

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
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>07/01/2009</u> and ending <u>06/30/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THE DUPPS COMPANY RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/30/1967</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/30/1967</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/30/1967</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>THE DUPPS COMPANY</u> <u>P. O. BOX 189, 548 N. CHERRY STREET</u> <u>GERMANTOWN, OH 45327-0189</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0267820</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>937-855-6555</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0267820</u>	2c Sponsor's telephone number <u>937-855-6555</u>	2d Business code (see instructions) <u>333200</u>	
2b Employer Identification Number (EIN) <u>31-0267820</u>					
2c Sponsor's telephone number <u>937-855-6555</u>					
2d Business code (see instructions) <u>333200</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2011	FRANK DUPPS JR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2011	FRANK DUPPS JR
	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") THE DUPPS COMPANY P. O. BOX 189, 548 N. CHERRY STREET GERMANTOWN, OH 45327-0189	3b Administrator's EIN 31-0267820 3c Administrator's telephone number 937-855-6555
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	144
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	136
b Retired or separated participants receiving benefits.....	6b	2
c Other retired or separated participants entitled to future benefits.....	6c	1
d Subtotal. Add lines 6a , 6b , and 6c	6d	139
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	139
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ **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 <u>THE DUPPS COMPANY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE DUPPS COMPANY</u>	D Employer Identification Number (EIN) <u>31-0267820</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>14730471</u>
b	Actuarial value 2b <u>16203518</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>1</u> <u>904101</u>
b	For terminated vested participants 3b <u>2</u> <u>36090</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>441369</u>
(2)	Vested benefits 3c(2) <u>15950256</u>
(3)	Total active 3c(3) <u>141</u> <u>16391625</u>
d	Total 3d <u>144</u> <u>17331816</u>
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 <u>7.39</u> %
6	Target normal cost 6 <u>1246125</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>03/21/2011</u>
Signature of actuary	Date
<u>RICHARD E. LENAR</u>	<u>08-04477</u>
Type or print name of actuary	Most recent enrollment number
<u>MCCREADY AND KEENE, INC.</u>	<u>317-849-4333</u>
Firm name	Telephone number (including area code)
<u>7941 CASTLEWAY DRIVE</u> <u>INDIANAPOLIS, IN 46250-0460</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

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)	170110	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9 Amount remaining (Item 7 minus item 8).....	170110	0
10 Interest on item 9 using prior year's actual return of <u>-12.67</u> %	-21550	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		4431
b Interest on (a) using prior year's effective rate of <u>6.03</u> %		267
c Total available at beginning of current plan year to add to prefunding balance		4698
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	148560	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	92.63 %
15 Adjusted funding target attainment percentage.....	15	92.63 %
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	86.51 %
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
11/03/2009	294287				
01/06/2010	294287				
04/07/2010	294287				
06/25/2010	294287				
11/04/2010	300206				
			Totals ►	18(b)	1477354
				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 1395862
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required 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	1246125
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	231829	60974
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	1307099
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	1307099
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1395862
38 Interest-adjusted excess contributions for current year (see instructions).....	38	88763
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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010		
A Name of plan THE DUPPS COMPANY RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE DUPPS COMPANY	D Employer Identification Number (EIN) 31-0267820	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
JAMES INVESTMENT RESEARCH INC	P. O. BOX 8 ALPHA, OH 45301-0008
31-0891459	

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

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

UBS FINANACIAL SERVICES, INC.

13-2638166

(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?
17	NONE	22197	Yes ☒ No ☐	Yes ☒ No ☐	1745	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010		
A Name of plan THE DUPPS COMPANY RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE DUPPS COMPANY	D Employer Identification Number (EIN) 31-0267820	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1437699	300206
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1453529	1535854
(2) U.S. Government securities.....	1c(2)	0	0
(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)	0	0
(B) Common	1c(4)(B)	796027	325880
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(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)	11085849	14526102
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14773104	16688042

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14773104	16688042
---	-----------	----------	----------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1477354	
(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)		1477354

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1394	
(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)		1394

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	334878	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		334878

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1203065	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1204669	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1604

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	1236257	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1236257
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3048279

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1102416	
(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)		1102416
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	30925	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		30925
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1133341

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1914938
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CLARK, SCHAEFER, HACKETT & CO.

