering the Plan were paid by the Duro Bag Manufacturing Company (the "Plan sponsor") and accordingly, are not reflected in the Plan's financial statements.

Estimates

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

Related Party Transactions

Certain Plan investments are invested in accounts managed by The Bank of New York Mellon and Union Bond & Trust Company (the "Trustees"). The Bank of New York Mellon and Union Bond & Trust Company are the Trustees as defined by the Plan and therefore, these transactions qualify as parties-in-interest.

Several employees of the Plan sponsor provide administrative services to the Plan. These services include Plan oversight and day-to-day Plan administration. The Plan is not charged by the Plan sponsor for the services its employees provide to the Plan.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Subsequent Events

The Plan has evaluated subsequent events through December 14, 2010, which is the date these financial statements were available to be issued, and have been determined that there are no subsequent events that require disclosure under applicable GAAP for subsequent events.

NOTE 2 DESCRIPTION OF THE PLAN

The following description of the Duro Bag Manufacturing Company National Hourly Employees' Pension Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering certain union, hourly employees of the Duro Bag Manufacturing Company (the "Company") not covered under a separate Company pension plan. The Bank of New York Mellon and Union Bond & Trust Company are the Plan's trustees and asset custodians. Mercer is the Plan's actuary. The Plan is administered by the Plan sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code. The Plan was amended on October 28, 2005 to effectively "freeze" the Plan effective October 15, 2005, at which time all participants under the Plan ceased to accrue additional benefits from that point forward. Additionally, effective the date of the freeze, the Plan does not permit new entrants.

Effective February 28, 2009, the Duro Bag Manufacturing Company Hourly Employees' Pension Plan, Duro Bag Manufacturing Company Richmond, Virginia Hourly Employees' Pension Plan and Duro Bag Manufacturing Company New Jersey Hourly Employees' Pension Plan were merged into the Plan.

Concurrent with the merger, the Plan name changed from Duro Bag Manufacturing Company Northern Kentucky Hourly Employees' Pension Plan to the Duro Bag Manufacturing Company National Hourly Employees' Pension Plan.

Benefits under the Plan are funded by the Plan sponsor. Contributions are made based on recommendations by the Actuary, who performs annual valuations of the Plan. The funds are held, invested and disbursed by the asset custodian.

Contributions

The Plan sponsor contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan members. The contributions are designed to fund the Plan's normal service costs on a current basis. No voluntary employee contributions are permitted by the Plan.

Vesting

Employees with five or more years of services are fully vested and entitled to pension benefits beginning at normal retirement age, which is 65.

NOTE 2 DESCRIPTION OF THE PLAN (CONTINUED)

Benefits

Benefits are received at normal retirement age or, if elected, at early retirement. Employee participants may elect early retirement beginning at age 55 after completion of ten years of credited service. Benefits under the Plan are based on years of credited service multiplied by a unit multiplier stated in the various union contracts. A vested participant who terminated for any reason other than retirement, disability or death is entitled to the monthly vested termination benefit beginning on the normal retirement date in the amount of their accrued benefit. Participants may elect to receive their distributions, subject to certain Plan provisions, in the form of an annuity or in a lump-sum payment. If the participant's accrued benefit is less than $5,000, the participant is paid a lump-sum payment as soon as practical after the termination date.

Generally, payment of benefits will be in the form of a single life annuity for unmarried participants and a joint and survivor annuity for married participants, unless the employee, with spousal consent, elects another form of benefit permitted by the Plan. Other optional forms of pension benefit are available at the participant's option.

Death and Disability Benefits

Commencing September 1, 2003, no participant may become eligible to receive a disability retirement benefit as a result of termination of employment by reason of total and permanent disability after August 31, 2003.

If a married vested participant dies before benefit payments have begun, a death benefit will be paid to the participant's beneficiary based on the time of death. If an unmarried participant dies before benefit payments have begun the beneficiary will be eligible to receive benefits if the participant has reached age 65 and completed five years of service.

NOTE 3 INVESTMENTS

Investments representing more than 5% of the Plan's net assets as of February 28, 2010 and 2009 are as follows:

	2010	2009
Collective Short Term Investment Fund	$ 2,498,522	$ 3,050,967
Union Bond & Trust Co. Stable Value Fund	1,914,044	1,870,840
Pimco Total Return Institutional Fund	1,313,455	1,125,835
Rainer Funds Large Cap Equity	1,188,012	*
Vanguard Fixed Income Bond Portfolio	1,187,393	1,040,318
DWS Investments Core Fixed	987,573	890,650
Euro Pacific Growth Fund	939,503	614,511
Rainier Investment Management Equity Mutual Fund	716,445	1,351,447
Dodge & Cox Stock Fund	649,094	*

* Investment represented less than 5% of the Plan's net assets

During the years ended February 28, 2010 and 2009, The Plan's investments (including investment bought, sold and held during the year) appreciated (depreciated) in value as follows:

	2010	2009
Investments at fair value as determined by quoted market price:		
Equitiy securities	$ 514,167	$ (910,244)
Mutual funds	1,394,746	(1,291,884)
	1,908,913	(2,202,128)
Investments at estimated fair value:		
Common collective trusts	43,204	70,046
Net appreciation (depreciation)	$ 1,952,117	$ (2,132,082)

NOTE 4 FAIR VALUE MEASUREMENTS

The financial statements have been prepared in accordance with applicable GAAP accounting for Fair Value Measurements and Disclosures. Under applicable GAAP literature, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the exit price) in an orderly transaction between market participants at the measurement date.

In determining fair value, the Plan uses various valuation approaches. The applicable GAAP literature establishes a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are inputs that market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. The hierarchy is broken down into three levels based on the ability to observe inputs as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at February 28, 2010 and 2009.

Equity securities: Valued at the closing price reported in the active market in which the individual security is traded.

Fixed income securities and mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Common collective trusts: Valued at fair value of the collective trust's underlying investments based on information reported by the investment advisor using the audited financial statements of the collective trust at year-end.

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of February 28, 2010:

	Level 1	Level 2	Level 3	Total
Equity securities	$ 1,544,468	$ -	$ -	$ 1,544,468
Common collective trusts	-	4,412,566	-	4,412,566
Fixed income securities	3,488,421	-	-	3,488,421
Mutual funds	3,493,054	-	-	3,493,054
Total investments at fair value	$ 8,525,943	$ 4,412,566	$ -	$ 12,938,509

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of February 28, 2009:

	Level 1	Level 2	Level 3	Total
Equity securities	$ 841,141	$ -	$ -	$ 841,141
Common collective trusts	-	1,870,840	3,050,976	4,921,816
Fixed income securities	2,016,484	-	-	2,016,484
Mutual funds	3,392,986	-	-	3,392,986
Total investments at fair value	$ 6,250,611	$ 1,870,840	$ 3,050,976	$ 11,172,427

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

The following is a summary of changes in the fair value of the Plan's level 3 investments for the year ended February 28, 2010:

	Common Collective Trust
Balance, beginning of year	$ 3,050,976
Reclassification of common collective trust from level 3	(3,050,976)
Balance, end of year	$ -

The common collective trust was transferred out of level 3 measurement and into level 2 measurement on March 1, 2009. The transfer occurred because of a changed in the observability of the investment contracts within the common collective trust.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of February 28, 2009:

	Common Collective Trust
Balance, beginning of year	$ 1,458,821
Realized gains/(losses)	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	-
Transfer from other plans	1,335,388
Purchases, sales, issuances, and settlements (net)	256,767
Balance, end of year	$ 3,050,976

NOTE 5 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 the service that employees have rendered to date and that are expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) present employees or their beneficiaries, and (c) beneficiaries of employees who have died. Benefits under the Plan are based on years of credited service multiplied by a unit multiplier.

Accumulated plan benefits are those future periodic payments including lump-sum distributions that are attributable under the Plan's provisions to the service that employees have rendered to date and that are expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) present employees or their beneficiaries, and (c) beneficiaries of employees who have died. Benefits for retired or terminated employees or their beneficiaries are based on actual benefits earned during their term of employment. The accumulated plan benefits for active employees are based on their actual compensation over their respective years of service, utilizing various benefit formulas as specified by the Plan. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is that 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 payments (by means of decrements such as for death, disability, withdrawal, retirement, or termination of employment) between the valuation date and the expected dates of payment. The actuarial assumptions below are based on the assumption 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.

