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

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 03/01/2010 and ending 02/28/2011

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

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 03/04/1970

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

7600 EMPIRE DRIVE
FLORENCE, KY 41042

2b Employer Identification Number (EIN) 61-0475966

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

2d Business code (see instructions) 322200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/14/2011	JACKIE ISAACS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

7600 EMPIRE DRIVE
FLORENCE, KY 41042

3b Administrator's EIN
61-0475966

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

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1601
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**	223
b	Retired or separated participants receiving benefits	**6b**	469
c	Other retired or separated participants entitled to future benefits	**6c**	672
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1364
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	115
f	Total. Add lines **6d** and **6e**	**6f**	1479
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 03/01/2010 and ending 02/28/2011

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

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

A Name of plan
DURO BAG MANUFACTURING COMPANY EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
61-0475966

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

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

Part I Basic Information

1	Enter the valuation date: Month 03 Day 01 Year 2010			
2	Assets:			
a	Market value	**2a**		29594125
b	Actuarial value	**2b**		30388163
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	554	17324726
b	For terminated vested participants	**3b**	802	12487411
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		45772
	(2) Vested benefits	**3c(2)**		8122663
	(3) Total active	**3c(3)**	246	8168435
d	Total	**3d**	1602	37980572
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**		6.59 %
6	Target normal cost	**6**		235530

Statement by Enrolled Actuary

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

SIGN HERE

	12/13/2011
Signature of actuary	Date
GARY D. DICKSON	11-03764
Type or print name of actuary	Most recent enrollment number
MERCER	513-632-2650
Firm name	Telephone number (including area code)
525 VINE STREET, SUITE 1600 CINCINNATI, OH 45202	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	2550129	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	403580	0
9	Amount remaining (Item 7 minus item 8)	2146549	
10	Interest on item 9 using prior year's actual return of 24.81 %	532559	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		612723
b	Interest on (a) using prior year's effective rate of 8.23 %		117340
c	Total available at beginning of current plan year to add to prefunding balance		730063
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	2679108	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
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	82.84 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/15/2010	375000				
09/15/2010	362000				
12/15/2010	375000				
03/15/2011	375000				
11/15/2011	2380000				
			Totals ► 18(b)	3867000	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	3559534

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.81 %	6.69 %	6.78 %	☐ N/A, full yield curve used

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

22 Weighted average retirement age **22** 62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ 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**

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

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 235530

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	6073186	1346952
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** 1582482

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

36 Additional cash requirement (item 34 minus item 35) **36** 1582482

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 3559534

38 Interest-adjusted excess contributions for current year (see instructions) **38** 1977052

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

40 Unpaid minimum required contribution for all years **40**

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 03/01/2010 and ending 02/28/2011

A Name of plan
DURO BAG MANUFACTURING COMPANY EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
61-0475966

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

13-5160382

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

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

93-6274329

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

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

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

MERCER

13-0283414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	140796	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

THE BANK OF NEW YORK

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	45780	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

FOURTH STREET FINANCIAL GROUP INC.

31-1336145

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	29903	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

GREAT LAKES ADVISORS INC.

36-3707782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	20120	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

BARNES DENNIG & CO

31-1119890

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	8248	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 03/01/2010 and ending 02/28/2011

A Name of plan
DURO BAG MANUFACTURING COMPANY EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
61-0475966

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM INVESTMENT FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-6154008-003	C	7716691

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274329-001	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 03/01/2010 and ending 02/28/2011

A Name of plan
DURO BAG MANUFACTURING COMPANY EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
61-0475966

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	700000	2755000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16910	20981
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5641644	7121294
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	7487577	7716691
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15917896	16911864
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	29764027	34525830
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	156685	97230
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	5354	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	162039	97230
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	29601988	34428600

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)	3867000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3867000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	168345	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	287883	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		456228
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	7264818	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7256504	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		8314

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1549010	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1549010
(6) Net investment gain (loss) from common/collective trusts	2b(6)		542
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1996437
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7877531
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2679542	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2679542
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	149562	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	50023	
(4) Other	2i(4)	171792	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		371377
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3050919
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		4826612
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 03/01/2010 and ending 02/28/2011

A Name of plan
DURO BAG MANUFACTURING COMPANY EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
61-0475966

Part I Distributions

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3807284

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 120

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Duro Bag Manufacturing Company Employees' Pension Plan

