

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 2010 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 <u>01/01/2010</u> and ending <u>12/31/2010</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>DUTKO WORLDWIDE, LLC 401K PROFIT SHARING PLAN & TRUST</u>	1b Three-digit plan number (PN) ►	<u>001</u>	
	1c Effective date of plan	<u>01/01/1990</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>DUTKO GLOBAL, INC.</u> <u>412 FIRST STREET SE SUITE 100</u> <u>WASHINGTON, DC 20003</u>	2b Employer Identification Number (EIN) <u>27-1406433</u>	2c Sponsor's telephone number <u>202-484-4884</u>	2d Business code (see instructions) <u>541600</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2011</u>	<u>JOHN FROST</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") DUTKO GLOBAL, INC. 412 FIRST STREET SE SUITE 100 WASHINGTON, DC 20003	3b Administrator's EIN 27-1406433 3c Administrator's telephone number 202-484-4884
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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 DUTKO HOLDINGS LLC	4b EIN 20-0266057 4c PN 001
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5 Total number of participants at the beginning of the plan year	5	221
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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	70
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	142
d Subtotal. Add lines 6a , 6b , and 6c	6d	212
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	212
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	210
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	11

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 3D 2E 2J 3H 2K 3B 2G 2S

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ ¹ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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		
A Name of plan DUTKO WORLDWIDE, LLC 401K PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. DUTKO GLOBAL, INC.	D Employer Identification Number (EIN) 27-1406433	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE AND ANNUITY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	936327-01	123	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
2593	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LARA SHULL & MAY LLC 4405 EASTWEST HWY #202 BETHESDA, MD 20814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2593			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 1176096**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT**b** Balance at the end of the previous year **7b** 787850**c** Additions: (1) Contributions deposited during the year **7c(1)** 274239(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 24491(4) Transferred from separate account **7c(4)** 444277(5) Other (specify below) **7c(5)** 10730

▶ LOAN PAYMENTS

(6) Total additions **7c(6)** 753737**d** Total of balance and additions (add **b** and **c(6)**). **7d** 1541587**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 265748(2) Administration charge made by carrier **7e(2)** 489(3) Transferred to separate account **7e(3)** 99254(4) Other (specify below) **7e(4)** 0(5) Total deductions **7e(5)** 365491**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 1176096

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan DUTKO WORLDWIDE, LLC 401K PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DUTKO GLOBAL, INC.	D Employer Identification Number (EIN) 27-1406433	

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

(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)

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	6975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT-WEST LIFE & ANNUITY COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	1063	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

LARA SHULL & MAY LLC

7600 LEESBURG PIKE STE 120 E
FALLS CHURCH, VA 22043

(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?
55	BROKER/ADVISER	0	Yes ☒ No ☐	Yes ☒ No ☐	27279	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
LARA SHULL & MAY LLC	55	27279

(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.
GREAT-WEST LIFE & ANNUITY COMPANY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

A Name of plan DUTKO WORLDWIDE, LLC 401K PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 DUTKO GLOBAL, INC.		
D Employer Identification Number (EIN) 27-1406433		

Part I	Asset and Liability Statement
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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)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	265243	293766
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	10587606	12373996
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	787850	1176096
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	11640699	13843858

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	11640699	13843858
---	-----------	----------	----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	958276	
(B) Participants	2a(1)(B)	958276	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1916552
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	9697	
(F) Other	2b(1)(F)	24493	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		34190
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	312840	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		312840
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1342221
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		3605803

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1394082	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1394082
f Corrective distributions (see instructions)	2f		524
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	8038	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8038
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1402644

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2203159
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: CITRIN COOPERMAN & COMPANY LLP

(2) EIN: 22-2428965

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.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>		
A Name of plan <u>DUTKO WORLDWIDE, LLC 401K PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DUTKO GLOBAL, INC.</u>		
D Employer Identification Number (EIN) <u>27-1406433</u>		

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

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

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

1	<u>0</u>
----------	----------

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): 20-3691708

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	
----------	--

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

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): _____

**DUTKO WORLDWIDE, LLC 401(k)
PROFIT SHARING PLAN & TRUST
FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION
YEAR ENDED DECEMBER 31, 2010**