The components of the actuarial present value of accumulated Plan benefits as of March 1, 2009 and 2008 are:

	2009	2008
Vested benefits		
Participants currently receiving payments	$ 4,905,821	$ 3,347,530
Other participants	12,048,547	7,375,871
	16,954,368	10,723,401
Nonvested benefits	94,725	129,345
Total actuarial present value of accumulated plan benefits	$ 17,049,093	$ 10,852,746

The three plans which merged into the Plan as of February 28, 2009 had accumulated plan benefits of $5,288,606 as of March 1, 2008.

The actuarial value of Plan assets was $12,295,889 and $9,584,378 as of March 1, 2009 and 2008, respectively.

NOTE 5 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The components of the changes in accumulated Plan benefits for the years ended March 1, 2009 and 2008 are:

	2009	2008
Actuarial present value of accumulated plan benefits as of March 1, 2008 and 2007, respectively	$ 10,852,746	$ 8,978,786
Increase (decrease) during the year attributable to:		
Additional benefits accumulated	265,381	931,167
Interest due to decrease in the discount period	1,032,725	616,001
Benefits paid	(506,550)	(355,542)
Assumption changes	116,185	682,334
Transfer from another plan	5,288,606	-
Net increase (decrease)	6,196,347	1,873,960
Actuarial present value of accumulated plan benefits as of March 1, 2009 and 2008, respectively	$ 17,049,093	$ 10,852,746

Due to inherent uncertainties in actuarial estimates, it is reasonably possible that actuarial estimates could change in the near term.

NOTE 6 GENERAL ACTUARIAL DATA

The more significant assumptions underlying the actuarial computations for the 2010 and 2009 valuations were as follows:

Plan's Actuary: Mercer

Assumed Rate of Return on Investments: 6.5% per annum, compounded annually, for the 2009 and 2008.

Mortality: RP-2000 Mortality Tables with a blue collar adjustment and rates for employees and healthy annuitants combined, projected to 2009.

RP-2000 Mortality Tables with blue collar adjustment and rates for employees and annuitants combined, projected to 2006.

Withdrawl incidence: For the 2009 and 2008 valuation:

Years of Service	Male			Female		
	25	40	55	25	40	55
< 1	0.500	0.500	0.500	0.500	0.500	0.500
1 to 2	0.250	0.250	0.250	0.350	0.350	0.350
3 +	0.149	0.043	0.000	0.239	0.064	0.000

Retirement incidence: For the 2009 and 2008 valuation:

Attained Age	Rate
55	5.0%
56 - 59	1.0%
60 - 61	5.0%
62	50.0%
63 - 64	25.0%
65	100.0%

Normal retirement age is 65 years.

Assumptions Made In Valuing Spouse's Benefit: 60% of male participants assumed to be married and 60% of female participants assumed to be married with wives three years younger than husbands.

Form of Payment: For the 2009 and 2008 valuation:

Status	Single Life	50% J&S	100 J&S
Active	60%	20%	20%
Future vested deferred	100%	0%	0%
Future deaths	0%	100%	0%
Current vested deferred	100%	0%	0%

NOTE 6 GENERAL ACTUARIAL DATA (CONTINUED)

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.

Administrative expenses are added to current year normal cost based on prior year expenses.

The mortality table was changed from the RP-2000 Mortality Tables with a blue collar adjustment and rates for employees and healthy annuitants combined, projected to 2006.

NOTE 7 FUNDING POLICY

For the years ended February 28, 2010 and 2009, the funding policy was to contribute at least the minimum amount required under ERISA, as calculated by the Plan's actuary. During 2010 and 2009, contributions were made to meet the minimum funding requirements of ERISA.

NOTE 8 TAX STATUS

The Plan obtained its latest determination letter on July 23, 2002, in which the Internal Revenue Service stated that the Plan and related trust qualifies under the applicable provisions of the Internal Revenue Code and therefore, is exempt from federal income taxes. The Plan has been amended since receiving the determination letter. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 9 INFORMATION CERTIFIED BY THE TRUSTEES (UNAUDITED)

The following information provided by The Bank of New York Mellon and Union Bond & Trust Company was certified to be accurate and complete with respect to the following:

(a) The assets held by The Bank of New York Mellon and Union Bond & Trust Company at February 28, 2010 and 2009, as well as the transactions involving these assets for the year ended February 28, 2010 and 2009.

(b) The amount of investment income for the years ended February 28, 2010 and 2009.

NOTE 10 PLAN TERMINATION

The Company expects the Plan to be continued indefinitely, but reserves the right to terminate the Plan and contributions thereunder, in whole or in part, at any time by action of its Trustees. If the Plan is terminated or partially terminated, benefits will be distributed pursuant to the terms of the Plan. Its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Generally, the Plan provides the following priorities:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired when 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.

2. Other vested benefits insured by the Pension Benefit Guarantee Corporation (PBGC) up to the applicable limitations (discussed below).

3. All other noninsured vested benefits.

4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2010 and 2009, that ceiling is $4,500. 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.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial conditions of the plan sponsor and the level of benefits guaranteed by the PBGC. PBGC insurance guarantees are backed by the solvency of the PBGC – a U.S. Government agency. Should the PBGC become insolvent, additional appropriations to the agency would need to be authorized by the U.S. Government in order to pay guaranteed benefits.

NOTE 11 PLAN TRANSFERS

As of February 28, 2009, the Plan recognized transfers from other plans which merged into this Plan of $3,683,991.

NOTE 12 VOLUNTARY CORRECTION PROGRAM

Subsequent to February 28, 2008, the Plan determined it had neglected to make certain lump-sum and annuity distributions to various terminated employees as required by the Plan document. The Plan sponsor filed a Voluntary Correction Program (VCP) submission to the IRS. The Plan sponsor anticipates paying benefits of approximately $1,395,000 plus interest and penalties. The Plan administrator does not expect the final outcome of the VCP submission to affect the Plan's tax status.

DURO BAG MANUFACTURING COMPANY NATIONAL HOURLY EMPLOYEES' PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
February 28, 2010

Schedule H (Form 5500)
EIN 61-0475966
Plan Number – 004

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
Attachment A				$ 1,664,587
Attachment B				9,359,878
*	Union Bond & Trust Co. Stable Value Fund	Common collective trust		1,914,044
				$ 12,938,509

NOTE: Please find the Schedule of Assets (Held at End of Year) information attached.

NOTE: The attached data is based on information that has been certified as complete and accurate by the Bank of New York Mellon and Union Bond & Trust Company.

* Denotes a party-in-interest

Attachment A

THE BANK OF NEW YORK MELLON

D35 F101332
DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR
28 FEBRUARY 2010

RUN DATE: 20-OCT-1
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M1102E

	SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
	650.0000	ROYAL DUTCH SHELL PLC ADR	29,178.15	54.7400	35,581.00	6,402.85
	1,150.0000	SPECTRA ENERGY CORP	19,111.47	21.8000	25,070.00	5,958.53
	1,450.0000	TARGET CORP	42,211.50	51.5200	74,704.00	32,492.50
	1,800.0000	TEXTRON INC	10,170.00	19.9200	35,856.00	25,686.00
	500.0000	THOMAS & BETTS CORP	11,455.00	36.1000	18,050.00	6,595.00
	950.0000	3M CO	46,667.84	80.1500	76,142.50	29,474.66
	450.0000	VERIZON COMMUNICATIONS INC	12,994.50	28.9300	13,018.50	24.00
	1,200.0000	WASTE MANAGEMENT INC	33,105.78	33.0200	39,624.00	6,518.22
	800.0000	WELLS FARGO & CO	18,966.31	27.3400	21,872.00	2,905.69
TOTAL CORPORATE STOCK - COMMON			1,057,839.00		1,544,467.96	486,628.96
	COMMON/COLLECTIVE TRUST					
*	120,118.8900	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	120,118.89	1.0000	120,118.89	0.00
TOTAL COMMON/COLLECTIVE TRUST			120,118.89		120,118.89	0.00
		GRAND TOTAL	1,177,957.89		1,664,586.85	486,628.96

