

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>07/01/2010</u> and ending <u>06/30/2011</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/11/2012	FRANK DUPPS, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/11/2012	FRANK DUPPS, JR.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE DUPPS COMPANY P. O. BOX 189, 548 N. CHERRY STREET GERMANTOWN, OH 45327-0189	3b Administrator's EIN 31-0267820 3c Administrator's telephone number 937-855-6555
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	139
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	120
b Retired or separated participants receiving benefits.....	6b	5
c Other retired or separated participants entitled to future benefits.....	6c	2
d Subtotal. Add lines 6a , 6b , and 6c	6d	127
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	127
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

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

Part I	Basic Information
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>16696176</u>
b Actuarial value	2b <u>17200459</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>2</u> <u>1543011</u>
b For terminated vested participants	3b <u>2</u> <u>53583</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>437606</u>
(2) Vested benefits	3c(2) <u>19251815</u>
(3) Total active	3c(3) <u>137</u> <u>19689421</u>
d Total	3d <u>141</u> <u>21286015</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.46</u> %
6 Target normal cost	6 <u>35000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>01/24/2012</u>
Signature of actuary	Date
<u>DANIEL P. LUCAS</u>	<u>11-05320</u>
Type or print name of actuary	Most recent enrollment number
<u>MCCREADY AND KEENE, INC.</u>	<u>317-849-4333</u>
Firm name	Telephone number (including area code)
<u>7941 CASTLEWAY DRIVE</u> <u>INDIANAPOLIS, IN 46250-0460</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	148560	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	148560	0
10	Interest on item 9 using prior year's actual return of <u>11.72</u> %	17411	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		88795
b	Interest on (a) using prior year's effective rate of <u>7.39</u> %		6562
c	Total available at beginning of current plan year to add to prefunding balance		95357
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....	17664	
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	148307	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	80.10 %
15	Adjusted funding target attainment percentage.....	15	80.80 %
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	93.51 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls		
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)
10/06/2010	141459		
12/22/2010	424377		
06/30/2011	1432150		
Totals ▶			18(b)
			1997986
			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	1896503
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No			
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No			
c If 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.44 %	2nd segment: 6.62 %	3rd segment: 6.74 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	35000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3382422	593708
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	628708
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	628708
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1896503
38 Interest-adjusted excess contributions for current year (see instructions).....	38	1267795
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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

For calendar plan year 2010 or fiscal plan year beginning **07/01/2010** and ending **06/30/2011**

A Name of plan THE DUPPS COMPANY RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE DUPPS COMPANY	D Employer Identification Number (EIN) 31-0267820	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

UBS FINANCIAL SERVICES, INC.

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	25670	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

(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: RICHARD E. LENAR	b EIN: 35-0500670
c Position: ENROLLED ACTUARY	
d Address: 7941 CASTLEWAY DRIVE INDIANAPOLIS, IN 46250	e Telephone: 317-849-4333

Explanation: RE-ASSIGNMENT OF ACTUARIAL RESPONSIBILITIES DUE TO TERMINATION

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011		
A Name of plan THE DUPPS COMPANY RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE DUPPS COMPANY	D Employer Identification Number (EIN) 31-0267820	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	300206	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1535854	1561892
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	325880	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	14526102	14853466
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	16688042	16415358

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16688042	16415358
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1997986	
(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)		1997986

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	585	
(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)		585

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	7336	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	332732	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		340068

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4861262	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4578640	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		282622

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	2587568	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2587568
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5208829

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5454178	
(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)		5454178
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	27335	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		27335
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5481513

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-272684
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(2) EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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.
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For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

A Name of plan <u>THE DUPPS COMPANY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE DUPPS COMPANY</u>	D Employer Identification Number (EIN) <u>31-0267820</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<u>1</u>	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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.....	<u>3</u>	<u>14</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	<u>6a</u>		
b Enter the amount contributed by the employer to the plan for this plan year	<u>6b</u>		
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).....	<u>6c</u>		
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
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

The Dupps Company Retirement Plan

Financial Statements and Supplemental Schedules

June 30, 2011 and 2010

with Independent Auditors' Report



CLARK SCHAEFER HACKETT
STRENGTH IN NUMBERS

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INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying statements of net assets available for benefits of The Dupps Company Retirement Plan (the "Plan") as of June 30, 2011 and 2010 and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of June 30, 2011, and changes therein for the year then ended and its financial status as of June 30, 2010, and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purposes of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules, as listed in the accompanying table of contents, as of and for the years ended June 30, 2011 are presented for the purpose of additional analysis and are not a required part of the basic financial statements. The schedule of assets (held at end of year) and the schedule of reportable transactions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Clark, Schaefer, Hackett & Co