**DUTKO WORLDWIDE, LLC 401(k) PROFIT SHARING PLAN & TRUST
FOR THE YEAR ENDED DECEMBER 31, 2010**

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Dutko Worldwide, LLC 401(k) Profit Sharing Plan & Trust

We were engaged to audit the accompanying statement of net assets available for benefits of Dutko Worldwide, LLC 401(k) Profit Sharing Plan & Trust (the "Plan") as of December 31, 2010, and the related statement of changes in net assets available for benefits for the year then ended, and the supplemental schedules included in the table of contents as of December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of Dutko Worldwide, LLC 401(k) Profit Sharing Plan & Trust as of December 31, 2009 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Great-West Life & Annuity Insurance Company and Orchard Trust Company ("Custodians"), the custodians of the Plan. Their report, dated August 9, 2010, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements, other than that derived from the information certified by the Custodians, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by the Custodians, except for comparing such information with the related information included in the 2010 financial statements and supplemental schedule. We have been informed by the Plan administrator that the Custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the Custodians as of December 31, 2010, and for the year then ended, that the information provided to the Plan administrator by the Custodians is complete and accurate.

CITRIN COOPERMAN & COMPANY, LLP

1800 JFK BOULEVARD PHILADELPHIA, PA 19103 | TEL 215.545.4800 | FAX 215.545.4810

CITRINCOOPERMAN.COM

AN INDEPENDENT FIRM ASSOCIATED WITH MOORE STEPHENS

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

As described in Note 2 to the financial statements, during the year ended December 31, 2010, the Plan changed its classification and measurement of notes receivable from participants.

Citrico Cooperman & Company, LLP
CERTIFIED PUBLIC ACCOUNTANTS

September 19, 2011

DUTKO WORLDWIDE, LLC 401(k) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
Assets:		
Investments, at fair value:		
Mutual funds	\$ 12,373,996	\$ 10,587,606
Group annuity contract	<u>1,176,096</u>	<u>787,850</u>
Total investments, at fair value	<u>13,550,092</u>	<u>11,375,456</u>
Receivables:		
Participant contributions	37,612	75,496
Employer contributions	37,612	75,496
Notes receivable from participants	<u>293,766</u>	<u>265,243</u>
Total receivables	<u>368,990</u>	<u>416,235</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 13,919,082</u>	<u>\$ 11,791,691</u>

See accompanying notes to financial statements.

DUTKO WORLDWIDE, LLC 401(k) PROFIT SHARING PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments \$ 1,342,221

Interest and dividends 337,333

Total investment income 1,679,554

Interest on notes receivable from participants 9,697

Contributions:

Participant 920,392

Employer 920,392

Total contributions 1,840,784

Total additions 3,530,035

Deductions from net assets attributed to:

Participant distributions 1,394,082

Other 8,562

Total deductions 1,402,644

Net increase 2,127,391

Net assets available for benefits - beginning 11,791,691

NET ASSETS AVAILABLE FOR BENEFITS - ENDING \$ 13,919,082

See accompanying notes to financial statements.

DUTKO WORLDWIDE, LLC 401(k) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 1. DESCRIPTION OF PLAN

The following description of the Dutko Worldwide, LLC 401(k) Profit Sharing Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a participant-directed, defined contribution plan covering all full-time employees of Dutko Worldwide, LLC and Dutko Poole McKinley (collectively the "Company"), who are over the age of 21.

The Plan is subject to the provisions of the Employment Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code of 1986 ("IRC"), as amended.

Contributions

Participants may make pretax or post-tax contributions from their compensation, up to amounts permissible under the IRC. Unless a participant makes a contrary election, upon attaining eligibility, 3% of the participant's salary will be automatically deferred into the Plan. The automatic deferral amount increases to 4% after three years of service, 5% after four years of service, and to the maximum automatic deferral of 6% after five years of service. Participants who reached age 50 during the year are eligible to make catchup contributions.

Participants may also contribute amounts representing distributions from other qualified defined benefit and defined contribution plans. Salary deferrals from participants and employer contributions are directed by participants to investment options made available by the Plan. The Plan currently offers various mutual funds and an insurance investment contract as investment options for participants.

The Company may make discretionary matching contributions as deemed appropriate. The Company made matching contributions equal to 100% of the participant deferrals, totaling \$920,392 for the year ended December 31, 2010.