(2) EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 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 07/01/2009 and ending 06/30/2010		
A Name of plan THE DUPPS COMPANY RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE DUPPS COMPANY		D Employer Identification Number (EIN) 31-0267820
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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 4
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year		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		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2009 v.092308.1		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
The Dupps Company Retirement Plan
Germantown, Ohio

We have audited the accompanying statements of net assets available for benefits of The Dupps Company Retirement Plan (the "Plan") as of June 30, 2010 and 2009 and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of June 30, 2010 and 2009, and the changes in its financial status for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule of Assets (Held at End of Year) and the Schedule of Reportable Transactions referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Clark, Schaefer, Hackett & Co.

Middletown, Ohio
March 21, 2011

160 north breiel blvd.
middletown, oh 45042

www.cshco.com
p. 513.424.5000
f. 513.422.7882

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

► **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

THE DUPPS COMPANY RETIREMENT PLAN

B Three-digit
plan number (PN) ►

001

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

THE DUPPS COMPANY

D Employer Identification Number (EIN)

31-0267820

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 7 Day 1 Year 2009**2** Assets:

	2a	
a Market value.....	14,730,471	
b Actuarial value.....	16,203,518	

3 Funding target/participant count breakdown

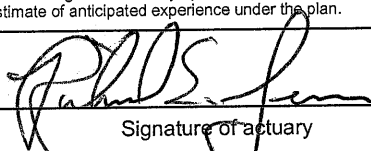
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	1	904,101
b For terminated vested participants.....	2	36,090
c For active participants:		
(1) Non-vested benefits.....		441,369
(2) Vested benefits.....		15,950,256
(3) Total active.....	141	16,391,625
d Total.....	144	17,331,816

4 If the plan is at-risk, check the box and complete items (a) and (b) ☐

	4a	
a Funding target disregarding prescribed at-risk assumptions.....		
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.....		

5 Effective interest rate..... **5** 7.39 %**6** Target normal cost..... **6** 1,246,125**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

Richard E. Lenar

Type or print name of actuary

McCready and Keene, Inc.

Firm name

7941 Castleway Drive

Indianapolis

IN 46250-0460

Address of the firm

03/21/2011

Date

08-04477

Most recent enrollment number

(317) 849-4333

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2009
v.092308.1

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)	170,110	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9 Amount remaining (Item 7 minus item 8).....	170,110	0
10 Interest on item 9 using prior year's actual return of <u>(12.67)</u> %	(21,550)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		4,431
b Interest on (a) using prior year's effective rate of <u>6.03</u> %		267
c Total available at beginning of current plan year to add to prefunding balance		4,698
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	148,560	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	92.63 %
15 Adjusted funding target attainment percentage.....	15	92.63 %
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	86.51 %
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
11/03/2009	294,287				
01/06/2010	294,287				
04/07/2010	294,287				
06/25/2010	294,287				
11/04/2010	300,206				
			Totals ▶	18(b)	18(c)
				1,477,354	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	1,395,862

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required 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	1,246,125
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	231,829	60,974
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	1,307,099
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	1,307,099
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1,395,862
38 Interest-adjusted excess contributions for current year (see instructions).....	38	88,763
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

Schedule SB, line 19 - Discounted Employer Contributions

The Dupps Company Retirement Plan
 EIN: 31-0267820
 PN: 001

Plan Year Beginning Effective Interest Rate		7/1/2008 6.03%		Current Valuation Date		7/1/2009		Days to Discount to 7/1/2009		Discount Factor		Discounted Value		Undiscounted Value		schedule B totals		undiscounted		discounted			
Interest Rate for Late Quantities		11.03%						236		0.962849		\$ 1,384,287		\$ 1,437,699		19a		19b		19c			
1	19c	1,437,699	2/27/2010	31/5/2010	7/1/2008	0	601	1.000000	0.908092	\$ 1,305,563							0	0	1,437,699	0	1,305,563		
2					7/1/2008												0	0	0	0	0		
3					10/15/2008												0	0	0	0	0		
4					7/1/2009												0	0	0	0	0		
5					9/15/2009												0	0	0	0	0		
												<u>\$ 1,384,287</u>		<u>\$ 1,437,699</u>		totals		0		0		1,437,699	
																		0		0		1,305,563	

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

The Dupps Company Retirement Plan

EIN: 31-0267820

PN: 001

Plan Year: July 1, 2009 to June 30, 2010

(a)	(b)	(c)
Retirement Age	Retirement Rate	Survival to Age (a) x (b) x (c)
65	1.00	1.000 65.0
AVERAGE RETIREMENT AGE		65.0

Schedule SB line 25 - Change in Method

The Dupps Company Retirement Plan

EIN: 31-0267820

PN: 001

Plan Year: July 1, 2009 to June 30, 2010

The following changes were made to the Actuarial Cost Method for the 2009 plan year:

The asset valuation method has been changed from the market value method to the 24-month average method determined in accordance with Notice 2009-22.