Attachment B

THE BANK OF NEW YORK MELLON

D35 F101332
DURO BAG MANUFACTURING CO.
HRLY EMPLOYEES PENSION PLAN

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR
28 FEBRUARY 2010

RUN DATE: 20-OCT-1
PAGE:
M1102E

SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
CORPORATE STOCK - COMMON					
900.0000	AT&T INC	21,696.47	24.8100	22,329.00	632.53
1,000.0000	AETNA INC	23,870.00	29.9900	29,990.00	6,120.00
1,400.0000	ALCOA INC	10,526.00	13.3000	18,620.00	8,094.00
450.0000	ALLEGHENY TECHNOLOGIES INC	8,851.50	43.6600	19,647.00	10,795.50
1,550.0000	ALTRIA GROUP INC	26,566.23	20.1200	31,186.00	4,619.77
1,100.0000	AMERICAN EXPRESS CO	13,266.00	38.1900	42,009.00	28,743.00
700.0000	AMERIPRISE FINANCIAL INC	20,529.52	40.0300	28,021.00	7,491.48
1,350.0000	BANK OF AMERICA CORP	12,806.40	16.6600	22,491.00	9,684.60
992.0000	BERKSHIRE HATHAWAY INC	46,985.17	80.1300	79,488.96	32,503.79
1,600.0000	BRUNSWICK CORP/DE	9,186.48	11.5400	18,464.00	9,277.52
950.0000	CIGNA CORP	16,887.01	34.2600	32,547.00	15,659.99
800.0000	CATERPILLAR INC	19,688.00	57.0500	45,640.00	25,952.00
850.0000	CHEVRON CORP	56,028.13	72.3000	61,455.00	5,426.87
1,350.0000	CITIGROUP INC	2,025.00	3.4000	4,590.00	2,565.00
650.0000	CLOROX CO	31,786.50	61.3100	39,851.50	8,065.00
1,250.0000	CONOCOPHILLIPS	47,271.65	48.0000	60,000.00	12,728.35
850.0000	DOW CHEMICAL CO/THE	8,709.13	28.3100	24,063.50	15,354.37

D35 F101332
DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR
28 FEBRUARY 2010

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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
1,500.0000	DUKE ENERGY CORP	20,509.52	16.3500	24,525.00	4,015.48
1,050.0000	EASTMAN KODAK CO	3,349.50	5.9400	6,237.00	2,887.50
600.0000	EATON CORP	23,247.12	68.1200	40,872.00	17,624.88
450.0000	ENERGIZER HOLDINGS INC	21,621.91	57.9500	26,077.50	4,455.59
2,550.0000	GENERAL ELECTRIC CO	25,463.96	16.0600	40,953.00	15,489.04
700.0000	GENERAL MILLS INC	36,736.00	72.0100	50,407.00	13,671.00
400.0000	HARTFORD FINANCIAL SERVICES GR	2,440.00	24.3700	9,748.00	7,308.00
900.0000	HONEYWELL INTERNATIONAL INC	24,957.00	40.1600	36,144.00	11,187.00
550.0000	ITT CORP	22,162.38	51.2300	28,176.50	6,014.12
550.0000	JPMORGAN CHASE & CO	20,033.40	41.9700	23,083.50	3,050.10
600.0000	KIMBERLY-CLARK CORP	28,814.00	60.7400	36,444.00	7,630.00
900.0000	KRAFT FOODS INC	21,712.28	28.4300	25,587.00	3,874.72
550.0000	LOCKHEED MARTIN CORP	34,710.50	77.7600	42,768.00	8,057.50
1,100.0000	MERCK & CO INC	27,939.56	36.8800	40,568.00	12,628.44
850.0000	NUCOR INC	26,895.00	41.6500	35,402.50	8,507.50
650.0000	PPG INDUSTRIES INC	22,958.00	61.5400	40,001.00	17,043.00
1,050.0000	PHILIP MORRIS INTERNATIONAL IN	35,661.50	48.9800	51,429.00	15,767.50
800.0000	PLUM CREEK TIMBER CO INC	23,801.38	35.7300	28,584.00	4,782.62
1,250.0000	PUBLIC SERVICE ENTERPRISE GROU	34,286.25	29.7200	37,150.00	2,863.75

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DURO BAG MANUFACTURING CO.
RLY EMPLOYEES PENSION PLAN

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR
28 FEBRUARY 2010

	SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
		COMMON/COLLECTIVE TRUST				
*	2,378,402.9900	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	2,378,402.99	1.0000	2,378,402.99	0.00
	TOTAL COMMON/COLLECTIVE TRUST		2,378,402.99		2,378,402.99	0.00
		REGISTERED INVESTMENT COMPANIES				
	108,643.8700	DWS CORE FIXED INCOME FUND	1,133,565.43	9.0900	987,572.78	145,992.65-
	6,750.8480	DODGE & COX STOCK FUND	737,157.51	96.1500	649,094.04	88,063.47-
	26,126.3470	AMERICAN EUROPACIFIC GROWTH FU	1,142,277.04	35.9600	939,503.44	202,773.60-
	119,513.6260	PIMCO TOTAL RETURN FUND	1,274,952.19	10.9900	1,313,454.75	38,502.56
	33,431.8650	RAINIER LARGE CAP EQUITY PORTF	870,535.81	21.4300	716,444.87	154,090.94-
	55,077.0640	RAINIER LARGE CAP EQUITY PORTF	1,324,541.70	21.5700	1,188,012.27	136,529.43-
	110,971.2690	VANGUARD SHORT-TERM INVESTMENT	1,197,943.80	10.7000	1,187,392.58	10,551.22-
	TOTAL REGISTERED INVESTMENT COMPANIES		7,680,973.48		6,981,474.73	699,498.75-
		GRAND TOTAL	10,059,376.47		9,359,877.72	699,498.75-

DURO BAG MANUFACTURING COMPANY NATIONAL HOURLY EMPLOYEES' PENSION PLAN

Schedule H, Line 4j– Schedule of Reportable Transactions
February 28, 2010

Schedule H (Form 5500)
EIN 61-0475966
Plan Number – 004

Column A	Column B	Column C	Column D	Column G	Column I
Identity of Party involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Net gain or (loss)

NOTE: Please find the Schedule of Reportable Transactions information attached.

NOTE: The attached data is based on information that has been certified as complete and accurate by the Bank of New York Mellon.

THE BANK OF NEW YORK MELLON

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SINGLE TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 MARCH 2009 THROUGH 28 FEBRUARY 2010

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D35 F101337
DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

5% VALUE: 20,431.07

TRAN CODE	SHARES/ PAR VALUE	SECURITY DESCRIPTION	TRANSACTION EXPENSE	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
S	212,468.71	SHORT TERM FUND AT FORMER	.00	.00	212,468.71	212,468.71	.00

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SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 MARCH 2009 THROUGH 28 FEBRUARY 2010

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D35 F101337
DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

5% VALUE: 20,431.07

TRAN COUNT	SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
2	135.83	SHORT TERM FUND AT FORMER	135.83	.00	.00	.00
4	213,608.74	SHORT TERM FUND AT FORMER	.00	213,608.74	213,608.74	.00

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SINGLE TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
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D35 F101330
D'' BAG MANUFACTURING CO.
f ' EMPLOYEES PENSION PLAN

5% VALUE: 109,342.69

TRAN CODE	SHARES/ PAR VALUE	SECURITY DESCRIPTION	TRANSACTION EXPENSE	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
S	647,689.77	SHORT TERM FUND AT FORMER	.00	.00	647,689.77	647,689.77	.00

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SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 MARCH 2009 THROUGH 28 FEBRUARY 2010

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DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

5% VALUE: 109,342.69

TRAN COUNT	SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
4	4,056.39	SHORT TERM FUND AT FORMER	4,056.39	.00	.00	.00
7	658,341.94	SHORT TERM FUND AT FORMER	.00	658,341.94	658,341.94	.00

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SINGLE TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 MARCH 2009 THROUGH 28 FEBRUARY 2010

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D35 F101331
D[illegible]RO BAG MANUFACTURING CO.
H[illegible] EMPLOYEES PENSION PLAN

5% VALUE: 55,179.63

TRAN CODE	SHARES/ PAR VALUE	SECURITY DESCRIPTION	TRANSACTION EXPENSE	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
S	464,263.64	SHORT TERM FUND AT FORMER	.00	.00	464,263.64	464,263.64	.00

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SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT
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DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

5% VALUE: 55,179.63

TRAN COUNT	SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
3	1,094.66	SHORT TERM FUND AT FORMER	1,094.66	.00	.00	.00
6	468,724.58	SHORT TERM FUND AT FORMER	.00	468,724.58	468,724.58	.00

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DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

SINGLE TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 MARCH 2009 THROUGH 28 FEBRUARY 2010