The Company may also make discretionary non-elective contributions to all eligible participants based on eligible compensation. To be eligible for a Company discretionary non-elective contribution, a participant is required to have one year of service and be an active employee at the end of the year. There were no discretionary non-elective contributions made during 2010.

Participant accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings, and charged with an allocation of Plan expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Forfeited accounts

At December 31, 2010 and 2009, forfeited nonvested accounts totaled \$13,778 and \$3,818, respectively. These accounts are used to reduce future employer matching contributions to the Plan.

DUTKO WORLDWIDE, LLC 401(k) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of 50% of their vested account balance or \$50,000. The maximum loan term is 60 months or up to 240 months for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at the prime rate on the first business day of the month in which the loan was taken plus 1%. Interest rates on outstanding balances during the years ended December 31, 2010 and 2009, ranged from 4.25% to 7.75%. Principal and interest are paid ratably through payroll deductions. The default of a loan is deemed a taxable distribution of the unpaid balance.

Vesting

Participants are fully vested in their contributions plus actual earnings thereon. Vesting in employer contributions plus earnings thereon is based on years of service and hire date.

Participants hired prior to September 1, 2010 are 50% vested in the Company's contributions and earnings thereon after one year of service, and are 100% vested after two completed years of service. However, if a participant's employment is terminated due to death or disability, the participant's account becomes 100% vested in the Company's contributions and earnings thereon.

Participants hired on September 1, 2010 and after are 25% vested in the Company's contributions and earnings thereon after completion of one year of service, and continue to vest at the rate of 25% per year of completed service until they are 100% vested after four years. However, if a participant's employment is terminated due to death or disability, the participant's account becomes 100% vested in the Company's contributions and earnings thereon.

Participant distributions

Active participants may receive distributions from their elective contribution account and their rollover contribution account at any time after attaining the age of 59 and a half or due to hardships as defined in the Plan.

Upon termination of service due to death, disability, or retirement (age 65), a participant is entitled to a lump-sum payment if their account balance is equal to or less than \$5,000 at the time of distribution. If the amount of distribution exceeds \$5,000 and the participant is married, the participant may elect to have the vested portion of their account balance distributed and used to purchase an annuity under spousal consent. The participant can choose to receive a 50% joint and survivor annuity, wherein if the participant dies, the spouse will receive 50% of the benefit the participant was receiving at the time of death. The alternative forms of payment are a single lump-sum distribution, installment payments over a period up to ten years, or an alternative form of annuity.

For termination of service for reasons other than the above or for a rollover into another qualified plan, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution, less applicable taxes.

DUTKO WORLDWIDE, LLC 401(k) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements are prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Recently adopted accounting pronouncements

In January 2010, the Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") No. 2010-06, *Improving Disclosures about Fair Value Measurements*. This update amends FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, to require new disclosures for significant transfers in and out of Level 1 and Level 2 fair value measurements, disaggregation regarding classes of assets and liabilities, valuation techniques, and inputs used to measure fair value for both recurring and nonrecurring fair value measurements for Level 2 or Level 3. These disclosures are effective for reporting periods beginning after December 15, 2009. Additional new disclosures regarding the purchases, sales, issuances, and settlements in the rollforward of activity in Level 3 fair value measurements are effective for fiscal years beginning after December 15, 2010. The Plan adopted certain of the relevant disclosure provisions of ASU 2010-06 on January 1, 2010, and will adopt certain other provisions on January 1, 2011.

In September 2010, FASB issued ASU No. 2010-25, *Plan Accounting - Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Benefit Plans*. ASU 2010-25 was codified into FASB ASC 962 and amends FASB ASC 962 to require participant loans to be classified as notes receivable from participants and measured at their unpaid principal balances plus any accrued but unpaid interest. Participant loans had historically been classified as investments and measured at fair value in a plan's statement of net assets available for benefits. The accounting guidance in ASU 2010-25 is effective for years ending after December 15, 2010 and requires reclassification for all periods presented. Accordingly, participant loans are reported as notes receivable in the Plan's statements of net assets available for benefits, and the prior year balance has been reclassified to conform to the current year presentation.

Use of estimates

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. 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.

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.