IRS approval is automatically granted for these changes. The plan sponsor has also agreed to the changes as shown on Schedule R, line 8.

Schedule SB line 32 - Schedule of Shortfall Amortization Bases

The Dupps Company Retirement Plan

EIN: 31-0267820

PN: 001

Plan Year: July 1, 2009 to June 30, 2010

SHORTFALL AMORTIZATION CHARGE

<u>Date Base Established</u>	<u>Initial Balance</u>	<u>Type of Base</u>	<u>Shortfall Amortization Installment</u>	<u>Years Remaining</u>	<u>Present Value of Remaining Installments 1/1/2009</u>
7/1/2008	\$ 1,136,759	Shortfall	\$ 189,849	6	\$ 986,954
7/1/2009	(755,125)	Shortfall	(128,907)	7	(755,125)
Total			\$ 60,942		\$ 231,829

Schedule SB Part V - Statement Of Actuarial Assumptions / Methods

The Dupps Company Retirement Plan

EIN: 31-0267820

PN: 001

Plan Year: July 1, 2009 to June 30, 2010

ACTUARIAL METHODS

	PPA Funding	Suggested Maximum Contribution	FAS #35
ACTUARIAL COST METHOD	Accrued Benefit (Unit Credit) See Below	Accrued Benefit Unit Credit See Below	Accrued Benefit (Unit Credit) Market Value
ASSET VALUATION METHOD			

Accrued Benefit (Unit Credit)

The funding target is equal to the sum of the individual accrued liabilities for all participants. The individual's accrued liability is the present value of the benefit accrued in prior plan years. The target normal cost is the present value of benefits accruing in the plan year. Experience gains and losses are included in the calculation of the funding target and are amortized as part of the shortfall amortization.

Actuarial Value of Assets

For 2008 - Market Value of Assets

For 2009 - The Actuarial Value of Assets is a 24-month average determined in accordance with Notice 2009-22. Actuarial Value of Assets must fall within 90% to 110% of market value.

Assumed rate of return is the lesser of 7.00% or the segment rate specified in Notice 2009-22.

Schedule SB Part V - Statement Of Actuarial Assumptions / Methods

The Dupps Company Retirement Plan

FIN: 31-0267820

PN: 001

Plan Year: July 1, 2009 to June 30, 2010

ACTUARIAL ASSUMPTIONS

**FAS #35, PPA Funding,
and Maximum**

**Segmented Interest Rates
Full Yield Curve**

See IRS Notice 2009-39

**Applicable Month
Current Liability Interest Rate (prior law)
Effective Interest Rate
Future Salary Increases
Mortality
Disability
Termination
Retirement Age
Percent Married
Age Difference in Participant & Spouse
Administrative Expense
Social Security Future Earnings Index**

**March
6.47%
7.39%
4.00%
2009 Applicable Table (combined)
None Assumed
Sarason T-7
6500.00%
100%
Males three years older than females
Anticipated Administrative Expenses
3.00%**

Schedule SB Part V - Statement Of Plan Provisions

The Dupps Company Retirement Plan

EIN: 31-0267820

PN: 001

SUMMARY OF PLAN PROVISIONS

Effective Date:	Initial:	July 1, 1967.
	Amended:	Last Restated, July 1, 2002. Amended July 1, 2002 and March 28, 2005
Eligibility:	All employees (except non resident aliens) are eligible to participate on the July 1 following attainment of age 20-1/2 prior to January 1, 1994, or on the July 1 following attainment of age 21 on or after January 1, 1994, or on the July 1 following attainment of age 18 on or after July 1, 2002.	
Service:	Benefit Accrual:	Elapsed time from date of hire rounded to the nearest whole year.
	Vesting:	1,000 hours in plan year.
Compensation:	Gross calendar year taxable wages, but including Code Section 401(k), 132 (f)(4) and 125 plan contributions	
Average Monthly Compensation:	Average of the highest 5 consecutive years compensation of the last 10 years prior to termination or retirement divided by 12.	
Retirement Dates:	Early:	Age 55, plus 5 years of vesting service.
	Normal:	Age 65
	Late:	After age 65
	Disability:	Date of disability



SUMMARY OF PLAN PROVISIONS, Continued

Accrued Benefit:

Monthly benefit payable at age 65 equal to the normal retirement benefit, using average compensation at date of determination and full-time employment to age 65, multiplied by the ratio of the participant's benefit accrual service at date of determination to his benefit accrual service projected to age 65 assuming full-time employment.