Financial Statements
With Accompanying Information
Years Ended February 28, 2011 and 2010
With Report of Independent Certified Public Accountants

BARNES DENNIG
Accounting · Tax · Business Insight

Report of Independent Certified Public Accountants

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

We were engaged to audit the accompanying Statement of Net Assets Available for Benefits of the Duro Bag Manufacturing Company Employees' Pension Plan as of February 28, 2011 and 2010, and the related Statement of Changes in Net Assets Available for Benefits for the years then ended, and the supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) at February 28, 2011 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended February 28, 2011. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by the Bank of New York Mellon and Union Bond & Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained a certification from the trustees as of and for the years ended February 28, 2011 and 2010, that the information provided to the Plan Administrator by the trustees is complete and accurate.

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

Barnes, Dennig & Co., Ltd.

Cincinnati, Ohio
December 14, 2011

DURO BAG MANUFACTURING COMPANY EMPLOYEES' PENSION PLAN

Statements of Net Assets Available for Benefits
February 28, 2011 and 2010

	2011	2010
Assets:		
Investments at fair value:		
Equity securities	$ 7,121,294	$ 5,641,644
Common collective trusts	7,716,691	7,487,577
Fixed income securities	6,440,231	7,337,107
Mutual funds	10,471,633	8,580,789
Total investments	31,749,849	29,047,117
Other:		
Employer contribution receivable	2,755,000	700,000
Investment income receivable	20,981	16,910
Total assets	34,525,830	29,764,027
Liabilities:		
Accrued plan expenses	97,230	156,685
Other	-	5,354
Total liabilities	97,230	162,039
Net assets available for benefits	$ 34,428,600	$ 29,601,988

The accompanying notes are an integral part of these financial statements.

DURO BAG MANUFACTURING COMPANY EMPLOYEES' PENSION PLAN

Statement of Changes in Net Assets Available for Benefits
Years Ended February 28, 2011 and 2010

	2011	2010
Additions:		
Investment income:		
Net appreciation in fair value of investments	$ 3,553,763	$ 5,405,257
Interest and dividend income	456,768	547,357
Employer contributions	3,867,000	1,845,890
Total additions	7,877,531	7,798,504
Deductions:		
Benefits paid to participants	2,679,542	2,166,033
Administrative fees and expenses	371,377	461,472
Total deductions	3,050,919	2,627,505
Net increase	4,826,612	5,170,999
Net assets available for benefits:		
Beginning of year	29,601,988	24,430,989
End of year	$ 34,428,600	$ 29,601,988

The accompanying notes are an integral part of these financial statements.

DURO BAG MANUFACTURING COMPANY EMPLOYEES' PENSION PLAN

Notes to Financial Statements

NOTE 1 DESCRIPTION OF THE PLAN

The following description of the Duro Bag Manufacturing Company Employees' Pension Plan (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 defined benefit pension plan covering certain salaried employees of Duro Bag Manufacturing Company (the Company and Plan Sponsor) not covered under a separate pension plan. The Bank of New York Mellon and Union Bond & Trust Company are the Plan's trustees (the Trustees) and asset custodians. Mercer is the Plan's actuary (the Actuary). The Plan is administered by the Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code (IRC). The Plan was amended on June 4, 2003 to effectively "freeze" the Plan effective August 31, 2003, at which time all participants under the Plan ceased to accrue additional benefits from that point forward. Additionally, effective the date of the freeze, the Plan does not permit new entrants.

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

Contributions

The Plan Sponsor contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan members. The contributions are designed to fund the Plan's normal service costs on a current basis. Effective May 1, 1993, employee contributions were no longer mandatory or permitted by the Plan and have ceased. Participants are fully vested in their contributions made prior to May 1, 1993. Present employee's accumulated contribution at February 28, 2011 and 2010 were $978,265 and $1,078,940, respectively, including interest credited at 120% of the mid-term applicable federal rates compounded annually.

Vesting

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

Benefits

Benefits are received at normal retirement age or, if elected, at early retirement. Employee participants may elect early retirement beginning at age 55 after completion of ten years of credited service. Benefits under the Plan are based on a percentage of employees' highest average compensation during any consecutive five-year period of the employees' last ten years of credited service times the participants credited service years. A vested participant who terminated for any reason other than retirement, disability or death is entitled to the monthly vested termination benefit beginning on the normal retirement date in the amount of their accrued benefit. Participants may elect to receive their distributions, subject to certain Plan provisions, in the form of an annuity or in a lump-sum payment. If the participant's accrued benefit is less than $5,000, the participant is paid a lump-sum payment as soon as practical after the termination date.