DUTKO WORLDWIDE, LLC 401(k) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Insurance company group annuity contracts

FASB ASC 946, *Financial Services - Investment Companies*, states that investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were able to initiate permitted transactions under the terms of the Plan. As required by FASB ASC 946, the statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value.

At December 31, 2010 and 2009, the Plan was invested in insurance company group-annuity contracts within the Guaranteed Portfolio Fund ("GPF"). Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Certain events limit the ability of the Plan to transact at contract value with the issuer, and the guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. The GPF is not considered fully benefit responsive, and therefore it is included in the financial statements at fair value, as reported to the Plan by Great-West Life & Annuity Insurance Company and Orchard Trust Company ("Custodians").

The interest credited to the participants is reset quarterly. Inputs used to determine the crediting interest rate include each contract's portfolio market value, current yield to maturity, duration, and market value relative to contract value. At December 31, 2010 and 2009, the actual and average yield earned by the trust on the contracts was 2.43% and 2.96%, respectively.

Payment of benefits

Benefits are recorded when paid.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Fair value measurements

FASB ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to 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). Categorization within the valuation hierarchy is based upon the lowest level of 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. Under the new standard, fair value is defined as the exit price, or the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date.

DUTKO WORLDWIDE, LLC 401(k) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair value measurements (continued)

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and, inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

Subsequent events

In accordance with FASB ASC 855, *Subsequent Events*, the Plan evaluated subsequent events through September 19, 2011, the date these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

NOTE 3. RISKS AND UNCERTAINTIES

The Plan provides for various investment options in combinations of mutual funds and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

NOTE 4. INFORMATION CERTIFIED BY THE CUSTODIANS

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan's administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the Custodians as of December 31, 2010 and 2009, and for the years then ended, as complete and accurate, except for comparing such information certified by the Custodians to information included in the Plan's financial statements and schedule of assets (held at end of year).

DUTKO WORLDWIDE, LLC 401(k) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 4. INFORMATION CERTIFIED BY THE CUSTODIANS (CONTINUED)

At December 31, 2010 and 2009, information certified by the Custodians as complete and accurate is as follows:

	2010		2009	
Mutual Funds:				
Pimco Total Return Fund	\$ 929,412	*	\$ 942,913	*
Vanguard Target Retirement 2045 Fund	806,417	*	690,132	*
Maxim Loomis Salyes Bond Portfolio	749,111	*	676,335	*
Vanguard Target Retirement 2035 Fund	726,501	*	669,409	*
American Funds Europacific Growth - R3	679,302		664,352	*
American Funds Growth Fund of America R3	755,639	*	616,491	*
Maxim S&P 500	694,792		560,160	
Maxim T. Rowe Price Equity Income	632,468		547,095	
Lord Abbett Midcap Value Fund - A	633,178		520,270	
Oppenheimer Global Fund A	707,791	*	448,276	
Oakmark International II	552,696		427,414	
Maxim Bond Index	531,576		421,778	
Fidelity Advisor Mid Cap T	538,508		391,178	
Oppenheimer Capital Appreciation A	417,006		378,166	
Marisco Focus	357,482		306,210	
Columbia Small Cap Value I Fund A	251,890		300,945	
Maxim US Government Securities Fund	349,958		281,009	
Oppenheimer Gold & Special Minerals A	467,716		276,717	
Vanguard Target Retirement 2025 Fund	352,670		273,412	
Fidelity Advisor Leveraged Co Stk - T	249,453		244,007	
Riversource Diversified Equity Income R3	-		178,050	
Ridgeworth Small Cap Growth Stock I	197,347		171,304	
Lazard Emerging Markets Open	152,099		139,371	
Vanguard Target Retirement 2015 Fund	118,941		125,431	
First American Small Cap Select A	-		104,182	
MFS Utilities A	11,178		70,409	
Maxim Index 600	116,556		60,834	
AIM Energy, Inv	-		57,537	
Davis NY Venture R	25,598		43,076	
Van Kampen Comstock - R	-		1,143	
Columbia Diversified Equity Income R3	186,310		-	
Invesco Energy Inv	22,962		-	
Invesco Van Kampen Comstock - R	16,725		-	
Nuveen Small Cap Select A	138,463		-	
Vanguard Target Retirement 2040 Fund	4,251		-	
	12,373,996		10,587,606	
Insurance Company Group Annuity Contracts:				
Guaranteed Portfolio Fund	1,176,096	*	787,850	*
Notes receivable from participants	293,766		265,243	
	<u>\$ 13,843,858</u>		<u>\$ 11,640,699</u>	

* Represents investments that are 5% or more of the Plan's total assets.