Early Retirement:

Accrued benefit reduced for benefit commencement prior to age 65 by 1/180th for each month for the first five years and by 1/360th for each month of the remainder.

Normal Retirement:

Monthly benefit equal to 40% of average monthly compensation reduced proportionately if less than 25 years of service at normal retirement, plus 20% of average monthly compensation in excess of Social Security covered compensation, reduced proportionately if less than 35 years of service at normal retirement.

Late Retirement:

Accrued retirement benefit, using average monthly compensation and benefit accrual service at date of actual late retirement, (or if greater, actuarial equivalent of normal retirement benefit).

Disability:

Same as early retirement benefit or normal retirement benefit based on benefit accrual to date of disability, and actuarially reduced for commencement prior to age 55.

Vesting Schedule:

Based upon years of vesting service as follows:

Less than 5 years	0%
5 or more years	100%

A participant shall be 100% vested in his accrued benefit at death, disability or age 65.

Pre-Retirement Death:

Lesser of 100 times the projected Monthly Normal Retirement Benefit or the present value of Accrued Benefit. (Not less than Qualified Pre-retirement 50% Survivor Annuity for married participants).

Employee Contributions:

None required or permitted after October 1, 1989; The accumulated mandatory contributions (without interest) under the prior plan were returned to the participants on October 1, 1989.



SUMMARY OF PLAN PROVISIONS, Continued

Social Security Covered
Compensation:

The average of the taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains (will attain) Social Security Retirement Age.

Payment Forms:

Normal:	Life only.
Automatic:	Actuarially equivalent benefit of the above in the Joint and 50% Survivor form, if married.
Optional:	Life only.
	Period Certain and Life.
	Joint and Survivor.
	Lump Sum.

NOTE:

If information given in this Summary disagrees or appears to disagree with the provisions of the plan legal document, the provisions of the document prevail.

Attachment to 2009 Form 5500
Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name THE DUPPS COMPANY RETIREMENT PLAN

EIN: 31-0267820

Plan Sponsor's Name THE DUPPS COMPANY

PN: 001

Attained Age	YEARS OF CREDITED SERVICE								
	Under 1			1 to 4			5 to 9		
	No.	Average		No.	Average		No.	Average	
		Comp.	Cash Bal.		Comp.	Cash Bal.		Comp.	Cash Bal.
Under 25	1			4			0		
25 to 29	0			6			1		
30 to 34	0			6			3		
35 to 39	0			3			4		
40 to 44	0			2			6		
45 to 49	0			2			3		
50 to 54	0			3			1		
55 to 59	0			0			1		
60 to 64	0			1			0		
65 to 69	0			0			1		
70 & up	0			0			0		

Attained Age	YEARS OF CREDITED SERVICE								
	10 to 14			15 to 19			20 to 24		
	No.	Average		No.	Average		No.	Average	
		Comp.	Cash Bal.		Comp.	Cash Bal.		Comp.	Cash Bal.
Under 25	0			0			0		
25 to 29	0			0			0		
30 to 34	1			0			0		
35 to 39	2			2			0		
40 to 44	5			0			4		
45 to 49	1			1			7		
50 to 54	1			2			5		
55 to 59	3			1			5		
60 to 64	0			0			1		
65 to 69	0			0			0		
70 & up	0			0			0		

Attained Age	YEARS OF CREDITED SERVICE											
	25 to 29			30 to 34			35 to 39			40 & up		
	No.	Average		No.	Average		No.	Average		No.	Average	
		Comp.	Cash Bal.		Comp.	Cash Bal.		Comp.	Cash Bal.		Comp.	Cash Bal.
Under 25	0			0			0			0		
25 to 29	0			0			0			0		
30 to 34	0			0			0			0		
35 to 39	0			0			0			0		
40 to 44	0			0			0			0		
45 to 49	2			3			0			0		
50 to 54	5			7			1			0		
55 to 59	3			30			12			0		
60 to 64	2			0			7			4		
65 to 69	1			1			0			1		
70 & up	0			0			0			0		