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Benefits (Continued)

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

Death and Disability Benefits

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

If a married vested participant dies before benefit payments have begun, a death benefit will be paid to the participant's beneficiary based on the time of death. If an unmarried participant dies before benefit payments have begun, the beneficiary will be eligible to receive only a return of the participant's employee contributions under the Plan, with interest.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis.

Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Investment transactions are accounted for on the trade date (the date the order to buy or sell is executed). The cost of investments sold is computed on an average cost basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses

Certain expenses and costs of administering the Plan were paid by the Plan Sponsor and accordingly, are not reflected in the Plan's financial statements.

Related Party Transactions

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

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

Subsequent Events

The Plan has evaluated all events subsequent to the balance sheet date of February 28, 2011 through December 14, 2011, which is the date these financial statements were available to be issued, and have been determined that there are no subsequent events that require disclosure under applicable GAAP for subsequent events.

NOTE 3 INVESTMENTS

Investments representing more than 5% of the Plan's net assets as of February 28, 2011 and 2010 are as follows:

	2011	2010
Collective Short Term Investment Fund	$ 7,716,691	*
Rainer Funds Large Cap Equity	7,127,324	$ 5,783,116
Euro Pacific Growth Fund	3,344,309	2,797,673
Pimco Total Return Institutional Fund	3,152,376	2,937,696
DWS Investments Core Fixed	2,075,027	2,396,507
Union Bond & Trust Co. Stable Value Fund	*	7,018,159
Vanguard Fixed Income Bond Portfolio	*	2,002,904

* Fund was less than 5% during the year.

NOTE 3 INVESTMENTS (CONTINUED)

During the years ended February 28, 2011 and 2010, the Plan's investments (including gains and losses on investment bought and sold, as well as held during the year) appreciated in value as follows:

	2011	2010
Investments at fair value as determined by quoted market price:		
Equitiy securities	$ 1,407,010	$ 2,035,844
Mutual funds	1,996,452	3,211,000
	3,403,462	5,246,844
Investments at estimated fair value:		
Common collective trusts	150,301	158,413
Net appreciation	$ 3,553,763	$ 5,405,257

NOTE 4 FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the 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 and the lowest priority to unobservable inputs.

The hierarchy is broken down into three levels based on the ability to observe inputs as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at February 28, 2011 and 2010.

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

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of February 28, 2011:

	Level 1	Level 2	Level 3	Total
Equity securities	$ 7,121,294	$ -	$ -	$ 7,121,294
Common collective trusts	-	7,716,691	-	7,716,691
Fixed income securities	6,440,231	-	-	6,440,231
Mutual funds	10,471,633	-	-	10,471,633
Total investments at fair value	$ 24,033,158	$ 7,716,691	$ -	$ 31,749,849

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

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

	Level 1	Level 2	Level 3	Total
Equity securities	$ 5,641,644	$ -	$ -	$ 5,641,644
Common collective trusts	-	7,487,577	-	7,487,577
Fixed income securities	7,337,107	-	-	7,337,107
Mutual funds	8,580,789	-	-	8,580,789
Total investments at fair value	$ 21,559,540	$ 7,487,577	$ -	$ 29,047,117

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

	Common Collective Trust
Balance, beginning of year	$ 629,122
Reclassification of common collective trust from level 3 to level 2	(629,122)
Balance, end of year	$ -

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

NOTE 5 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

The actuarial present value of accumulated Plan benefits is determined by an actuary from Mercer and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, withdrawal, retirement, or termination of employment) between the valuation date and the expected dates of payment. The actuarial assumptions below are based on the assumption the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

The components of the actuarial present value of accumulated Plan benefits as of March 1, 2010 and 2009 are:

	2010	2009
Vested benefits		
Participants currently receiving payments	$ 20,555,660	$ 16,704,511
Other participants	16,945,906	20,788,916
	37,501,566	37,493,427
Nonvested benefits	57,678	70,287
Total actuarial present value of accumulated plan benefits	$ 37,559,244	$ 37,563,714

The actuarial value of Plan assets was $30,388,163 and $26,930,226 as of March 1, 2010 and 2009, respectively.