DUTKO WORLDWIDE, LLC 401(k) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 4. INFORMATION CERTIFIED BY THE CUSTODIANS (CONTINUED)

Additions to net assets during the year ended December 31, 2010 attributed to:

Net appreciation in fair value of investments:	
Mutual funds	\$ <u>1,342,221</u>
Interest on notes receivable from participants	\$ <u>9,697</u>
Dividends and interest	\$ <u>337,333</u>

NOTE 5. FAIR VALUE MEASUREMENTS

Assets and liabilities measured at fair value are based on one or more of three valuation techniques identified in the tables below. The valuation techniques are as follows:

- (a) Market approach. Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities;
- (b) Cost approach. Amount that would be required to replace the service capacity of an asset (replacement cost); and
- (c) Income approach. Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing and excess earnings models).

The following tables summarize the Plan's assets measured at fair value on a recurring basis, categorized by GAAP's valuation hierarchy as of December 31, 2010 and 2009:

	December 31, 2010				Valuation Technique
	Level 1	Level 2	Level 3	Total	
Mutual funds:					
Blended	\$ 1,765,701	\$ -	\$ -	\$ 1,765,701	(a)
Growth	2,018,036	-	-	2,018,036	(a)
International	1,260,487	-	-	1,260,487	(a)
Target	2,008,780	-	-	2,008,780	(a)
Value	2,259,079	-	-	2,259,079	(a)
Bond	2,560,057	-	-	2,560,057	(a)
Other	<u>501,856</u>	<u>-</u>	<u>-</u>	<u>501,856</u>	(a)
Total mutual funds	12,373,996	-	-	12,373,996	(a)
Group annuity contract	<u>-</u>	<u>1,176,096</u>	<u>-</u>	<u>1,176,096</u>	(b)
	<u>\$12,373,996</u>	<u>\$ 1,176,096</u>	<u>\$ -</u>	<u>\$13,550,092</u>	

DUTKO WORLDWIDE, LLC 401(k) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

	December 31, 2009				Valuation Technique
	Level 1	Level 2	Level 3	Total	
Mutual funds:					
Blended	\$ 1,572,429	\$ -	\$ -	\$ 1,572,429	(a)
Growth	1,893,774	-	-	1,893,774	(a)
International	875,690	-	-	875,690	(a)
Target	1,758,384	-	-	1,758,384	(a)
Value	1,760,631	-	-	1,760,631	(a)
Bond	2,322,035	-	-	2,322,035	(a)
Other	<u>404,663</u>	<u>-</u>	<u>-</u>	<u>404,663</u>	(a)
Total mutual funds	10,587,606	-	-	10,587,606	(a)
Group annuity contract	<u>-</u>	<u>787,850</u>	<u>-</u>	<u>787,850</u>	(b)
	<u>\$10,587,606</u>	<u>\$ 787,850</u>	<u>\$ -</u>	<u>\$11,375,456</u>	

The following is a description of the valuation methodologies used for instruments measured at fair value, including general classification of such instruments pursuant to the fair value hierarchy. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Investments in mutual funds are stated at fair value as determined by quoted market prices, which represents the net asset value of the shares held by the Plan at year-end.

Group annuity contracts are valued at fair value by discounting the related cash flows based on current yields of similar investments with comparable durations considering credit-worthiness of the issuer. Group annuity contracts are classified within Level 2 of the fair value hierarchy.

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

NOTE 6. RELATED PARTY TRANSACTIONS

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Additionally, certain administrative expenses are paid directly by the Company.

Certain Plan investments are invested in pooled separate and guaranteed interest accounts managed by the Custodians. Accordingly, these transactions qualify as party-in-interest transactions.

DUTKO WORLDWIDE, LLC 401(k) PROFIT SHARING PLAN & TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 7. TAX STATUS

The Plan uses a prototype plan document sponsored by Orchard Trust Company ("Orchard"). The IRS has determined and informed Orchard in a letter dated March 31, 2008, that the prototype document satisfied the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. In addition, the Plan has been amended since Orchard's receipt of the letter discussed above. Nevertheless, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore believes that the Plan is qualified and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

NOTE 8. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants are entitled to the entire amount of their account.