5% VALUE: 225,099.08

TRAN CODE	SHARES/ PAR VALUE	SECURITY DESCRIPTION	TRANSACTION EXPENSE	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
B	2,511,235.28	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	.00	2,511,235.28	.00	.00	.00
B	1,324,422.12	SHORT TERM FUND AT FORMER	.00	1,324,422.12	.00	.00	.00
B	381,000.00	SHORT TERH FUND AT FORMER	.00	381,000.00	.00	.00	.00
S	381,000.00	SHORT TERM FUND AT FORMER	.00	.00	381,000.00	381,000.00	.00
S	2,511,235.28	SHORT TERM FUND AT FORMER	.00	.00	2,511,235.28	2,511,235.28	.00

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DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 MARCH 2009 THROUGH 28 FEBRUARY 2010

5% VALUE: 225,099.08

TRAN COUNT	SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
6	2,680,091.08	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	2,680,091.08	.00	.00	.00
10	301,688.09	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	.00	301,688.09	301,688.09	.00
37	2,096,376.66	SHORT TERM FUND AT FORMER	2,096,376.66	.00	.00	.00
53	3,551,213.93	SHORT TERM FUND AT FORMER	.00	3,551,213.93	3,551,213.93	.00

THE BANK OF NEW YORK MELLON

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SINGLE TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
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D35 F101332
D' BAG MANUFACTURING CO.
F ' EMPLOYEES PENSION PLAN

5% VALUE: 55,309.56

TRAN CODE	SHARES/ PAR VALUE	SECURITY DESCRIPTION	TRANSACTION EXPENSE	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
B	160,345.26	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	.00	160,345.26	.00	.00	.00
S	143,368.19	SHORT TERM FUND AT FORMER	.00	.00	143,368.19	143,368.19	.00
S	159,018.26	SHORT TERM FUND AT FORMER	.00	.00	159,018.26	159,018.26	.00

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SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 MARCH 2009 THROUGH 28 FEBRUARY 2010

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DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

5% VALUE: 55,309.56

TRAN COUNT	SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
38	227,545.75	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	227,545.75	.00	.00	.00
5	107,426.86	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	.00	107,426.86	107,426.86	.00
71	49,444.41	SHORT TERM FUND AT FORMER	49,444.41	.00	.00	.00
7	310,193.95	SHORT TERM FUND AT FORMER	.00	310,193.95	310,193.95	.00

Schedule SB, Part V – Summary of Plan Provisions

Plan provisions

The National Hourly Pension Plan was formed when 4 plans merged effective February 28, 2009. The new plan now covers the following groups:

- Northern Kentucky Union Employees
- Hourly Non-Union Employees
- Virginia Union Employees
- New Jersey Union Employees

The plan provisions for each group follow.

Schedule SB, Part V – Summary of Plan Provisions

Northern Kentucky Union Employees

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

Effective date	March 15, 1979. Plan Year is March 1 through February 28. Benefit accruals were frozen as of October 15, 2005.
Most recent amendment	February 28, 2009.
Summary of changes in principal plan provisions since the prior valuation	Effective February 28, 2009, the Duro Bag Manufacturing Company Hourly Employees Pension Plan, Duro Bag Manufacturing Company Virginia Hourly Employees Pension Plan and Duro Bag Manufacturing Company New Jersey Hourly Employees Pension Plan were merged into this plan. The Plan was renamed the Duro Bag Manufacturing Company National Hourly Employees Pension Plan.
Sponsoring employer	Duro Bag Manufacturing Company, Inc.
Participating employees	Northern Kentucky hourly employees of Duro Bag Manufacturing Company, Inc. excluding (i) factory or warehouse security guards, (ii) adjustors, inspectors, or factory clerical employees (iii) factory supervisors and (iv) truck drivers covered by another defined benefit plan to which the employer contributes.
Type of plan	Dollars per year of service.
Participation date	March 1 or September 1 coinciding with or next following six months of service. No new participants after October 15, 2005.
Service considered	Vesting – all years with at least 1,000 hours. If employed during June 9, 1999 – June 9, 2000, years with Equitable Bag Co., Inc. are included for vesting. Service after October 15, 2005 is counted for vesting purposes. Credited Service – service from date of hire. Service for calculating benefits ceases October 15, 2005.
Normal retirement age	Later of age 65 and fifth anniversary of participation.
Vesting eligibility	Earlier of five years of service and reaching normal retirement age.
Disability eligibility	Ten years of service and total disability under the Federal Social Security Act. No disability retirement after October 15, 2005.
Early retirement age	Age 55 with 10 years of Vesting Service.

Schedule SB, Part V – Summary of Plan Provisions

Accrued benefit	$174 x Credited Service ($14.50 per month); effective 02/01/1995 $192 x Credited Service ($16.00 per month); effective 07/28/1996 $204 x Credited Service ($17.00 per month); effective 02/01/1999 $216 x Credited Service ($18.00 per month); effective 09/22/2002 $228 x Credited Service ($19.00 per month); effective 02/01/2003 $240 x Credited Service ($20.00 per month); effective 02/01/2004 No benefits accrue after October 15, 2005.
Normal retirement benefit	Accrued Benefit payable immediately.
Late retirement benefit	Greater of Accrued Benefit or actuarial equivalent of accrued benefit at close of prior plan year, payable immediately.
Early retirement benefit	Accrued Benefit reduced 6% for each year before age 65.
Deferred vested benefit	Accrued Benefit payable at age 65 (reduced 6.0% for each year before age 65.)
Disability benefit	If disability occurs while in service, Accrued Benefit payable immediately. If disability occurs after termination, the actuarial equivalent of the Accrued Benefit is payable. No disability benefit for disabilities occurring after October 15, 2005.
Death benefit	Pre-Retirement - A life annuity is payable to the surviving spouse of a member whose death occurs after becoming vested, but prior to retirement. The amount payable to the surviving spouse is 50% of the member's accrued benefit reduced for early retirement and further reduced to reflect the automatic form of payment to no earlier than age 55. Benefits commence at the earliest date the member could have retired, had he survived, under the Plan. Post-Retirement - None other than the benefit available under a selected optional form.

Schedule SB, Part V – Summary of Plan Provisions

Optional forms of retirement benefits	Normal form of benefit is a five-year certain and life annuity, subject to Qualified Joint and Survivor Annuity requirements applicable to married members. Optional forms available at retirement include joint and survivor options and certain and life options and are provided on the following actuarially equivalent basis: Interest - 7.00% per annum. Mortality - UP 1984 Mortality Table set back two years for males and females.

Schedule SB, Part V – Summary of Plan Provisions

Hourly Non-Union Employees

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

Effective date	March 15, 1985. Plan Year is March 1 through February 28. Benefit accruals were frozen as of May 1, 2004.
Most recent amendment	February 28, 2009.
Summary of changes in principal plan provisions since the prior valuation	The Plan was merged into the National Hourly Employees Pension Plan effective February 28, 2009.
Participation date	March 1 or September 1 coinciding with or next following six months of service. No new participants shall participate on or after September 1, 2003.
Service	One year of benefit service is earned if a participant works at least 1,000 hours during a one year period ending on the annual anniversary of a participant's date of hire. No service is earned after August 31, 2003.
Compensation considered	N/A
Vesting	Earlier of five years of service and reaching early or normal retirement age.
Accrued benefit	$60 x Credited Service ($5.00 per month) for participants terminating on or before December 31, 1997. $180 x Credited Service ($15.00 per month) for participants terminating on or after January 1, 1998 and before March 1, 1999. $192 x Credited Service ($16.00 per month) for participants terminating on or after March 1, 1999 and before March 1, 2003. $216 x Credited Service ($18.00 per month) for participants terminating on or after March 1, 2003. No benefits accrue after August 31, 2003.
Normal retirement date	Later of age 65 and fifth anniversary of participation.
Normal retirement benefit	Annual Benefit equal to Accrued Benefit.
Early retirement date	Age 55 with 10 years of service.
Early retirement benefit	Normal retirement benefit reduced 6.0% per year for each year that the actual retirement date precedes the Normal Retirement Date.