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

The components of the changes in accumulated Plan benefits for the years ended March 1, 2010 and 2009 are:

	2010	2009
Actuarial present value of accumulated plan benefits as of March 1, 2009 and 2008, respectively	$ 37,563,714	$ 38,898,580
Increase (decrease) during the year attributable to:		
Additional benefits accumulated	(212,666)	(1,919,851)
Interest due to decrease in the discount period	2,371,339	2,459,167
Benefits paid	(2,163,143)	(2,130,479)
Assumption changes	-	256,297
Net decrease	(4,470)	(1,334,866)
Actuarial present value of accumulated plan benefits as of March 1, 2010 and 2009, respectively	$ 37,559,244	$ 37,563,714

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

NOTE 6 GENERAL ACTUARIAL DATA

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

Plan's Actuary

Mercer

Assumed Rate of Return on Investments

6.5% per annum, compounded annually, for the 2010 and 2009 valuations.

Mortality

PPA separate static annuitant and nonannuitant mortality tables for healthy and disabled participants.

Withdrawl incidence

Age	Male	Female
25	0.099	0.149
40	0.028	0.049
50	-	-

Retirement incidence

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

Normal retirement age is 65 years.

Assumptions Made In Valuing Spouse's Benefit

70% of male & female participants assumed to be married with wives three years younger than husbands.

Form of Payment

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

Expenses

2010: Administrative expenses are added to current year normal cost based on 2009 year expenses, since there was unusually high expenses in 2010.

2009: Administrative expenses are added to current year normal cost based on prior year expenses.

NOTE 6 GENERAL ACTUARIAL DATA (CONTINUED)

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

Beginning with the 2009 valuation, the asset method was changed from a smoothed value with 12 months in the average period to a smoothed value with 24 months in the average period. The funding interest rate was changed from the segmented yield curve without phase-in or look-back to the full yield curve with a four-month look-back.

NOTE 7 FUNDING POLICY

For the years ended February 28, 2011 and 2010, the funding policy was to contribute at least the minimum amount required under ERISA, as calculated by the Plan's Actuary. During 2011 and 2010, contributions were made to meet the minimum funding requirements of ERISA.

NOTE 8 TAX STATUS

The Plan obtained its latest determination letter on July 29, 2002, in which the Internal Revenue Service (IRS) stated that the Plan and related trust qualifies under the applicable provisions of the IRC and therefore, is exempt from federal income taxes. The Plan has been amended since receiving the determination letter. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. The Plan has filed Form 8905 - Certificate of intent to adopt a pre-approved plan with the IRS.

NOTE 9 INFORMATION CERTIFIED BY THE TRUSTEES

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

(a) The assets held by The Bank of New York Mellon and Union Bond & Trust Company at February 28, 2011 and 2010, as well as the transactions involving these assets for the years ended February 28, 2011 and 2010.

(b) The amount of investment income for the year ended February 28, 2011 and 2010.

(c) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of February 28, 2011.

(d) Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended February 28, 2011.

NOTE 10 PLAN TERMINATION

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

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired when benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

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

3. All other noninsured vested benefits.

4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2011 and 2010, that ceiling is $4,500. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

NOTE 11 VOLUNTARY CORRECTION PROGRAM

Subsequent to February 28, 2008, the Plan determined it had neglected to make certain lump-sum and annuity distributions to various terminated employees as required by the Plan document. The Plan Sponsor filed a Voluntary Correction Program (VCP) submission to the IRS. The Plan Sponsor has been working with the actuary to contact affected participants. Several payments have been made in relation to this program. The Plan administrator does not expect the final outcome of the VCP submission to affect the Plan's tax status.

DURO BAG MANUFACTURING COMPANY EMPLOYEES' PENSION PLAN

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

Schedule H (Form 5500)
EIN 61-0475966
Plan Number – 003

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
Attachment A				$ 24,517,686
Attachment B				7,232,163
				$ 31,749,849

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

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

* Denotes a party-in-interest

THE BANK OF NEW YORK MELLON.

