

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>		<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>		<div>OMB Nos. 1210-0110 1210-0089</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>	
<div>Part IAnnual Report Identification Information</div> <div>For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010</div> <div><div>A This return/report is for:</div><div>☐ single-employer plan☒ multiple-employer plan (not multiemployer)☐ one-participant plan</div><div><div>B This return/report is for:</div><div>☐ first return/report☐ final return/report</div><div>☐ an amended return/report☐ short plan year return/report (less than 12 months)</div><div><div>C Check box if filing under:</div><div>☒ Form 5558☐ automatic extension☐ DFVC program</div><div>☐ special extension (enter description)</div></div></div></div>					
<div>Part II Basic Plan Information—enter all requested information</div> <div><div><div>1a Name of plan</div><div>THE DELP COMPANY CASH BALANCE PLAN</div></div><div><div>1b Three-digit plan number (PN) ▶</div><div>004</div></div><div><div>1c Effective date of plan</div><div>01/01/2008</div></div></div> <div><div><div>2a Plan sponsor's name and address (employer, if for single-employer plan)</div><div>THE DELP COMPANY</div><div>1440 ARROWHEAD DRIVE MAUMEE, OH 43537</div></div><div><div>2b Employer Identification Number (EIN)</div><div>34-1023717</div></div><div><div>2c Plan sponsor's telephone number</div><div>419-891-9999</div></div><div><div>2d Business code (see instructions)</div><div>523900</div></div></div> <div><div><div>3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")</div><div>THE DELP COMPANY</div><div>1440 ARROWHEAD DRIVE MAUMEE, OH 43537</div></div><div><div>3b Administrator's EIN</div><div>34-1023717</div></div><div><div>3c Administrator's telephone number</div><div>419-891-9999</div></div></div> <div><div><div>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. Sponsor's name</div><div>4b EIN</div><div>4c PN</div></div><div><div><div>5a Total number of participants at the beginning of the plan year</div><div>5a</div><div>45</div></div><div><div>b Total number of participants at the end of the plan year.....</div><div>5b</div><div>39</div></div><div><div>c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....</div><div>5c</div><div></div></div></div><div><div><div>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</div><div>☒ Yes☐ No</div></div><div><div>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....</div><div>☒ Yes☐ No</div></div><div>If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</div></div></div>					
<div>Part III Financial Information</div> <div><div><div>7 Plan Assets and Liabilities</div><div><div>a Total plan assets</div><div>7a</div><div>316096</div><div>565767</div></div><div><div>b Total plan liabilities.....</div><div>7b</div><div>0</div><div>0</div></div><div><div>c Net plan assets (subtract line 7b from line 7a).....</div><div>7c</div><div>316096</div><div>565767</div></div></div><div><div><div>8 Income, Expenses, and Transfers for this Plan Year</div><div><div>a Contributions received or receivable from:</div><div><div>(1) Employers</div><div>8a(1)</div><div>213083</div></div><div><div>(2) Participants</div><div>8a(2)</div><div>0</div></div><div><div>(3) Others (including rollovers).....</div><div>8a(3)</div><div>0</div></div></div><div><div>b Other income (loss).....</div><div>8b</div><div>36683</div></div><div><div>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</div><div>8c</div><div></div><div>249766</div></div><div><div>d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....</div><div>8d</div><div>0</div></div><div><div>e Certain deemed and/or corrective distributions (see instructions)....</div><div>8e</div><div>0</div></div><div><div>f Administrative service providers (salaries, fees, commissions).....</div><div>8f</div><div>95</div></div><div><div>g Other expenses.....</div><div>8g</div><div>0</div></div><div><div>h Total expenses (add lines 8d, 8e, 8f, and 8g).....</div><div>8h</div><div></div><div>95</div></div><div><div>i Net income (loss) (subtract line 8h from line 8c).....</div><div>8i</div><div></div><div>249671</div></div><div><div>j Transfers to (from) the plan (see instructions).....</div><div>8j</div><div>0</div></div></div></div></div>					
<div>For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.</div> <div>Form 5500-SF (2010) v.092308.1</div>					

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1C 1G

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

10	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)**a** 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 letter ruling granting the waiver. Month _____ Day _____ Year _____**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets**13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ NoIf "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** **b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/04/2011	LARRY BUTCHER PREPARER
	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