Schedule SB, Part V – Summary of Plan Provisions

Deferred vested benefit	Upon termination with a vested right but before eligibility for early retirement, a participant is eligible to receive his/her Normal Retirement Benefit payable at Normal Retirement Date, or a reduced Early Retirement Benefit payable the first of any month after a participant with 10 years of service attains age 55.
Disability retirement date	Ten years of service and total disability on or before August 31, 2003 under the Federal Social Security Act.
Disability benefit	If disability occurred while in service, Accrued Benefit payable immediately. If disability occurred after termination, the actuarial equivalent of the accrued benefit is payable.
Pre retirement death benefit	In the event of the death of a married participant with a nonforfeitable right to a benefit which is not in pay status, the surviving spouse shall receive the benefit that would have been payable had the participant terminated, survived to his earliest retirement date, elected the 50% joint and survivor benefit to commence immediately, and then died.
Post retirement death benefit	None, other than the benefit available under a selected optional form.
Payment of pension	All forms of payment are actuarially equivalent to a five-year certain and life annuity. Actuarial equivalence is determined based on the UP84 Mortality Table set back 2 years in age and 7% interest. The normal form is Five-Year Certain and Life Annuity for unmarried participants and 50% Joint and Survivor Annuity for married participants. Optional forms are Life Annuity, Ten-Year Certain and Life, 50%, 75%, and 100% J&S Annuities.

Schedule SB, Part V – Summary of Plan Provisions

Virginia Union Employees

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

Effective date	March 15, 1985. Plan Year is March 1 through February 28. Benefit accruals were frozen as of May 1, 2004.
Most recent amendment	February 28, 2009.
Summary of changes in principal plan provisions since the prior valuation	The Plan was merged into the National Hourly Employees Pension Plan effective February 28, 2009.
Sponsoring employer	Duro Bag Manufacturing Company, Inc.
Participating employees	Richmond, Virginia hourly employees of Duro Bag Manufacturing Company, Inc. excluding (i) factory or warehouse security guards, (ii) adjustors, inspectors, or factory clerical employees (iii) factory supervisors and (iv) truck drivers covered by another defined benefit plan to which the employer contributes.
Type of plan	Dollars per year of service.
Participation date	March 1 or September 1 coinciding with or next following six months of service. No new participants after May 1, 2004.
Service considered	Vesting – all years with at least 1,000 hours including years with Union Camp Corporation. Service after May 1, 2004 is counted for vesting purposes. Credited Service – service from date of hire not in excess of 25 years. Service for calculating benefits ceases May 1, 2004. No period of employment with Union Camp Corporation is counted as credited service.
Normal retirement age	Later of age 65 and fifth anniversary of participation.
Vesting eligibility	Earlier of five years of service and reaching early or normal retirement age.
Disability eligibility	Ten years of service and total disability under the Federal Social Security Act. No disability retirement after May 1, 2004.
Early retirement age	Age 55 with 10 years of Vesting Service.

Schedule SB, Part V – Summary of Plan Provisions

Accrued benefit	$174 x Credited Service ($14.50 per month); effective 08/02/1993 $192 x Credited Service ($16.00 per month); effective 03/01/1997 $204 x Credited Service ($17.00 per month); effective 03/01/1998 $216 x Credited Service ($18.00 per month); effective 03/01/1999 $228 x Credited Service ($19.00 per month); effective 03/01/2000 $240 x Credited Service ($20.00 per month); effective 03/01/2001 $252 x Credited Service ($21.00 per month); effective 03/01/2002 $264 x Credited Service ($22.00 per month); effective 03/01/2003 No benefits accrue after May 1, 2004.
Normal retirement benefit	Accrued Benefit payable immediately.
Late retirement benefit	Greater of Accrued Benefit or actuarial equivalent of accrued benefit at close of prior plan year, payable immediately.
Early retirement benefit	Accrued Benefit reduced 6.0% for each year before age 65.
Deferred vested benefit	Accrued Benefit payable at age 65 (reduced 6.0% for each year before age 65.)
Disability benefit	If disability occurs while in service, Accrued Benefit payable immediately. If disability occurs after termination, the actuarial equivalent of the Accrued Benefit is payable. No disability benefit for disabilities occurring after May 1, 2004.
Death benefit	Pre-Retirement - A life annuity is payable to the surviving spouse of a member whose death occurs after becoming vested, but prior to retirement. The amount payable to the surviving spouse is 50% of the member's accrued benefit reduced for early retirement and further reduced to reflect the automatic form of payment to no earlier than age 55. Benefits commence at the earliest date the member could have retired, had he survived, under the Plan. Post-Retirement - None other than the benefit available under a selected optional form.
Optional forms of retirement benefits	Normal form of benefit is a five-year certain and life annuity, subject to Qualified Joint and Survivor Annuity requirements applicable to married members. Optional forms available at retirement include joint and survivor options, certain and life options and if unmarried, a life only option, and are provided on the following actuarially equivalent basis: Interest - 7.00% per annum. Mortality - UP 1984 Mortality Table set back two years for males and females

Schedule SB, Part V – Summary of Plan Provisions

New Jersey Union Employees

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

Effective date	March 1, 2004. Plan Year is March 1 through February 28. The benefit accruals were frozen on January 31, 2006.
Most recent amendment	February 28, 2009.
Summary of changes in principal plan provisions since the prior valuation	The Plan was merged into the National Hourly Employees Plan effective February 28, 2009.
Sponsoring employer	Duro Bag Manufacturing Company, Inc.
Participating employees	New Jersey hourly employees of Duro Bag Manufacturing Company, Inc. excluding (i) factory or warehouse security guards, (ii) adjustors, inspectors, or factory clerical employees (iii) factory supervisors and (iv) truck drivers covered by another defined benefit plan to which the employer contributes, and (v) employees who are paid by the Employer primarily on a basis other than an hourly wage.
Type of plan	Dollars per year of service.
Participation date	March 1 or September 1 coinciding with or next following six months of service. No new participants shall participate after January 31, 2006.
Service considered	Vesting – all years with at least 1,000 hours including years with S&G Packing. Credited Service – begins on May 6, 2003 or the date of hire, whichever is later. No service is earned after January 31, 2006.
Normal retirement age	Later of age 65 and fifth anniversary of participation.
Vesting eligibility	Earlier of five years of service and reaching early or normal retirement age.
Disability eligibility	Ten years of service and total disability under the Federal Social Security Act. Disability retirement was eliminated after January 31, 2006.
Early retirement age	Age 55 with 10 years of Vesting Service.
Accrued benefit	$228 x Credited Service ($19.00 per month); effective 02/01/2004 $240 x Credited Service ($20.00 per month); effective 02/01/2005 No benefits accrue after January 31, 2006.
Normal retirement benefit	Accrued Benefit payable immediately.

Schedule SB, Part V – Summary of Plan Provisions

Late retirement benefit	Greater of Accrued Benefit or actuarial equivalent of accrued benefit at close of prior plan year, payable immediately.
Early retirement benefit	Accrued Benefit reduced 6.0% for each year before age 65.
Deferred vested benefit	Accrued Benefit payable at age 65 (reduced 6.0% for each year before age 65.)
Disability benefit	If disability occurs while in service, Accrued Benefit payable immediately. If disability occurs after termination, the actuarial equivalent of the Accrued Benefit is payable. Disability benefit is eliminated effective January 31, 2006.
Death benefit	Pre-Retirement - A life annuity is payable to the surviving spouse of a member whose death occurs after becoming vested, but prior to retirement. The amount payable to the surviving spouse is 50% of the member's accrued benefit reduced for early retirement and further reduced to reflect the automatic form of payment to no earlier than age 55. Benefits commence at the earliest date the member could have retired, had he survived, under the Plan. Post-Retirement - None other than the benefit available under a selected optional form.
Optional forms of retirement benefits	Normal form of benefit is a five-year certain and life annuity, subject to Qualified Joint and Survivor Annuity requirements applicable to married members. Optional forms available at retirement include joint and survivor options, certain and life options and if unmarried, a life only option, and are provided on the following actuarially equivalent basis: Interest - 5.00% per annum. Mortality – RP-2000 Mortality Table

No benefits have been excluded from the valuation.

To the best of our knowledge, no event occurred during the year that would significantly affect the valuation results.

DURO BAG MANUFACTURING COMPANY NATIONAL HOURLY EMPLOYEES' PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
February 28, 2010

Schedule H (Form 5500)
EIN 61-0475966
Plan Number – 004

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
Attachment A				$ 1,664,587
Attachment B				9,359,878
*	Union Bond & Trust Co. Stable Value Fund	Common collective trust		1,914,044
				$ 12,938,509

NOTE: Please find the Schedule of Assets (Held at End of Year) information attached.