TRDD35 D35F10132202 5500 FINAL 141001 2011-02-28 CYCLE 5 18:37:21 RUN DATE: 04-APR-11
5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR PAGE: 1
D35 F101322 28 FEBRUARY 2011 M1102E
DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
	COMMON/COLLECTIVE TRUST				
7,605,822.0300	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	7,605,822.03	1.0000	7,605,822.03	0.00
TOTAL COMMON/COLLECTIVE TRUST		7,605,822.03		7,605,822.03	0.00
	REGISTERED INVESTMENT COMPANIES				
222,642.3950	DWS CORE FIXED INCOME FUND INSTITUTIO	2,290,055.40	9.3200	2,075,027.12	215,028.28-
78,875.2190	AMERICAN EUROPACIFIC GROWTH FUND F1	3,486,876.90	42.4000	3,344,309.29	142,567.61-
289,740.4570	PIMCO TOTAL RETURN FUND INSTITUTIONAL	3,097,608.52	10.8800	3,152,376.17	54,767.65
269,362.2050	RAINIER LARGE CAP EQUITY PORTFOLIO INSTITUTIONAL SHARES	6,172,435.59	26.4600	7,127,323.94	954,888.35
112,402.9420	VANGUARD SHORT-TERM INVESTMENT GRADE FUND INVESTOR	1,213,876.70	10.7900	1,212,827.74	1,048.96-
TOTAL REGISTERED INVESTMENT COMPANIES		16,260,853.11		16,911,864.26	651,011.15
	GRAND TOTAL	23,866,675.14		24,517,686.29	651,011.15

Attachment A

THE BANK OF NEW YORK MELLON.

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5500 SCHEDULE OF INVESTMENTS AT END OF PLAN YEAR
28 FEBRUARY 2011

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DURO BAG MANUFACTURING CO.
HOURLY EMPLOYEES PENSION PLAN

SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
CORPORATE STOCK - COMMON					
5,150.0000	AT&T INC	127,642.29	28.3800	146,157.00	18,514.71
3,850.0000	AETNA INC	114,320.29	37.3600	143,836.00	29,515.71
5,100.0000	ALCOA INC	67,830.00	16.8500	85,935.00	18,105.00
1,150.0000	ALLEGHENY TECHNOLOGIES INC	50,209.00	67.0800	77,142.00	26,933.00
5,700.0000	ALTRIA GROUP INC	114,684.00	25.3700	144,609.00	29,925.00
4,950.0000	AMERICAN EXPRESS CO	189,040.50	43.5700	215,671.50	26,631.00
2,600.0000	AMERIPRISE FINANCIAL INC	104,078.00	63.3200	164,632.00	60,554.00
6,000.0000	BANK OF AMERICA CORP	96,663.84	14.2900	85,740.00	10,923.84-
2.0000	BERKSHIRE HATHAWAY INC	239,600.00	131,300.0000	262,600.00	23,000.00
725.0000	BERKSHIRE HATHAWAY INC	58,094.25	87.2800	63,278.00	5,183.75
5,900.0000	BRUNSWICK CORP/DE	68,086.00	23.0300	135,877.00	67,791.00
3,450.0000	CIGNA CORP	118,197.00	42.0700	145,141.50	26,944.50
2,500.0000	CATERPILLAR INC	142,625.00	102.9300	257,325.00	114,700.00
3,100.0000	CHEVRON CORP	224,130.00	103.7500	321,625.00	97,495.00
5,450.0000	CITIGROUP INC	18,530.00	4.6800	25,506.00	6,976.00
2,350.0000	CLOROX CO	144,078.50	67.7600	159,236.00	15,157.50
4,650.0000	CONOCOPHILLIPS	223,200.00	77.8700	362,095.50	138,895.50