Attachment to 2009 Form 5500
Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name THE DUPPS COMPANY RETIREMENT PLAN

EIN: 31-0267820

Plan Sponsor's Name THE DUPPS COMPANY

PN: 001

Attained Age	YEARS OF CREDITED SERVICE								
	Under 1			1 to 4			5 to 9		
	No.	Average		No.	Average		No.	Average	
		Comp.	Cash Bal.		Comp.	Cash Bal.		Comp.	Cash Bal.
Under 25	1			4			0		
25 to 29	0			6			1		
30 to 34	0			6			3		
35 to 39	0			3			4		
40 to 44	0			2			6		
45 to 49	0			2			3		
50 to 54	0			3			1		
55 to 59	0			0			1		
60 to 64	0			1			0		
65 to 69	0			0			1		
70 & up	0			0			0		

Attained Age	YEARS OF CREDITED SERVICE								
	10 to 14			15 to 19			20 to 24		
	No.	Average		No.	Average		No.	Average	
		Comp.	Cash Bal.		Comp.	Cash Bal.		Comp.	Cash Bal.
Under 25	0			0			0		
25 to 29	0			0			0		
30 to 34	1			0			0		
35 to 39	2			2			0		
40 to 44	5			0			4		
45 to 49	1			1			7		
50 to 54	1			2			5		
55 to 59	3			1			5		
60 to 64	0			0			1		
65 to 69	0			0			0		
70 & up	0			0			0		

Attained Age	YEARS OF CREDITED SERVICE											
	25 to 29			30 to 34			35 to 39			40 & up		
	No.	Average		No.	Average		No.	Average		No.	Average	
		Comp.	Cash Bal.		Comp.	Cash Bal.		Comp.	Cash Bal.		Comp.	Cash Bal.
Under 25	0			0			0			0		
25 to 29	0			0			0			0		
30 to 34	0			0			0			0		
35 to 39	0			0			0			0		
40 to 44	0			0			0			0		
45 to 49	2			3			0			0		
50 to 54	5			7			1			0		
55 to 59	3			30			12			0		
60 to 64	2			0			7			4		
65 to 69	1			1			0			1		
70 & up	0			0			0			0		

The Dupps Company Retirement Plan
Statements of Net Assets Available for Benefits
June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Investments, at fair value:		
Money market	\$ 48,317	62,744
U.S. government securities	-	49,969
Mutual funds	14,526,102	11,085,849
Common stock	<u>325,880</u>	<u>746,058</u>
	<u>14,900,299</u>	<u>11,944,620</u>
Receivables:		
Employer contributions	<u>300,206</u>	<u>1,437,699</u>
Cash and cash equivalents	<u>1,487,537</u>	<u>1,390,785</u>
Net assets available for benefits	\$ <u>16,688,042</u>	<u>14,773,104</u>

See accompanying notes to financial statements.

The Dupps Company Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Investment income (loss):		
Interest	\$ 1,394	1,043
Dividends	334,878	315,050
Net appreciation (depreciation) in fair value of investments	<u>1,234,653</u>	<u>(2,134,391)</u>
	1,570,925	(1,818,298)
Employer contributions	<u>1,477,354</u>	<u>1,437,699</u>
	<u>3,048,279</u>	<u>(380,599)</u>
Benefits paid directly to participants	1,102,416	60,254
Administrative expenses	<u>30,925</u>	<u>30,337</u>
	<u>1,133,341</u>	<u>90,591</u>
Net increase (decrease)	1,914,938	(471,190)
Net assets available for benefits:		
Beginning of year	<u>14,773,104</u>	<u>15,244,294</u>
End of year	\$ <u>16,688,042</u>	<u>14,773,104</u>

See accompanying notes to financial statements.

1. PLAN DESCRIPTION:

The following brief description of The Dupps Company Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering full-time employees of The Dupps Company (the Company) who completed one year of service, attained 18 years or age and are not covered by a collective bargaining agreement prior to June 30, 2010. The plan is closed to new participants and no additional service is credited to employees after June 30, 2010 for purposes of determining accrued benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension benefits

At age 65, a participant is entitled to his accrued retirement benefit, as defined in the Plan. Employees may elect to defer payment of benefits until the April 1 following the calendar year in which they reach 70-1/2 years of age. A participant qualifies for early retirement when he has completed five years of service and attains age 55. A participant becomes fully vested upon completion of five years of service or when he reaches 65 years of age. Participants may elect to receive the value of their benefits as an annuity payable monthly from retirement, a lump-sum distribution upon retirement or other equal installment payments.