NOTE: The attached data is based on information that has been certified as complete and accurate by the Bank of New York Mellon and Union Bond & Trust Company.

* Denotes a party-in-interest

Attachment A

THE BANK OF NEW YORK MELLON

D35 F101332
DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR
28 FEBRUARY 2010

RUN DATE: 20-OCT-1
PAGE:
M1102E

	SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
	650.0000	ROYAL DUTCH SHELL PLC ADR	29,178.15	54.7400	35,581.00	6,402.85
	1,150.0000	SPECTRA ENERGY CORP	19,111.47	21.8000	25,070.00	5,958.53
	1,450.0000	TARGET CORP	42,211.50	51.5200	74,704.00	32,492.50
	1,800.0000	TEXTRON INC	10,170.00	19.9200	35,856.00	25,686.00
	500.0000	THOMAS & BETTS CORP	11,455.00	36.1000	18,050.00	6,595.00
	950.0000	3M CO	46,667.84	80.1500	76,142.50	29,474.66
	450.0000	VERIZON COMMUNICATIONS INC	12,994.50	28.9300	13,018.50	24.00
	1,200.0000	WASTE MANAGEMENT INC	33,105.78	33.0200	39,624.00	6,518.22
	800.0000	WELLS FARGO & CO	18,966.31	27.3400	21,872.00	2,905.69
	TOTAL CORPORATE STOCK - COMMON		1,057,839.00		1,544,467.96	486,628.96
	COMMON/COLLECTIVE TRUST					
*	120,118.8900	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	120,118.89	1.0000	120,118.89	0.00
	TOTAL COMMON/COLLECTIVE TRUST		120,118.89		120,118.89	0.00
		GRAND TOTAL	1,177,957.89		1,664,586.85	486,628.96

Attachment B

THE BANK OF NEW YORK MELLON

D35 F101332
DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR
28 FEBRUARY 2010

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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
CORPORATE STOCK - COMMON					
900.0000	AT&T INC	21,696.47	24.8100	22,329.00	632.53
1,000.0000	AETNA INC	23,870.00	29.9900	29,990.00	6,120.00
1,400.0000	ALCOA INC	10,526.00	13.3000	18,620.00	8,094.00
450.0000	ALLEGHENY TECHNOLOGIES INC	8,851.50	43.6600	19,647.00	10,795.50
1,550.0000	ALTRIA GROUP INC	26,566.23	20.1200	31,186.00	4,619.77
1,100.0000	AMERICAN EXPRESS CO	13,266.00	38.1900	42,009.00	28,743.00
700.0000	AMERIPRISE FINANCIAL INC	20,529.52	40.0300	28,021.00	7,491.48
1,350.0000	BANK OF AMERICA CORP	12,806.40	16.6600	22,491.00	9,684.60
992.0000	BERKSHIRE HATHAWAY INC	46,985.17	80.1300	79,488.96	32,503.79
1,600.0000	BRUNSWICK CORP/DE	9,186.48	11.5400	18,464.00	9,277.52
950.0000	CIGNA CORP	16,887.01	34.2600	32,547.00	15,659.99
800.0000	CATERPILLAR INC	19,688.00	57.0500	45,640.00	25,952.00
850.0000	CHEVRON CORP	56,028.13	72.3000	61,455.00	5,426.87
1,350.0000	CITIGROUP INC	2,025.00	3.4000	4,590.00	2,565.00
650.0000	CLOROX CO	31,786.50	61.3100	39,851.50	8,065.00
1,250.0000	CONOCOPHILLIPS	47,271.65	48.0000	60,000.00	12,728.35
850.0000	DOW CHEMICAL CO/THE	8,709.13	28.3100	24,063.50	15,354.37

D35 F101332
DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR
28 FEBRUARY 2010

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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
1,500.0000	DUKE ENERGY CORP	20,509.52	16.3500	24,525.00	4,015.48
1,050.0000	EASTMAN KODAK CO	3,349.50	5.9400	6,237.00	2,887.50
600.0000	EATON CORP	23,247.12	68.1200	40,872.00	17,624.88
450.0000	ENERGIZER HOLDINGS INC	21,621.91	57.9500	26,077.50	4,455.59
2,550.0000	GENERAL ELECTRIC CO	25,463.96	16.0600	40,953.00	15,489.04
700.0000	GENERAL MILLS INC	36,736.00	72.0100	50,407.00	13,671.00
400.0000	HARTFORD FINANCIAL SERVICES GR	2,440.00	24.3700	9,748.00	7,308.00
900.0000	HONEYWELL INTERNATIONAL INC	24,957.00	40.1600	36,144.00	11,187.00
550.0000	ITT CORP	22,162.38	51.2300	28,176.50	6,014.12
550.0000	JPMORGAN CHASE & CO	20,033.40	41.9700	23,083.50	3,050.10
600.0000	KIMBERLY-CLARK CORP	28,814.00	60.7400	36,444.00	7,630.00
900.0000	KRAFT FOODS INC	21,712.28	28.4300	25,587.00	3,874.72
550.0000	LOCKHEED MARTIN CORP	34,710.50	77.7600	42,768.00	8,057.50
1,100.0000	MERCK & CO INC	27,939.56	36.8800	40,568.00	12,628.44
850.0000	NICOR INC	26,895.00	41.6500	35,402.50	8,507.50
650.0000	PPG INDUSTRIES INC	22,958.00	61.5400	40,001.00	17,043.00
1,050.0000	PHILIP MORRIS INTERNATIONAL IN	35,661.50	48.9800	51,429.00	15,767.50
800.0000	PLUM CREEK TIMBER CO INC	23,801.38	35.7300	28,584.00	4,782.62
1,250.0000	PUBLIC SERVICE ENTERPRISE GROU	34,286.25	29.7200	37,150.00	2,863.75

THE BANK OF NEW YORK MELLON

D35 F101326
DURO BAG MANUFACTURING CO.
RLY EMPLOYEES PENSION PLAN

5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR
28 FEBRUARY 2010

RUN DATE: 20-OCT-1
PAGE:
M1102E

	SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
		COMMON/COLLECTIVE TRUST				
*	2,378,402.9900	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	2,378,402.99	1.0000	2,378,402.99	0.00
	TOTAL COMMON/COLLECTIVE TRUST		2,378,402.99		2,378,402.99	0.00
		REGISTERED INVESTMENT COMPANIES				
	108,643.8700	DWS CORE FIXED INCOME FUND	1,133,565.43	9.0900	987,572.78	145,992.65-
	6,750.8480	DODGE & COX STOCK FUND	737,157.51	96.1500	649,094.04	88,063.47-
	26,126.3470	AMERICAN EUROPACIFIC GROWTH FU	1,142,277.04	35.9600	939,503.44	202,773.60-
	119,513.6260	PIMCO TOTAL RETURN FUND	1,274,952.19	10.9900	1,313,454.75	38,502.56
	33,431.8650	RAINIER LARGE CAP EQUITY PORTF	870,535.81	21.4300	716,444.87	154,090.94-
	55,077.0640	RAINIER LARGE CAP EQUITY PORTF	1,324,541.70	21.5700	1,188,012.27	136,529.43-
	110,971.2690	VANGUARD SHORT-TERM INVESTMENT	1,197,943.80	10.7000	1,187,392.58	10,551.22-
	TOTAL REGISTERED INVESTMENT COMPANIES		7,680,973.48		6,981,474.73	699,498.75-
		GRAND TOTAL	10,059,376.47		9,359,877.72	699,498.75-

Notice to Terminated Accountant or Enrolled Actuary

I, as plan administrator, verify that the explanation that is reproduced below or attached to this notice is the explanation concerning your termination reported on Schedule C (Form 5500) attached to the 2009 Form 5500, Annual Return / Report of Employee Benefit Plan, for the Duro Bag Manufacturing Company National Hourly Employees Pension Plan. This Form 5500 is identified in line 2b by the nine-digit EIN 61-0475966, and in line 1b by the three-digit PN 004.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to:

Office of Enforcement,
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

Name: Grant Thornton

Explanation:
A change in accountants was made as a result of a rfp (request for proposal) conducted to review accounting and audit services and fees.