Attachment B

SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
3,700.0000	DOW CHEMICAL CO/THE	104,747.00	37.1600	137,492.00	32,745.00
5,550.0000	DUKE ENERGY CORP	90,742.50	17.9900	99,844.50	9,102.00
5,750.0000	EASTMAN KODAK CO	34,155.00	3.4000	19,550.00	14,605.00-
2,200.0000	EATON CORP	149,864.00	110.7800	243,716.00	93,852.00
1,600.0000	ENERGIZER HOLDINGS INC	92,720.00	66.8300	106,928.00	14,208.00
10,150.0000	GENERAL ELECTRIC CO	161,598.80	20.9200	212,338.00	50,739.20
5,200.0000	GENERAL MILLS INC	187,226.00	37.1400	193,128.00	5,902.00
2,700.0000	HARTFORD FINANCIAL SERVICES GR	63,489.00	29.6000	79,920.00	16,431.00
3,750.0000	HONEYWELL INTERNATIONAL INC	150,600.00	57.9100	217,162.50	66,562.50
2,000.0000	ITT CORP	102,460.00	57.9300	115,860.00	13,400.00
3,100.0000	JPMORGAN CHASE & CO	130,107.00	46.6900	144,739.00	14,632.00
2,350.0000	KIMBERLY-CLARK CORP	142,850.00	65.9000	154,865.00	12,015.00
3,100.0000	KRAFT FOODS INC	88,133.00	31.8400	98,704.00	10,571.00
1,950.0000	LOCKHEED MARTIN CORP	151,632.00	79.1600	154,362.00	2,730.00
3,900.0000	MERCK & CO INC	143,832.00	32.5700	127,023.00	16,809.00-
3,200.0000	NICOR INC	133,280.00	52.7400	168,768.00	35,488.00
2,300.0000	PPG INDUSTRIES INC	141,542.00	88.3800	203,274.00	61,732.00
3,750.0000	PHILIP MORRIS INTERNATIONAL IN	183,675.00	62.7800	235,425.00	51,750.00
3,014.0000	PLUM CREEK TIMBER CO INC	107,690.22	41.9600	126,467.44	18,777.22

SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	
4,150.0000	PUBLIC SERVICE ENTERPRISE GROU	74,267.79	32.7000	135,705.00	61,437.21	
3,100.0000	ROYAL DUTCH SHELL PLC ADR A SHARES	168,802.00	72.2500	223,975.00	55,173.00	
4,150.0000	SPECTRA ENERGY CORP	90,470.00	26.7500	111,012.50	20,542.50	
5,250.0000	TARGET CORP	270,480.00	52.5500	275,887.50	5,407.50	
6,300.0000	TEXTRON INC	125,496.00	27.0900	170,667.00	45,171.00	
2,000.0000	THOMAS & BETTS CORP	72,200.00	55.3900	110,780.00	38,580.00	
3,150.0000	3M CO	160,626.51	92.2300	290,524.50	129,897.99	
4,500.0000	WASTE MANAGEMENT INC	148,590.00	37.0600	166,770.00	18,180.00	
TOTAL CORPORATE STOCK - COMMON		5,572,284.49		7,121,294.44	1,549,009.95	
COMMON/COLLECTIVE TRUST						
110,869.4000	COLLECTIVE SHORT TERM INVT FD VAR RT 12/31/2049 DD 07/24/08	110,869.40	1.0000	110,869.40	0.00	
TOTAL COMMON/COLLECTIVE TRUST		110,869.40		110,869.40	0.00	
	GRAND TOTAL	5,683,153.89		7,232,163.84	0.00	C
					1,549,009.95	I
					1,549,009.95	

DURO BAG MANUFACTURING COMPANY EMPLOYEES' PENSION PLAN

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

Schedule H (Form 5500)
EIN 61-0475966
Plan Number – 003

Column A Identity of Party involved	Column B Description of Asset	Column C Purchase Price	Column D Selling Price	Column G Cost of Asset	Column I Net gain or (loss)
* Union Bond & Trust Co.	Stable value fund		$ 7,168,460	$ 7,018,159	$ 150,301
* The Bank of New York	Collective short-term investment fund	$ 10,122,106		10,122,106	
* The Bank of New York	Collective short-term investment fund		2,619,932	2,619,932	

* Denotes a party-in-interest

Schedule SB, Part V – Summary of Plan Provisions

Effective date	March 4, 1970. Plan Year is March 1 through February 28. Benefit accruals were frozen as of August 31, 2003.
Most recent amendment	February 25, 2010.
Summary of changes in principal plan provisions since the prior valuation	None.
Covered employees	All non-factory and salaried employees who are not collectively bargained.
Eligibility	Employees age 21 with one year of service participate March 1 or September 1 after meeting eligibility. No new participants after August 31, 2003.
Service	From date of hire; if date of hire is before March 1, 1992, credited service begins on date of hire only if employee began making mandatory employee contributions when first eligible. Otherwise, credited service began when employee actually began making mandatory contributions. Service for calculating benefits ceases August 31, 2003. Vesting service continues through date of termination.
Compensation considered	W-2 earnings plus 401(k) and Section 125 deferrals. Earnings after August 31, 2003 are not considered.
Vesting	Completion of five years of vesting service.
Accrued benefit	0.75% times final average earnings times credited service plus 0.64% of excess of final average earnings over covered compensation times credited service up to 35 years. Participants accrued top heavy benefits from March 1, 1984 to February 28, 1989. No benefits accrue after August 31, 2003.
Employee contributions	Employee contributions of 1.5% of compensation were required to participate in the Plan from January 1, 1983 to April 30, 1993. Participants are 100% vested in their contributions. Contributions with interest may be withdrawn at termination.
Normal retirement date	Later of age 65 and fifth anniversary of participation.
Normal retirement benefit	Annual benefit equal to Accrued Benefit.
Early retirement date	Age 55 with 10 years of service.