Contributions

The Company's contributions to the Plan are determined by the Plan's actuary. The Plan does not permit employee contributions.

Death benefits

A death benefit will be paid to the beneficiary equal to the lesser of 100 times the projected monthly normal retirement income that would have been payable to the participant at his normal retirement date, or an amount equal to the present value of the accrued benefit as of the date of death.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

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 9 for a discussion of fair value measurements.

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

Risks and uncertainties

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

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

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 employees have rendered. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated participants or their beneficiaries, (2) beneficiaries of participants who have died, and (3) active participants or their beneficiaries. Benefits under the Plan are calculated using the average of the participant's highest five consecutive years of compensation earned with the Company in the last ten years prior to termination or retirement. 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 benefits as of July 1, 2010 and 2009 was determined by an actuary from McCready and Keene, Inc. using the unit credit method. The present value is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of July 1, 2010 and 2009 include: (1) mortality of participants determined using the 2010 IRS Current Liability Optional Combined Mortality Table for Small Plans for July 1, 2010 and the 2009 IRS Current Liability Optional Combined Mortality Table for Small Plans for July 1, 2009, (2) retirement age of 65, (3) investment return of 9.0% and (4) discount rate of 5.16% and 6.12% for July 1, 2010 and 2009, respectively. The foregoing actuarial assumptions are based on the presumption that the plan will continue. Were the plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Cash equivalents

Cash and cash equivalents include highly-liquid debt instruments with a maturity of three months or less when purchased.

Subsequent events

The Company evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through, March 21, 2011, the date on which the financial statements were available to be issued.

3. FUNDING POLICY:

The Company's funding policy is to fund pension cost that at a minimum would satisfy the minimum requirements of ERISA and would be deductible under Section 404 of the IRC. There was a required minimum contribution of \$1,328,794 in 2010 and \$1,267,589 in 2009.

4. PLAN TERMINATION:

Although the Company has not indicated any intention to do so, they have the right to terminate the Plan at any time subject to the provisions set forth in the ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations and the Plan document. Upon termination, it is possible that the net assets will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, at the time. Some benefits may be provided. Information concerning payment of benefits if the Plan terminates is available in the Plan's Summary Description.

5. INVESTMENTS:

The following investments represent five percent or more of net assets available for benefits:

	2010		2009	
	Shares	Market Value	Shares	Market Value
Mutual funds:				
Vanguard Admiral Shrs				
GNMA Fund	440,496	\$ 4,845,456	407,278	\$ 4,321,220
Vanguard Selected Value Fund	68,938	1,071,980	58,642	745,926
Europacific Growth CL R6 Fund	40,269	1,370,349	19,657	<5%
Harbor Capital Appreciation				
Fund	35,873	1,056,824	35,777	955,247
Mutual European CL Z Fund	74,245	1,463,375	43,962	781,206
Royce Micro Cap	78,462	1,061,596	70,157	761,201
Royce Premier Fund	66,375	1,052,712	55,707	742,575
Artisan Mid-Cap Value Fund	61,699	1,048,273	40,220	<5%

6. ACCUMULATED PLAN BENEFITS:

The actuarial present value of accumulated plan benefits as of the beginning of the plan year is as follows:

	<u>2010</u>	<u>2009</u>
Vested:		
Retired participants and beneficiaries receiving benefits	\$ 904,101	-
Other participants	15,986,346	17,495,695
Nonvested	<u>441,369</u>	<u>124,895</u>
Actuarial present value of accumulated plan benefits	\$ <u>17,331,816</u>	<u>17,620,590</u>

Changes in accumulated plan benefits based on beginning of the year actuarial valuation is as follows:

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits at beginning year	\$ 17,620,590	14,301,186
Increases (decreases) during the plan year attributable to:		
Net benefits accumulated, including actuarial gains and losses	(2,466,871)	1,983,669
Increase for interest due to the decrease in the discount period	1,129,515	1,062,112
Increase due to change in assumptions	1,108,836	2,578,529
Benefits paid	<u>(60,254)</u>	<u>(2,304,906)</u>
Net increase (decrease)	<u>(288,774)</u>	<u>3,319,404</u>
Actuarial present value of accumulated plan benefits at the end of year	\$ <u>17,331,816</u>	<u>17,620,590</u>

7. RELATED PARTY TRANSACTIONS:

Certain Plan investments are shares of mutual funds and money market accounts managed by UBS and Merrill Lynch which provide investment advisory services to the Plan, and therefore, these transactions qualify as party-in-interest.