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements	\$ 13,919,082	\$ 11,791,691
Less: contributions receivable	<u>(75,224)</u>	<u>(150,992)</u>
Net assets available for benefits per Form 5500	<u>\$ 13,843,858</u>	<u>\$ 11,640,699</u>

The following is a reconciliation of contributions per the financial statements to Form 5500 for the year ended December 31, 2010:

Contributions per the financial statements	\$ 1,840,784
Add: prior-year contributions receivable	150,992
Less: current-year contributions receivable	<u>(75,224)</u>
Contributions per Form 5500	<u>\$ 1,916,552</u>

SUPPLEMENTAL INFORMATION

DUTKO WORLDWIDE, LLC 401(k) PROFIT SHARING PLAN & TRUST
SCHEDULE H, LINE 4(i) - ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010
EIN: 20-0266057 PLAN NUMBER: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments	Shares	(d) Cost**	(e) Current value
Mutual Funds:					
*	Pimco	Total Return Fund	85,660		\$ 929,412
*	Vanguard	Target Retirement 2045 Fund	59,734		806,417
*	Maxim	Loomis Salyes Bond Portfolio	61,002		749,111
*	Vanguard	Target Retirement 2035 Fund	55,500		726,501
*	American Funds	Europacific Growth - R3	16,719		679,302
*	American Funds	Growth Fund of America R3	25,204		755,639
*	Maxim	S&P 500	60,893		694,792
*	Maxim	T. Rowe Price Equity Income	43,230		632,468
*	Lord Abbett	Midcap Value Fund - A	38,514		633,178
*	Oppenheimer	Global Fund A	11,724		707,791
*	Oakmark	International II	28,299		552,696
*	Maxim	Bond Index	39,998		531,576
*	Fidelity	Advisor Mid Cap T	26,632		538,508
*	Oppenheimer	Capital Appreciation A	9,568		417,006
*	Marisco	Focus	19,761		357,482
*	Columbia	Small Cap Value I Fund A	5,626		251,890
*	Maxim	US Government Securities Fund	28,685		349,958
*	Oppenheimer	Gold & Special Minerals A	9,384		467,716
*	Vanguard	Target Retirement 2025 Fund	27,945		352,670
*	Fidelity	Advisor Leveraged Co Stk - T	7,375		249,453
*	Ridgeworth	Small Cap Growth Stock I	12,823		197,347
*	Lazard	Emerging Markets Open	6,854		152,099
*	Vanguard	Target Retirement 2015 Fund	9,576		118,941
*	MFS	Utilities A	680		11,178
*	Maxim	Index 600	12,752		116,556
*	Davis	NY Venture R	743		25,598
*	Columbia	Diversified Equity Income R3	18,464		186,310
*	Invesco	Energy Inv	556		22,962
*	Invesco	Van Kampen Comstock - R	1,063		16,725
*	Nuveen	Small Cap Select A	10,489		138,463
*	Vanguard	Target Retirement 2040 Fund	197		4,251
Investment Company Group Annuity Contract:					
*	Vanguard	Guaranteed Portfolio Fund			1,176,096
Notes Receivable from Participants:					
*	Participant loans	Interest rates ranging from 4.25% - 7.75%			<u>293,766</u>
TOTAL ASSETS HELD AT END OF THE YEAR					<u>\$ 13,843,858</u>

* A party-in-interest to the Plan as defined by ERISA.

** Cost information has been omitted for participant-directed investments.

See independent auditors' report.