Schedule SB, Part V – Summary of Plan Provisions

Early retirement benefit	Accrued benefit reduced 6.67% for each of the first five years and 3.33% for the next five years that payment of benefits precedes age 65.
Deferred vested benefit	A participant is eligible to receive his/her accrued benefit payable at normal retirement, or a reduced benefit payable at early retirement.
Disability retirement date	15 years of service and total disability under the Federal Social Security Act on or before August 31, 2003.
Pre retirement death benefit	In the event of the death of a married participant with a nonforfeitable right to a benefit which is not in pay status, the surviving spouse shall receive the benefit that would have been payable had the participant terminated, survived to his earliest retirement date, elected the 50% joint and survivor benefit to commence immediately, and then died.
Post retirement death benefit	None, other than the benefit available under a selected optional form.
Payment of pension	All forms of payment are actuarially equivalent to a life annuity. Actuarial equivalence is determined based on the UP84 Mortality Table set back 2 years in age and 5.50% interest. The normal form is a Life Annuity for unmarried participants and 50% Joint and Survivor Annuity for married participants. Optional forms are Life Annuity, Five-year Certain and Life, Ten-year Certain and Life, 50%, 75%, and 100% J&S Annuities. Employee contributions with interest may be taken as a lump sum.

Duro Bag Manufacturing Company Employees Pension Plan
EIN 61-0475966
Plan Number - 003
February 28, 2011

The required attachment market with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Schedule H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch H	Line 4a	Schedule of Delinquent Participant Contributions	

Schedule SB, Line 26 – Schedule of Active Participant Data

Age	Years of Service										
	Under 1	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Up**	**Total**
Under 25											0
25 - 29											0
30 - 34		6	1								7
35 - 39		5	9	2							16
40 - 44	1	9	9	5							24
45 - 49	3	13	16	16	3	5					56
50 - 54	3	7	11	10	13	4	7				55
55 - 59	1	9	6	7	4	4	6	6			43
60 - 64	2	2	5	5	7	5	4	3	1		34
65 - 69		1		1	2		1	1	1		7
70 & Up	2			1					1		4
Total	12	52	57	47	29	18	18	10	3	0	246

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

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

Actuarial assumptions

Discount rate elections	Segmented yield curve with four-month look-back.		
	First 5 years	4.81%	
	Next 15 years	6.69%	
	Over 20 years	6.78%	
Mortality election	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA		
Economic assumptions			
Expected asset return	6.50%.		
Salary increases	Not applicable.		
Social Security wage base	Not applicable.		
Inflation	Not applicable.		
Expenses	Administrative expenses are added to current year normal cost based on prior year expenses.		
Demographic assumptions			
Withdrawal incidence	**Age**	**Male**	**Female**
	25	0.099	0.149
	40	0.028	0.049
	50	0.000	0.000
Disability incidence	None assumed.		

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

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

Benefit commencement age for	
▪ Future vested deferred	65
▪ Current vested deferred	65

Spouse assumptions	**Male participants**	**Female participants**
▪ Percentage married	70%	70%
▪ Spouse age difference	3 years younger	3 years older

Form of payment	**Life annuity**	**50% J&S**	**100% J&S**
▪ Active retirements	60%	20%	20%
▪ Future vested deferred	100%	0%	0%
▪ Future deaths	0%	100%	0%
▪ Current vested deferred	100%	0%	0%

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

Actuarial methods

Asset method

We used financial data submitted by the trustee as of March 1, 2010 without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

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

Participant methods

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

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

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

Benefits included or excluded

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

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

Plan sponsor elections

- Funding interest rates
  - Segmented yield rates.
  - Four-month lookback.
- Asset method
  - Average value based on the current year's market value and the adjusted market values from the two preceding valuation dates.