Representatives of The Dupps Company serve as the Plan's trustee. Certain accounting and other administrative services are provided by the Company to the Plan at no charge.

8. TAX STATUS:

The Internal Revenue Service has determined and informed the Plan by letter dated November 8, 2002 that the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan adopted the new accounting standard for *Accounting for Uncertainty in Income Taxes* on July 1, 2009. This standard clarifies the accounting and recognition for income tax positions taken or expected to be taken by the Plan. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and has no income subject to unrelated business income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan's annual filings are subject to audit by various authorities. The Plan's open audit periods are for fiscal years 2007 – 2010. The Plan believes its estimates are appropriate based on the current facts and circumstances.

9. FAIR VALUE MEASUREMENTS:

Accounting principles generally accepted in the United States of America for *Fair Value Measurements and Disclosures* establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to the valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under accounting principles generally accepted in the United States of America are described below.

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 assets or liabilities;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (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. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds, and money market accounts: Valued at the net asset value ("NAV") of shares held by the plan at year end as reported by the investment manager.

U.S. government securities: These investments are public investment securities valued using the market prices or NAV provided by the trustees. The market price of NAV is quoted on a private market that is not active; however, the unit price is based on underlying investments which are traded on an active market.

Common stocks: The fair values of these securities are based on observable market quotations for identical assets and are valued at the closing price reported on the active market on which the individual securities are traded.

There have been no changes in the methodologies used during 2010 and 2009.

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 carrying amounts of financial instruments including cash and cash equivalents and contributions receivable approximated fair value as of June 30, 2010 and 2009, because of the relatively short maturity of these instruments.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2010.

Assets at fair vlaues as of June 30, 2010

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market account	\$ -	48,317	-	48,317
Mutual funds				
Intermediate government fund	-	4,845,456	-	4,845,456
Growth fund	-	4,504,051	-	4,504,051
Blend fund	-	2,021,163	-	2,021,163
Value fund	-	3,155,434	-	3,155,434
Common stock	<u>305,321</u>	<u>20,557</u>	<u>-</u>	<u>325,878</u>
Total	\$ <u>305,321</u>	<u>14,594,978</u>	<u>-</u>	<u>14,900,299</u>

The Dupps Company Retirement Plan
Notes to Financial Statements
June 30, 2010 and 2009

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2009.

Assets at fair vlaues as of June 30, 2009

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market account	\$ -	62,744	-	62,744
U.S. government securities	-	49,969	-	49,969
Mutual funds	-	11,085,849	-	11,085,849
Corporate equity securities	<u>746,058</u>	<u>-</u>	<u>-</u>	<u>746,058</u>
Total	<u>\$ 746,058</u>	<u>11,198,562</u>	<u>-</u>	<u>11,944,620</u>

The Dupps Company Retirement Plan
 EIN 31-0267820 Form 5500 Plan 001
 Schedule H, Line 4i, Schedule of Assets (Held at End of Year)
 Year Ended June 30, 2010