Middletown, Ohio
March 7, 2012

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middletown, oh 45042

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The Dupps Company Retirement Plan
Statements of Net Assets Available for Benefits
June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Assets		
Investments, at fair value:		
Money market	\$ -	48,317
U.S. government securities	-	49,969
Registered investment companies	14,853,466	14,526,102
Common stock	<u>-</u>	<u>275,911</u>
	<u>14,853,466</u>	<u>14,900,299</u>
Receivables:		
Employer contributions	<u>-</u>	<u>300,206</u>
Cash and cash equivalents	<u>1,561,892</u>	<u>1,487,537</u>
Net assets available for benefits	\$ <u>16,415,358</u>	<u>16,688,042</u>

See accompanying notes to financial statements.

The Dupps Company Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Investment income:		
Interest	\$ 585	1,394
Dividends	340,068	334,878
Net appreciation in fair value of investments	<u>2,870,190</u>	<u>1,234,653</u>
	3,210,843	1,570,925
Employer contributions	<u>1,997,986</u>	<u>1,477,354</u>
Total additions	<u>5,208,829</u>	<u>3,048,279</u>
Benefits paid directly to participants	5,454,178	1,102,416
Administrative expenses	<u>27,335</u>	<u>30,925</u>
Total deductions	<u>5,481,513</u>	<u>1,133,341</u>
Net increase (decrease)	(272,684)	1,914,938
Net assets available for benefits:		
Beginning of year	<u>16,688,042</u>	<u>14,773,104</u>
End of year	\$ <u>16,415,358</u>	<u>16,688,042</u>

See accompanying notes to financial statements.

1. PLAN DESCRIPTION:

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

General

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

Pension benefits

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

Contributions

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

Death benefits

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The following are the significant accounting policies followed by the Plan:

Basis of accounting

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

Use of estimates

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

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 9 for a discussion of fair value measurements.

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

Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated participants or their beneficiaries, (2) beneficiaries of participants who have died, and (3) active participants or their beneficiaries. Benefits under the Plan are calculated using the average of the participant's highest five consecutive years of compensation earned with the Company in the last ten years prior to termination or retirement. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated benefits as of July 1, 2011 and 2010 was determined by an actuary from McCready and Keene, Inc. using the unit credit method. The present value is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of July 1, 2011 and 2010 include: (1) mortality of participants determined using the 2011 IRS Current Liability Optional Combined Mortality Table for Small Plans for July 1, 2011 and the 2010 IRS Current Liability Optional Combined Mortality Table for Small Plans for July 1, 2010, (2) retirement age of 65, (3) investment return of 9.0% and (4) discount rate of 5.04% and 5.16% for July 1, 2011 and 2010, respectively. The foregoing actuarial assumptions are based on the presumption that the plan will continue. Were the plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Cash equivalents

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

Subsequent events

The plan administrator evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The plan administrator has considered subsequent events for disclosure in the accompanying financial statements through March 7, 2012, which is the date the financial statements were available to be issued.

3. FUNDING POLICY:

The Company's funding policy is to fund pension cost that at a minimum would satisfy the minimum requirements of ERISA and would be deductible under Section 404 of the IRC. There was a required minimum contribution of \$697,986 in 2011 and \$1,328,794 in 2010.

4. PLAN TERMINATION:

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

5. RELATED PARTY TRANSACTIONS:

Certain Plan investments are shares of mutual funds and money market accounts managed by UBS Financial Services, Inc. who provides investment advisory services to the Plan, and therefore, these transactions qualify as party-in-interest.

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

6. INVESTMENTS:

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

	2011		2010	
	Shares	Current Value	Shares	Current Value
Mutual funds:				
Vanguard Adm Shrs				
GNMA Fund	356,186	\$ 3,889,546	440,496	\$ 4,845,456
Vanguard Selected Value Fund	53,775	1,078,187	68,938	1,071,980
Europacific Growth CL R6 Fund	34,391	1,489,118	40,269	1,370,349
Harbor Capital Appreciation Fund	-	<5%	35,873	1,056,824
Mutual European CL Z Fund	63,866	1,444,004	74,245	1,463,375
T. Rowe Price New America Growth Fund	37,170	1,298,362	-	<5%
Royce Micro Cap Fund	65,473	1,183,102	78,462	1,061,596
Royce Premier Fund	59,581	1,326,296	66,375	1,052,712
Artisan Mid-Cap Value Fund	53,250	1,180,027	61,699	1,048,273

7. TAX STATUS:

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

Accounting principles generally accepted in the United States of America require plan management to evaluate the tax positions taken by the plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of June 30, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's open audit periods are for fiscal years 2008 – 2011.