DUTKO WORLDWIDE, LLC 401(k) PROFIT SHARING PLAN TRUST
SCHEDULE H, LINE 4(j) - REPORTABLE TRANSACTIONS
DECEMBER 31, 2010
EIN: 20-0266057 PLAN NUMBER: 001

(a)	(b)		(c)	(d)	(e)	(f)	
Identity of Parties Involved	Description of Assets	Number of Purchases	Number of Sales	Dollar Value of Purchases	Dollar Value of Sales	Cost of Assets Sold	Net Gain or (Loss)
Category (iii) - series of transactions exceeds 5% of Plan assets							
* Guaranteed Portfolio Fund	Investment Contract	51	-	\$ 9,755	\$ -	\$ -	\$ -
* Vanguard Target Retirement 2015 Fund	Temporary Investment	299	5	15,455	32,359	31,066	1,293
* Vanguard Target Retirement 2025 Fund	Temporary Investment	133	5	45,059	25	24	1
* Vanguard Target Retirement 2035 Fund	Temporary Investment	385	12	110,413	139,479	131,336	8,143
* Vanguard Target Retirement 2040 Fund	Temporary Investment	52	-	4,085	-	-	-
* Vanguard Target Retirement 2045 Fund	Temporary Investment	638	16	113,257	83,875	80,706	3,169
* American Funds Europacific Growth - R3	Temporary Investment	2,475	863	157,924	192,064	184,112	7,952
* Lazard Emerging Markets Open	Temporary Investment	758	264	43,505	53,960	43,108	10,852
* Oakmark International II	Temporary Investment	1,791	709	144,463	84,475	74,945	9,530
* Oppenheimer Global Fund A	Temporary Investment	2,273	471	270,143	96,050	88,309	7,741
* Invesco Energy Inv	Temporary Investment	119	40	4,960	42,973	29,588	13,385
* MFS Utilities A	Temporary Investment	128	9	5,691	66,185	50,806	15,379
* Oppenheimer Gold & Special Minerals A	Temporary Investment	235	48	135,761	64,165	32,610	31,555
* Columbia Small Cap Value I Fund A	Temporary Investment	835	384	52,475	147,355	144,116	3,239
* Maxim Index 600	Temporary Investment	1,317	739	72,469	39,668	35,413	4,255
* Nuveen Small Cap Select A	Temporary Investment	816	635	45,924	37,574	35,163	2,411
* Ridgeworth Small Cap Growth Stock I	Temporary Investment	436	135	21,359	38,696	36,296	2,400
* Fidelity Advisor Leveraged Co Stk - T	Temporary Investment	521	73	49,012	94,854	98,192	(3,338)
* Fidelity Advisor Mid Cap T	Temporary Investment	709	133	57,380	9,784	10,021	(237)
* Lord Abbett Midcap Value Fund - A	Temporary Investment	1,925	695	165,232	173,749	174,444	(695)
* American Funds Growth Fund of America R3	Temporary Investment	722	218	235,981	164,073	153,495	10,578
* Davis NY Venture R	Temporary Investment	1,435	711	59,134	81,925	76,196	5,729
* Invesco Van Kampen Comstock - R	Temporary Investment	41	-	14,198	-	-	-
* Marisco Focus	Temporary Investment	284	55	26,247	30,795	30,374	421
* Maxim S&P 500	Temporary Investment	2,060	880	194,109	134,689	122,917	11,772
* Maxim T. Rowe Price Equity Income	Temporary Investment	2,064	553	190,659	168,606	179,714	(11,108)
* Oppenheimer Capital Appreciation A	Temporary Investment	1,212	669	59,286	53,972	53,770	202

See independent auditors' report.

DUTKO WORLDWIDE, LLC 401(k) PROFIT SHARING PLAN TRUST
SCHEDULE H, LINE 4(j) - REPORTABLE TRANSACTIONS
DECEMBER 31, 2010
EIN: 20-0266057 PLAN NUMBER: 001

(a)	(b)		(c)	(d)	(e)	(f)	
Identity of Parties Involved	Description of Assets	Number of Purchases	Number of Sales	Dollar Value of Purchases	Dollar Value of Sales	Cost of Assets Sold	Net Gain or (Loss)
Category (iii) - series of transactions exceeds 5% of Plan assets							
* Columbia Diversified Equity Income R3	Temporary Investment	783	682	\$ 38,710	\$ 54,630	\$ 50,700	\$ 3,930
* Maxim Bond Index	Temporary Investment	2,295	919	189,481	82,012	80,061	1,951
* Maxim Loomis Salyes Bond Portfolio	Temporary Investment	673	54	236,329	200,361	186,626	13,735
* Maxim US Government Securities Fund	U.S. Government	684	86	77,214	6,001	5,684	317
* Pimco Total Return Fund	Temporary Investment	2,030	163	185,663	203,056	194,343	8,713
* Guaranteed Portfolio Fund	Investment Contract	1,659	222	719,490	365,492	365,492	-

* A party-in-interest as defined by ERISA

See independent auditors' report.