Signed

12-15-10
Dated

Schedule SB, Line 26 – Schedule of Active Participant Data

Age	Years of Service										
	Under 1	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
Under 25		7									7
25 - 29		27	6								33
30 - 34		34	8	1							43
35 - 39		39	19	4							62
40 - 44		46	28	3	1						78
45 - 49	1	45	24	4	6	5	2				87
50 - 54		43	31	4	10	6	12	2			108
55 - 59		35	28	6	6	4	10	3	2		94
60 - 64		34	10		1	1	3	2	5		56
65 - 69		5	4			1					10
70+		1	2							1	4
Total	1	316	160	22	24	17	27	7	7	1	582

In each cell, the number is the count of active participants for each age/service combination. Service is credited service under the plan's benefit formula.

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

Actuarial assumptions

Discount rate elections	Full yield curve effective November 1, 2008.
Mortality election	2009 PPA separate static annuitant and nonannuitant mortality tables.
Economic assumptions	
Expected asset return	6.50% per annum. For purposes of determining the actuarial value of assets, the expected return has been limited to 6.13% in 2007 and 6.49% in 2008, as required by PPA.
Salary increases	Not applicable.
Social Security wage base	Not applicable.
Inflation	Not applicable.
Expenses	Administrative expenses are added to current year normal cost based on prior year expenses.
Demographic assumptions	

Withdrawal incidence

Years of	Male age			Female age		
Service	25	40	55	25	40	55
<1	.500	.500	.500	.500	.500	.500
1 – 2	.250	.250	.250	.350	.350	.350
3 +	.149	.043	.000	.239	.064	.000

Disability incidence: None assumed.

Retirement incidence

Attained age	Rate
Under 55	0%
55	5%
56 – 59	1%
60 – 61	5%
62	50%
63 – 64	25%
65	100%

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

Benefit commencement age for			
▪ Future vested deferred	65		
▪ Current vested deferred	65		
Spouse assumptions	**Male participants**		**Female participants**
▪ Percentage married	60%		60%
▪ Spouse age difference	3 years younger		3 years older
Form of payment	**5 year certain and life**	**50% J&S**	**100% J&S**
▪ Active retirements	60%	20%	20%
▪ Future vested deferred	100%	0%	0%
▪ Future deaths	0%	100%	0%
▪ Current vested deferred	100%	0%	0%

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

Actuarial methods

Asset method

We used financial data submitted by the trustee as of March 1, 2009 without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method is an annual average of the adjusted market value over the last 25 months preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. The actuarial value of assets is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430. A characteristic of this asset valuation method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than market.

Participant methods

We used the participant data supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.
- **Insurance contracts:** The plan does not have any insurance contracts.
- **Transferred participants:** The liabilities for employees who have transferred into another plan of the plan sponsor have been included with the liabilities for terminated vested participants.
- **Estimated benefits:** We estimated benefits for terminated vested participants for whom exact calculations are not available.

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

Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Plan amendments:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Late retirement increases:**
  - Active participants: Late retirement actuarial increases apply to participants who defer retirement beyond age 65.
  - Deferred vested participants: Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Shutdown benefits:** We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.
- **IRC Section 415(b):** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **Benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.

Plan sponsor elections

- **Mortality**
  - Static annuitant and non-annuitant tables.
- **Funding interest rates**
  - Full yield curve.
  - Four-month lookback.
- **Asset method**
  - Average value.
  - 25 months in averaging period.
  - Annual frequency.

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

Funding method

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

A detailed description of the calculation follows:

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

Significant events

To the best of our knowledge, no event occurred during the year that would significantly affect the valuation results.

Schedule SB, Line 32 – Schedule of Amortization Bases

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

Shortfall bases					
Year established		**Outstanding balance**	**Years remaining**		**Installment**
2008[1]	$	2,749,206	6	$	548,012
2009		(47,902)	7		(8,500)
Total	$	2,701,304		$	539,512

[1] *Reflects February 28, 2009 merger of four hourly plans. The amounts as of March 1, 2008 by plan were:*

Plan	*Outstanding balance*	*Installment*
Hourly Employees Pension Plan (61-0475966/005)	*$ 606,581*	*$ 101,422*
Virginia Hourly Employees Pension Plan (61-0475966/010)	*274,546*	*45,905*
New Jersey Hourly Employees Pension Plan (61-0475966/014)	*168,611*	*28,192*
Northern Kentucky Union Employees Pension Plan (61-0475966/004)	*2,227,786*	*372,493*
Total	*$ 3,277,524*	*$ 548,012*

Schedule SB, Line 25 – Change in Method

Beginning with the 2009 valuation, expected administrative expenses are added to the normal cost and the asset method was changed from a smoothed value with 13 months in the average period to a smoothed value with 25 months in the average period. The funding interest rate was changed from the segmented yield curve without phase-in or look-back to the full yield curve with a four-month look-back.

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	**(B)** Number of employees expected to retire, per 1000 retirements	**(C)** (A) X (B)
55	500.00	27,500.00
56	95.00	5,320.00
57	94.05	5,360.85
58	93.11	5,400.38
59	92.18	5,438.62
60	456.28	27,376.80
61	433.47	26,441.67
62	4,117.96	255,313.52
63	1,029.49	64,857.87
64	772.12	49,415.68
65	2,316.34	150,562.10
Total	10,000.00	622,987.49
Average		62.30

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210 - 0110
1210 - 0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 03/01/2009 and ending 02/28/2010

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
DURO BAG MANUFACTURING COMPANY NATIONAL HOURLY EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 03/15/1979

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

7600 EMPIRE DRIVE

FLORENCE KY 41042

2b Employer Identification Number (EIN) 61-0475966

2c Sponsor's telephone number 859-371-2150

2d Business code (see instructions) 322200

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	12/14/2010 Date	JACKIE ISAACS Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
V.092307.1

3a Plan administrator's name and address (If same as plan sponsor, enter "Same")	3b Administrator's EIN
SAME	3c Administrator's telephone number

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:	4b EIN
a Sponsor's name	4c PN

5 Total number of participants at the beginning of the plan year	5	1,829
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
a Active participants	6a	541
b Retired or separated participants receiving benefits	6b	215
c Other retired or separated participants entitled to future benefits	6c	1,007
d Subtotal. Add lines 6a, 6b, and 6c	6d	1,763
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	72
f Total. Add lines 6d and 6e	6f	1,835
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G 1I 3D

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

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

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

a Pension Schedules	b General Schedules
(1) [X] R (Retirement Plan Information)	(1) [X] H (Financial Information)
(2) [ ] MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ] I (Financial Information - Small Plan)
	(3) [ ] A (Insurance Information)
	(4) [X] C (Service Provider Information)
(3) [X] SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [X] D (DFE/Participating Plan Information)
	(6) [ ] G (Financial Transaction Schedules)

Schedule SB, Line 11 - Beginning of Year Carryover and Prefunding Balances

The carryover balance for each plan is zero as of March 1, 2010.

Prior year's excess contributions to be added to prefunding balance:

	Hourly Employees Pension Plan 61-0475966/005	Virginia Hourly Employees Plan 61-0475966/010	New Jersey Hourly Employees 61-0475966/014	Northern Kentucky Union Employees 61-0475966/004	Total
a Excess contributions (Item 38 from prior year)	206,363	93,840	32,274	94,277	426,754
b Interest on (a) using prior year's effective rate	12,918	5,912	2,017	5,855	26,702
c Total available at beginning of current plan year to add to prefunding balance	219,281	99,752	34,291	100,132	453,456
d Portion of (c) to be added to prefunding balance	219,281	99,752	34,291	100,132	453,456

Schedule SB, Line 21b – Explanation of Discount Rate Applicable Month Discrepancy

The full yield curve with an applicable look-back month of November 2008 was used to value funding liabilities as of March 1, 2009.

The applicable month has not been entered here due to restrictions within the EFAST2 system which did not allow for an entry in line 21b if the “N/A, full yield curve used” option was selected in line 21a. Since the applicable month was the fourth month preceding the month including the valuation date (November 2008), “4” would have been entered in line 21b had the system allowed an entry.

Line 21b was completed on the pdf attachment of the Schedule SB.

DURO BAG MANUFACTURING COMPANY NATIONAL HOURLY EMPLOYEES' PENSION PLAN

Schedule H, Line 4j– Schedule of Reportable Transactions
February 28, 2010

Schedule H (Form 5500)
EIN 61-0475966
Plan Number – 004

Column A	Column B	Column C	Column D	Column G	Column I
Identity of Party involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Net gain or (loss)

NOTE: Please find the Schedule of Reportable Transactions information attached.