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

Funding method

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

A detailed description of the calculation follows:

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

Significant events

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

Schedule SB, Line 32 – Schedule of Amortization Bases

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

Shortfall bases			
Year established	**Outstanding balance**	**Years remaining**	**Installment**
2008	$ 6,950,686	5	$ 1,523,722
2009	(1,376,491)	6	(260,450)
2010	498,991	7	83,680
Total	$ 6,073,186		$ 1,346,952

Schedule SB, Line 24 – Change in Actuarial Assumptions

- Mortality rates were updated from 2009 to 2010 in accordance with PPA.
- Due to unusually high expenses in 2010, the expense load added to normal cost is based on expenses from 2009.
- The funding interest rate was changed from the full yield curve with a four-month look-back to the segmented yield curve with a four-month look-back.

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

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

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.0%	1,000.00	50.00	2,750.00
56	1.0%	950.00	9.50	532.00
57	1.0%	940.50	9.41	536.09
58	1.0%	931.10	9.31	540.04
59	1.0%	921.78	9.22	543.85
60	5.0%	912.57	45.63	2,737.70
61	5.0%	866.94	43.35	2,644.16
62	50.0%	823.59	411.80	25,531.32
63	25.0%	411.80	102.95	6,485.78
64	25.0%	308.85	77.21	4,941.55
65	100.0%	231.63	231.63	15,056.27
Total				62,298.75
Average				62.30

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 03/01/2010 and ending 02/28/2011

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

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

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

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

Part II Basic Plan Information - enter all requested information

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

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 03/04/1970

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

7600 EMPIRE DRIVE

FLORENCE KY 41042

2b Employer Identification Number (EIN) 61-0475966

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

2d Business code (see instructions) 322200

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

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

SIGN HERE	Signature of plan administrator	Date 12-14-11	JACKIE ISAACS Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
V.092307.1

018401 07-15-10

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

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN / 4c PN

5 Total number of participants at the beginning of the plan year	5	1,601
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	223
b Retired or separated participants receiving benefits	6b	469
c Other retired or separated participants entitled to future benefits	6c	672
d Subtotal. Add lines 6a, 6b, and 6c	6d	1,364
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	115
f Total. Add lines 6d and 6e	6f	1,479
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

Duro Bag Manufacturing Company Employees Pension Plan
EIN 61-0475966
Plan Number - 003
February 28, 2011

The required attachment market with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Schedule H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch H	Line 4a	Schedule of Delinquent Participant Contributions	

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

For calendar plan year 2010 or fiscal plan year beginning 03/01/2010 and ending 02/28/2011

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

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

A Name of plan

DURO BAG MANUFACTURING COMPANY EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

DURO BAG MANUFACTURING COMPANY

D Employer Identification Number (EIN)

61-0475966

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

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

Part I Basic Information

1 Enter the valuation date: Month 3 Day 1 Year 2010

2 Assets:

a	Market value	**2a**	29,594,125
b	Actuarial value	**2b**	30,388,163

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	554	17,324,726
b	For terminated vested participants	**3b**	802	12,487,411
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		45,772
	(2) Vested benefits	**3c(2)**		8,122,663
	(3) Total active	**3c(3)**	246	8,168,435
d	Total	**3d**	1,602	37,980,572

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**	6.59 %
6	Target normal cost	**6**	235,530

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

Gary D. Dickson

Signature of actuary

12/13/11

Date

GARY D. DICKSON

Type or print name of actuary

11-03764

Most recent enrollment number

MERCER

Firm name

(513) 632-2650

Telephone number (including area code)

525 VINE STREET, SUITE 1600

CINCINNATI OH 45202

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	2,550,129	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	403,580	0
9	Amount remaining (Item 7 minus item 8)	2,146,549	0
10	Interest on item 9 using prior year's actual return of 24.81 %	532,559	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		612,723
b	Interest on (a) using prior year's effective rate of 8.23 %		117,340
c	Total available at beginning of current plan year to add to prefunding balance		730,063
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	2,679,108	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
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	82.84 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/15/2010	375,000				
09/15/2010	362,000				
12/15/2010	375,000				
03/15/2011	375,000				
11/15/2011	2,380,000				
			Totals ▶ 18(b)	3,867,000	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3,559,534

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.81 %	6.69 %	6.78 %	☐ N/A, full yield curve used

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

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

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ 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**		235,530
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		6,073,186	1,346,952
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month ____ Day ____ Year ____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	**34**		1,582,482

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	1,582,482
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	3,559,534
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	1,977,052
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