(a)(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) <u>Cost</u>	(e) <u>Fair Value</u>
CMA Gov't Securities Fund	Money Market	\$ 48,317	\$ 48,317
Vanguard Adm Shrs GNMA Fund	Mutual Fund	4,563,844	4,845,456
Vanguard Selected Value Fund	Mutual Fund	1,348,670	1,071,980
Europacific Growth CL R6 Fund	Mutual Fund	1,485,797	1,370,349
Harbor Capital Appreciation Fund	Mutual Fund	1,415,120	1,056,824
Mutual Beacon CLZ Fund	Mutual Fund	797,192	650,814
Mutual European CL Z Fund	Mutual Fund	1,415,830	1,463,375
Royce Premier Fund	Mutual Fund	723,750	1,052,712
Royce Micro-Cap Fund	Mutual Fund	817,371	1,061,596
Vanguard Adm Shrs Windsor II Fund	Mutual Fund	823,386	620,079
Vanguard Primecap Core Fund	Mutual Fund	311,255	284,646
Artisan Mid-Cap Value Fund	Mutual Fund	810,981	1,048,271
		<u>14,513,196</u>	<u>14,526,102</u>
Amerisafe Inc.	Common Stock	15,994	14,040
AMN Elec Power Co.	Common Stock	11,011	8,883
AMPCO Pittsburgh Corp.	Common Stock	5,997	4,687
AMTR Financial Svcs Inc.	Common Stock	8,072	11,739
Annaly Capital Management Inc.	Common Stock	6,949	7,289
Big Lots Inc.	Common Stock	5,888	6,418
Bristow Group Inc.	Common Stock	5,530	4,410
Centurylink Inc.	Common Stock	4,602	4,997
Ches Utilities Corp.	Common Stock	6,102	6,280
Chevron Texaco Corp.	Common Stock	6,522	13,572
Computer Sciences Corporation	Common Stock	1,429	1,131
Conagra Foods Inc.	Common Stock	1,772	1,749
Darden Restaurants Inc.	Common Stock	11,467	15,540
Deluxe Corporation	Common Stock	7,788	7,969
Devon Energy Corp.	Common Stock	4,580	3,046
Dollar Tree Inc.	Common Stock	6,046	14,029
DTE Energy Company	Common Stock	5,392	5,701
Enbridge Energy Partners	Common Stock	5,379	5,242
EnSCO Intl Ltd Sponsor Adr	Common Stock	6,186	5,892
Floserve Corp.	Common Stock	5,545	4,240
HB Fuller Co.	Common Stock	4,161	3,798
Hewlett-Packard Company	Common Stock	11,203	10,820
IBM	Common Stock	9,944	12,348

The Dupps Company Retirement Plan
EIN 31-0267820 Form 5500 Plan 001
Schedule H, Line 4i, Schedule of Assets (Held at End of Year)
Year Ended June 30, 2010

(a)(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or <u>Similar Party</u>	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, <u>Par or Maturity Value</u>	<u>Cost</u>	<u>Fair Value</u>
Jarden	Common Stock	6,242	5,374
KBR Inc.	Common Stock	5,834	6,102
Kinross	Common Stock	8,442	8,545
Lifepoint Hosps Inc.	Common Stock	2,300	3,140
Marsh & McLennan Cos Inc.	Common Stock	3,878	3,946
Merck and Co. Inc.	Common Stock	3,914	3,497
Mylan Inc.	Common Stock	6,088	5,538
Nobel Energy Inc.	Common Stock	2,061	1,546
Northwestern Corp.	Common Stock	4,104	3,930
Onebeacon Insurance Group	Common Stock	4,002	4,296
Owens Ill Inc.	Common Stock	5,710	5,290
Pfizer, Inc.	Common Stock	5,692	4,278
Plantinum Underwriters Holdings	Common Stock	3,750	3,629
Quest Comm Intl Inc.	Common Stock	4,376	4,200
R R Donnelley Sons	Common Stock	6,146	4,911
Rowan Companies Inc.	Common Stock	5,672	5,485
Sara Lee Corp.	Common Stock	5,867	6,698
Sempra Energy	Common Stock	6,832	7,019
Symantec Corp	Common Stock	3,933	3,123
Synex Corp	Common Stock	8,128	12,810
Terra Nitrogen	Common Stock	7,038	3,399
Tetra Technologies Inc.	Common Stock	6,013	4,994
Tupperware Brands Corp.	Common Stock	15,058	14,940
Ishares MSCI CDA Index	Common Stock	4,090	3,731
Ishares FTSE Xinhua	Common Stock	4,588	3,913
Ishares Inc.	Common Stock	3,978	4,252
Ishares MSCI All Peru	Common Stock	4,310	4,114
Ishares Silber Tr	Common Stock	4,025	4,553
Walmart	Common Stock	5,945	4,807
		315,575	325,880
Total investments		\$ 14,877,088	\$ 14,900,299

The Dupps Company Retirement Plan
 EIN 31-0267820 Form 5500 Plan 001
 Schedule H, Line 4j - Schedule of Reportable Transactions
 For the Year Ended June 30, 2010

(a) <u>Identity of Person Involved</u>	(b) <u>Description of Asset Involved</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
Europacific Growth Fund CL R6	Mutual Fund	1,485,797	-	-	-	-