NOTE: The attached data is based on information that has been certified as complete and accurate by the Bank of New York Mellon.

THE BANK OF NEW YORK MELLON

RUN DATE: 20-OCT-10

SINGLE TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 MARCH 2009 THROUGH 28 FEBRUARY 2010

PAGE: 1
T6400

D35 F101337
DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

5% VALUE: 20,431.07

TRAN CODE	SHARES/ PAR VALUE	SECURITY DESCRIPTION	TRANSACTION EXPENSE	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
S	212,468.71	SHORT TERM FUND AT FORMER	.00	.00	212,468.71	212,468.71	.00

RUN DATE: 20-OCT-10

SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 MARCH 2009 THROUGH 28 FEBRUARY 2010

PAGE: 1
T6500

D35 F101337
DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

5% VALUE: 20,431.07

TRAN COUNT	SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
2	135.83	SHORT TERM FUND AT FORMER	135.83	.00	.00	.00
4	213,608.74	SHORT TERM FUND AT FORMER	.00	213,608.74	213,608.74	.00

THE BANK OF NEW YORK MELLON

RUN DATE: 20-OCT-10

SINGLE TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 MARCH 2009 THROUGH 28 FEBRUARY 2010

PAGE: 1
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D35 F101330
D[illegible]BAG MANUFACTURING CO.
[illegible] EMPLOYEES PENSION PLAN

5% VALUE: 109,342.69

TRAN CODE	SHARES/ PAR VALUE	SECURITY DESCRIPTION	TRANSACTION EXPENSE	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
S	647,689.77	SHORT TERM FUND AT FORMER	.00	.00	647,689.77	647,689.77	.00

RUN DATE: 20-OCT-10

SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 MARCH 2009 THROUGH 28 FEBRUARY 2010

PAGE: 1
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D35 F101330
DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

5% VALUE: 109,342.69

TRAN COUNT	SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
4	4,056.39	SHORT TERM FUND AT FORMER	4,056.39	.00	.00	.00
7	658,341.94	SHORT TERM FUND AT FORMER	.00	658,341.94	658,341.94	.00

THE BANK OF NEW YORK MELLON

RUN DATE: 20-OCT-10

SINGLE TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 MARCH 2009 THROUGH 28 FEBRUARY 2010

PAGE: 1
T6400

D35 F101331
D[illegible]BAG MANUFACTURING CO.
H[illegible]EMPLOYEES PENSION PLAN

5% VALUE: 55,179.63

TRAN CODE	SHARES/ PAR VALUE	SECURITY DESCRIPTION	TRANSACTION EXPENSE	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
S	464,263.64	SHORT TERM FUND AT FORMER	.00	.00	464,263.64	464,263.64	.00

RUN DATE: 20-OCT-10

SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 MARCH 2009 THROUGH 28 FEBRUARY 2010

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D35 F101331
DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

5% VALUE: 55,179.63

TRAN COUNT	SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
3	1,094.66	SHORT TERM FUND AT FORMER	1,094.66	.00	.00	.00
6	468,724.58	SHORT TERM FUND AT FORMER	.00	468,724.58	468,724.58	.00

THE BANK OF NEW YORK MELLON

RUN DATE: 20-OCT-10

SINGLE TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 MARCH 2009 THROUGH 28 FEBRUARY 2010

PAGE: 1
T6400

D35 F101326
DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

5% VALUE: 225,099.08

TRAN CODE	SHARES/ PAR VALUE	SECURITY DESCRIPTION	TRANSACTION EXPENSE	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
B	2,511,235.28	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	.00	2,511,235.28	.00	.00	.00
B	1,324,422.12	SHORT TERM FUND AT FORMER	.00	1,324,422.12	.00	.00	.00
B	381,000.00	SHORT TERM FUND AT FORMER	.00	381,000.00	.00	.00	.00
S	381,000.00	SHORT TERM FUND AT FORMER	.00	.00	381,000.00	381,000.00	.00
S	2,511,235.28	SHORT TERM FUND AT FORMER	.00	.00	2,511,235.28	2,511,235.28	.00

RUN DATE: 20-OCT-10

SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 MARCH 2009 THROUGH 28 FEBRUARY 2010

PAGE: 1
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D35 F101326
DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

5% VALUE: 225,099.08

TRAN COUNT	SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
6	2,680,091.08	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	2,680,091.08	.00	.00	.00
10	301,688.09	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	.00	301,688.09	301,688.09	.00
37	2,096,376.66	SHORT TERM FUND AT FORMER	2,096,376.66	.00	.00	.00
53	3,551,213.93	SHORT TERM FUND AT FORMER	.00	3,551,213.93	3,551,213.93	.00

THE BANK OF NEW YORK MELLON

RUN DATE: 20-OCT-10

SINGLE TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 MARCH 2009 THROUGH 28 FEBRUARY 2010

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D35 F101332
D' BAG MANUFACTURING CO.
H ' EMPLOYEES PENSION PLAN

5% VALUE: 55,309.56

TRAN CODE	SHARES/ PAR VALUE	SECURITY DESCRIPTION	TRANSACTION EXPENSE	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
B	160,345.26	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	.00	160,345.26	.00	.00	.00
S	143,368.19	SHORT TERM FUND AT FORMER	.00	.00	143,368.19	143,368.19	.00
S	159,018.26	SHORT TERM FUND AT FORMER	.00	.00	159,018.26	159,018.26	.00

RUN DATE: 20-OCT-10

SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT
OF THE CURRENT VALUE OF THE PLAN ASSETS
FOR THE PERIOD 01 MARCH 2009 THROUGH 28 FEBRUARY 2010

PAGE: 1
T6500

D35 F101332
DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

5% VALUE: 55,309.56

TRAN COUNT	SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST OF PURCHASES	PROCEEDS FROM SALES	COST OF ASSETS DISPOSED	GAIN/LOSS
38	227,545.75	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	227,545.75	.00	.00	.00
5	107,426.86	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	.00	107,426.86	107,426.86	.00
71	49,444.41	SHORT TERM FUND AT FORMER	49,444.41	.00	.00	.00
7	310,193.95	SHORT TERM FUND AT FORMER	.00	310,193.95	310,193.95	.00

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 03/01/2009 and ending 02/28/2010

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

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

A Name of plan

Duro Bag Manufacturing Company National Hourly Employees Pension Plan

B Three-digit plan number (PN) ▶ 004

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

Duro Bag Manufacturing Company

D Employer Identification Number (EIN)

61-0475966

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

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

Part I Basic Information

1 Enter the valuation date: Month 3 Day 1 Year 2009

2	Assets:			
	a Market value		**2a**	11,178,081
	b Actuarial value		**2b**	12,295,889
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	202	4,413,420
	b For terminated vested participants	**3b**	1,045	5,760,053
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		64,530
	(2) Vested benefits	**3c(2)**		4,305,734
	(3) Total active	**3c(3)**	582	4,370,264
	d Total	**3d**	1,829	14,543,737
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	8.07 %
6	Target normal cost		**6**	340,607

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

12/13/10

Date

Gary D. Dickson

Type or print name of actuary

08-03764

Most recent enrollment number

Mercer

Firm name

(513)632-2650

Telephone number (including area code)

525 Vine Street, Suite 1600

Cincinnati OH 45202

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of (21.74)%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		426,754
b	Interest on (a) using prior year's effective rate of 6.21 %		26,702
c	Total available at beginning of current plan year to add to prefunding balance		453,456
d	Portion of (c) to be added to prefunding balance		453,456
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	453,456

Part III Funding percentages

14	Funding target attainment percentage	14	81.42 %
15	Adjusted funding target attainment percentage	15	81.42 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.34 %
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
06/10/2009	138,000				
09/11/2009	138,000				
12/15/2009	138,000				
11/11/2010	1,600,000				
11/15/2010	30,000				
			Totals ▶ 18(b)	2,044,000	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,825,923

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

See attachment for Line 11 - Beginning of Year Carryover and Prefunding Balances

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

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

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

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

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

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment [X] Yes [ ] No

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years — **28**: 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) — **29**: 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) — **30**: 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) — **31**: 340,607

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,701,304	539,512
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) — **34**: 880,119

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement		453,456	453,456

36 Additional cash requirement (item 34 minus item 35) — **36**: 426,663

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 1,825,923

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 1,399,260

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) — **39**: 0

40 Unpaid minimum required contribution for all years — **40**: 0