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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 DELP COMPANY CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE DELP COMPANY</u>	D Employer Identification Number (EIN) <u>34-1023717</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>12</u> Day <u>31</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>352684</u>
b Actuarial value	2b <u>352684</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>0</u> <u>0</u>
b For terminated vested participants	3b <u>2</u> <u>75628</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>4527</u>
(2) Vested benefits	3c(2) <u>200244</u>
(3) Total active	3c(3) <u>37</u> <u>204771</u>
d Total	3d <u>39</u> <u>280399</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>6.37</u> %
6 Target normal cost	6 <u>145168</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>10/03/2011</u>
Signature of actuary	Date
<u>LAWRENCE S. BUTCHER</u>	<u>11-05843</u>
Type or print name of actuary	Most recent enrollment number
<u>VERISIGHT, INC.</u>	<u>312-462-6656</u>
Firm name	Telephone number (including area code)
<u>191 NORTH WACKER DRIVE, SUITE 1400</u> <u>CHICAGO, IL 60606-1921</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) 2010
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)	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 _____ %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		68008
b	Interest on (a) using prior year's effective rate of <u>6.76</u> %		4597
c	Total available at beginning of current plan year to add to prefunding balance		72605
d	Portion of (c) to be added to prefunding balance.....		68008
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	68008

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	99.98 %
15	Adjusted funding target attainment percentage.....	15	132.05 %
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	121.18 %
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
04/19/2011	213083				
Totals ►			18(b)	213083	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 209158
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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.14 %	2nd segment: 5.90 %	3rd segment: 6.45 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
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	145168
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	56	9
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	145177
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	145177
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	209158
38 Interest-adjusted excess contributions for current year (see instructions).....	38	63981
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 (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

► **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 DELP COMPANY CASH BALANCE PLAN	B Three-digit plan number (PN) ► <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE DELP COMPANY	D Employer Identification Number (EIN) 34-1023717

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>12</u> Day <u>31</u> Year <u>2010</u>			
2 Assets:			
a Market value	2a		352,684
b Actuarial value	2b		352,684
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	0	0
b For terminated vested participants	3b	2	75,628
c For active participants:			
(1) Non-vested benefits	3c(1)		4,527
(2) Vested benefits	3c(2)		200,244
(3) Total active	3c(3)	37	204,771
d Total	3d	39	280,399
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	6.37 %	
6 Target normal cost	6	145,168	

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	<u>10/3/11</u> Date 11-05843 Most recent enrollment number (312) 462-6656 Telephone number (including area code)
LAWRENCE S. BUTCHER Type or print name of actuary VERISIGHT, INC. Firm name 191 NORTH WACKER DRIVE, SUITE 1400 CHICAGO IL 60606-1921 Address of the firm		

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 _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		68,008
b Interest on (a) using prior year's effective rate of <u>6.76</u> %		4,597
c Total available at beginning of current plan year to add to prefunding balance		72,605
d Portion of (c) to be added to prefunding balance		68,008
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	68,008

Part III Funding percentages

14 Funding target attainment percentage	14	99.98 %
15 Adjusted funding target attainment percentage	15	132.05 %
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	121.18 %
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
04/19/2011	213,083				
Totals ▶			18(b)	213,083	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	209,158

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.14 %	2nd segment: 5.90 %	3rd segment: 6.45 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
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	145,168
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	56	9
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	145,177
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	145,177
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	209,158
38 Interest-adjusted excess contributions for current year (see instructions)	38	63,981
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

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2010 or fiscal plan year beginning		01/01/2010	and ending
		12/31/2010	
A	This return/report is for:	☐ single-employer plan ☒ multiple-employer plan (not multiemployer) ☐ one-participant plan	
B	This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)	
C	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)	

Part II Basic Plan Information—enter all requested information			
1a	Name of plan THE DELP COMPANY CASH BALANCE PLAN	1b	Three-digit plan number (PN) ▶ 004
		1c	Effective date of plan 01/01/2008
2a	Plan sponsor's name and address (employer, if for single-employer plan) THE DELP COMPANY 1440 ARROWHEAD DRIVE MAUMEE OH 43537	2b	Employer Identification Number (EIN) 34-1023717
		2c	Plan sponsor's telephone number (419) 891-9999
		2d	Business code (see instructions) 523900
3a	Plan administrator's name and address (if same as Plan sponsor, enter "Same") SAME	3b	Administrator's EIN
		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. Sponsor's name	4b	EIN
		4c	PN
5a	Total number of participants at the beginning of the plan year	5a	45
b	Total number of participants at the end of the plan year	5b	39
c	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c	
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No	
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	☒ Yes ☐ No	