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PlanName1 **EIN:** 27-1406433
Plan Sponsor's Name DUTKO GLOBAL, INC. **PN:** 001

(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) Cost	(e) Current value
	VANGUARD TARGET RETIREMENT 2015 FUN	N/A	111,247	118,941
	VANGUARD TARGET RETIREMENT 2025 FUN	N/A	314,954	352,670
	VANGUARD TARGET RETIREMENT 2035 FUN	N/A	659,774	726,501
	VANGUARD TARGET RETIREMENT 2040 FUN	N/A	4,085	4,251
	VANGUARD TARGET RETIREMENT 2045 FUN	N/A	729,437	806,417
	AMERICAN FUNDS EUROPACIFIC GROWTH	N/A	635,990	679,302
	LAZARD EMERGING MARKETS OPEN	N/A	115,394	152,099

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DUTKO WORLDWIDE, LLC 401(K) PROFIT SHARING PLAN & TRUST **EIN:** 27-1406433
Plan Sponsor's Name DUTKO GLOBAL, INC. **PN:** 001

(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) Cost	(e) Current value
	OAKMARK INTERNATIONAL II	N/A	442,230	552,696
	OPPENHEIMER GLOBAL FUND A	N/A	627,154	707,791
	INVESCO ENERGY, INV	N/A	23,049	22,962
	MFS UTILITIES A	N/A	9,497	11,178
	OPPENHEIMER GOLD AND SPECIAL MINE	N/A	309,247	467,716
	COLUMBIA SMALL CAP VALUE I FUND A	N/A	194,214	251,891
	MAXIM INDEX 600	N/A	98,330	116,556

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DUTKO WORLDWIDE, LLC 401(K) PROFIT SHARING PLAN & TRUST **EIN:** 27-1406433
Plan Sponsor's Name DUTKO GLOBAL, INC. **PN:** 001

(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) Cost	(e) Current value
	NUVEEN SMALL CAP SELECT A	N/A	104,994	138,463
	RIDGEWORTH SMALL CAP GROWTH STOCK I	N/A	171,361	197,347
	FIDELITY ADVISOR LEVERAGED CO STK	N/A	227,171	249,453
	FIDELITY ADVISOR MID CAP T	N/A	466,918	538,508
	LORD ABBETT MIDCAP VALUE FUND - A	N/A	523,272	633,178
	AMERICAN FUNDS GROWTH FUND OF AMER	N/A	676,351	755,639
	DAVIS NY VENTURE R	N/A	22,435	25,598

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DUTKO WORLDWIDE, LLC 401(K) PROFIT SHARING PLAN & TRUST **EIN:** 27-1406433
Plan Sponsor's Name DUTKO GLOBAL, INC. **PN:** 001

(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) Cost	(e) Current value
	INVESCO VAN KAMPEN COMSTOCK - R	N/A	15,300	16,725
	MARSICO FOCUS	N/A	315,732	357,482
	MAXIM S AND P 500 INDEX	N/A	631,338	694,792
	MAXIM T. ROWE PRICE EQUITY INCOME	N/A	589,627	632,468
	OPPENHEIMER CAPITAL APPRECIATION A	N/A	394,268	417,006
	COLUMBIA DIVERSIFIED EQUITY INCOME	N/A	170,826	186,307
	MAXIM BOND INDEX	N/A	530,820	531,576

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Plan Name DUTKO WORLDWIDE, LLC 401(K) PROFIT SHARING PLAN & TRUST **EIN:** 27-1406433
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(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) Cost	(e) Current value
	MAXIM LOOMIS SAYLES BOND PORTFOLIO	N/A	708,125	749,111
	MAXIM US GOVERNMENT SECURITIES FUND	N/A	346,761	349,958
	PIMCO TOTAL RETURN ADMIN	N/A	901,247	929,412
	GUARANTEED PORTFOLIO FUND	N/A	1,093,298	1,162,318
	PARTICIPANT LOANS	Interest Rate - 4.250-7.750 Maturity Date - VARIOUS	293,607	293,766
	FORFEITURES	N/A	10,514	13,779