8. ACCUMULATED PLAN BENEFITS:

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

	<u>2011</u>	<u>2010</u>
Vested:		
Retired participants and beneficiaries receiving benefits	\$ 1,562,938	904,101
Other participants	19,496,228	15,986,346
Nonvested	<u>234,377</u>	<u>441,369</u>
Actuarial present value of accumulated plan benefits	\$ <u>21,293,543</u>	<u>17,331,816</u>

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

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated plan benefits at beginning year	\$ 17,331,816	17,620,590
Increases (decreases) during the plan year attributable to:		
Net benefits accumulated, including actuarial gains and losses	399,901	(2,466,871)
Increase for interest due to the decrease in the discount period	1,370,323	1,129,515
Increase due to change in assumptions	3,293,919	1,108,836
Benefits paid	<u>(1,102,416)</u>	<u>(60,254)</u>
Net increase (decrease)	<u>3,961,727</u>	<u>(288,774)</u>
Actuarial present value of accumulated plan benefits at the end of year	\$ <u>21,293,543</u>	<u>17,331,816</u>

9. FAIR VALUE MEASUREMENTS:

Financial Accounting Standards Board (FASB) provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to the valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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

Registered investment companies: Valued at the net asset value ("NAV") of shares held by the plan at year end as reported by the investment manager.

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

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

The carrying amounts of financial instruments including cash and cash equivalents and contributions receivable approximated fair value as of June 30, 2011 and 2010, because of the relatively short maturity of these instruments.

The Dupps Company Retirement Plan
Notes to Financial Statements
Years Ended June 30, 2011 and 2010

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2011.

Assets at fair vlaues as of June 30, 2011

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies:				
Intermediate government fund	\$ -	3,889,546	-	3,889,546
Growth funds	-	4,484,953	-	4,484,953
Blend funds	-	3,426,991	-	3,426,991
Value funds	-	<u>3,051,976</u>	-	<u>3,051,976</u>
Total	\$ <u>-</u>	<u>14,853,466</u>	<u>-</u>	<u>14,853,466</u>

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

Assets at fair vlaues as of June 30, 2010

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

10. RISKS AND UNCERTAINTIES:

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

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

The Dupps Company Retirement Plan
 EIN 31-0267820 Form 5500 Plan 001
 Schedule H, Line 4i, Schedule of Assets (Held at End of Year)
 Year Ended June 30, 2011

(a)	(b)(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Number of Shares	(d) Cost	(e) Current Value
Registered Investment Companies:				
	Vanguard Adm Shrs GNMA Fund	356,186	\$ 3,699,940	\$ 3,889,546
	Vanguard Selected Value Fund	53,775	1,045,743	1,078,187
	Europacific Growth CL R6 Fund	34,391	1,267,868	1,489,118
	T. Rowe Price New America Growth Fund	37,170	1,027,377	1,298,362
	Mutual Beacon CLZ Fund	61,388	813,610	799,885
	Mutual European CL Z Fund	63,866	1,223,151	1,444,004
	Royce Premier Fund	59,581	700,164	1,326,296
	Royce Micro-Cap Fund	65,473	717,131	1,183,102
	Vanguard Adm Shrs Windsor II Fund	16,468	828,868	793,762
	Vanguard Primecap Core Fund	25,388	310,771	371,177
	Artisan Mid-Cap Value Fund	53,250	<u>720,230</u>	<u>1,180,027</u>
			\$ <u>12,354,853</u>	\$ <u>14,853,466</u>

The Dupps Company Retirement Plan
 EIN 31-0267820 Form 5500 Plan 001
 Schedule H, Line 4j - Schedule of Reportable Transactions
 For the Year Ended June 30, 2011

(a) Identity of Person Involved	(b) Description of Asset Involved	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
N/A - Open Market	T. Rowe Price New America Growth Fund 5 Purchases	\$ 1,131,452	\$ -	\$ -	\$ -	\$ -
N/A - Open Market	Harbor Capital Appreciation Fund 1 Sale	\$ -	\$ 1,113,145	\$ 1,415,120	\$ 1,113,145	\$ (301,975)
N/A - Open Market	Vanguard Adm Shrs GNMA Fund 5 Sales	\$ -	\$ 1,165,000	\$ 1,095,852	\$ 1,165,000	\$ 69,148



At Clark Schaefer Hackett, we are the sum of our individuals. Each team member's training and experience are well-suited for each client's purpose and goals. We are committed to providing insightful and customized service — from efficient compliance to sophisticated consulting — to help each client prosper today and plan for future success.