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	316,096	565,767
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	316,096	565,767
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	213,083	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	45,112	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		258,195
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8,429	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	95	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		8,524
i Net income (loss) (subtract line 8h from line 8c)	8i		249,671
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1C 1G

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

		Yes	No	Amount
10 During the plan year:				
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		100,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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		10/3/11	PATRICK BOYLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/3/11	PATRICK BOYLE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

THE DELP COMPANY**CASH BALANCE PLAN**

Schedule of Active Participant Data

Plan Year: 1/1/2010 to 12/31/2010

Valuation Date: 12/31/2010

Age/ Svc	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
0	0	0	0	0	1	0	1	0	0	0	0	2
1-4	1	6	3	5	6	10	3	1	0	0	0	35
5-9	0	0	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	0	0	0
15-19	0	0	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40+	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	6	3	5	7	10	4	1	0	0	0	37

*Employees who have not met the minimum eligibility requirements are excluded

Average Age: 39.8

Average Service: 2

THE DELP COMPANY
CASH BALANCE PLAN

Statement of Actuarial Assumptions and Method
Plan Year: 1/1/2010 to 12/31/2010
Valuation Date: 12/31/2010

	<u>For PPA Funding</u>	<u>For Actuarial Equivalence</u>
Interest Rates	Segment 1 3.14%	Segment 1 3.13%
	Segment 2 5.90%	Segment 2 5.07%
	Segment 3 6.45%	Segment 3 5.50%
Pre-Retirement		
Turnover	None	None
Mortality	None	None
Assumed Ret Age	Normal retirement age 65	Normal retirement age 65
Post-Retirement		
Mortality	Male-modified RP2000 combined healthy male projected 25 & 17 yrs Female-modified RP2000 combined healthy female projected 25 & 17 yrs	2010 Applicable Mortality Table from Rev Rul 2006-67
Assumed Benefit Form For Funding		Normal Form
Calculated Effective Interest Rate		6.37%

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

THE DELP COMPANY
CASH BALANCE PLAN

Summary of Plan Provisions
Plan Year: 1/1/2010 to 12/31/2010

Plan Effective Date	January 1, 2008								
Plan Year	From January 1 to December 31								
Eligibility	<p>All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:</p> <p>1 year of service Minimum age 21</p>								
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on attainment of age 65.								
Normal Retirement Benefit	<p>Based on their group classification, participants receive a cash balance contribution equal to a percentage of compensation as follows:</p> <p>Delp Co. \$ and % by group for CB plan</p> <p>Maximum benefit is \$16,250 per month Maximum percent of salary is 100%</p>								
Normal Form of Benefit	A benefit payable for the life of the participant								
Accrued Benefit	The normal retirement benefit described above calculated based on the salary and/or service to the date of calculation, but payable at normal retirement.								
Termination Benefit	<p>Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:</p> <table><tr><td>Credited Years</td><td>Vested Percent</td></tr><tr><td>1</td><td>0</td></tr><tr><td>2</td><td>0</td></tr><tr><td>3</td><td>100</td></tr></table> <p>Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:</p> <p>Years with less than 1,000 hours</p>	Credited Years	Vested Percent	1	0	2	0	3	100
Credited Years	Vested Percent								
1	0								
2	0								
3	100								

THE DELP COMPANY
CASH BALANCE PLAN

Summary of Plan Provisions
Plan Year: 1/1/2010 to 12/31/2010

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death but in no event more than the actuarial equivalent of the accrued benefit earned to date of death

Disability

Equal to present value of the accrued benefit

THE DELP COMPANY
CASH BALANCE PLAN

Shortfall Amortization
Valuation Date: December 31, 2010

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
12/31/2010	7-year	7	\$9	\$56
Total			\$9	\$56

THE DELP COMPANY
CASH BALANCE PLAN
Employer ID# 34-1023717: Plan No. 004

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: December 31, 2010

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Adj Ctb</u>
04-19-2011	213,083.00	2010	6.37%	209,157.88
Totals:	213,083.00			209,157.88

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	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	209,157.88

Attachment to 2010 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name <u>THE DELP COMPANY CASH BALANCE PLAN</u>	EIN: <u>34-1023717</u>
Plan Sponsor's Name <u>THE DELP COMPANY</u>	PN: <u>004</u>

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

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.