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SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

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

Part I Basic Information			
1 Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a	16,696,176	
b Actuarial value.....	2b	17,200,459	
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Funding Target	
a For retired participants and beneficiaries receiving payment.....	3a	2	1,543,011
b For terminated vested participants.....	3b	2	53,583
c For active participants:			
(1) Non-vested benefits.....	3c(1)		437,606
(2) Vested benefits.....	3c(2)		19,251,815
(3) Total active.....	3c(3)	137	19,689,421
d Total.....	3d	141	21,286,015
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	6.46 %	
6 Target normal cost.....	6	35,000	

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

SIGN HERE	 Signature of actuary	<u>01/24/2012</u> Date <u>11-05320</u> Most recent enrollment number <u>(317) 849-4333</u> Telephone number (including area code)
<u>Daniel P. Lucas</u> Type or print name of actuary <u>McCready and Keene, Inc.</u> Firm name <u>7941 Castleway Drive</u> Address of the firm <u>Indianapolis IN 46250-0460</u>		

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)	148,560	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	148,560	0
10 Interest on item 9 using prior year's actual return of <u>11.72</u> %	17,411	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		88,795
b Interest on (a) using prior year's effective rate of <u>7.39</u> %		6,562
c Total available at beginning of current plan year to add to prefunding balance		95,357
d Portion of (c) to be added to prefunding balance.....		
12 Reduction in balances due to elections or deemed elections.....	17,664	
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	148,307	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	80.10 %
15 Adjusted funding target attainment percentage.....	15	80.80 %
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	93.51 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/06/2010	141,459				
12/22/2010	424,377				
06/30/2011	1,432,150				
Totals ▶			18(b)	1,997,986	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,896,503

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
4.44 %2nd segment:
6.62 %3rd segment:
6.74 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions) ☒

Prescribed - combined

☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. **27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years**28**

0

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

0

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

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions)**31**

35,000

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

3,382,422

593,708

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**

628,708

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**

628,708

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

1,896,503

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

1,267,795

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

0

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

0

Schedule SB, line 19 - Discounted Employer Contributions

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

Plan Year Beginning	7/1/2010	Current Valuation Date	7/1/2011
Effective Interest Rate	6.46%		
Interest Rate for Late Quarterlies	11.46%		

Contribution Classification	Schedule SB Line	Classified Amount	Date Made	Date Due	Plan Year Beginning	Days Late	Days to Discount	Late Discount	Remaining Discount	Discounted Value
1	19c	\$ 141,459	10/6/2010	10/15/2010	7/1/2010	0	97	1.000000	0.983502	\$ 139,125
2	19c	141,459	12/22/2010	1/15/2011	7/1/2010	0	174	1.000000	0.970599	137,300
3	19c	141,459	12/22/2010	4/15/2011	7/1/2010	0	174	1.000000	0.970599	137,300
4	19c	141,459	12/22/2010	7/15/2011	7/1/2010	0	174	1.000000	0.970599	137,300
5	19c	1,432,150	6/30/2011	3/15/2012	7/1/2010	0	364	1.000000	0.939481	1,345,478

Total	\$ 1,997,986									
Classification	Description	Schedule SB Line								
1-4	Number of Quarterly contribution	19c								
5	Other contributions for minimum funding	19c								
6	Contributions to avoid benefit restrictions (not included in prefunding balance)	19b								
7	Contributions to meet funding deficiency (minimum funding requirements from prior years)	19a								
8	Contributions necessary to meet liquidity requirements	19c								

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

The Dupps Company Retirement Plan

EIN: 31-0267820

PN: 001

Plan Year: July 1, 2010 to June 30, 2011

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

Schedule SB line 25 - Change in Method

The Dupps Company Retirement Plan

EIN: 31-0267820

PN: 001

Plan Year: July 1, 2010 to June 30, 2011

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

The interest rate assumption has been changed from the yield curve to the three segment yield curve rate for March.

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

Schedule SB line 32 - Schedule of Shortfall Amortization Bases

The Dupps Company Retirement Plan

EIN: 31-0267820

PN: 001

Plan Year: July 1, 2010 to June 30, 2011

SHORTFALL AMORTIZATION CHARGE

<u>Date Base Established</u>	<u>Initial Balance</u>	<u>Type of Base</u>	<u>Shortfall Amortization Installment</u>	<u>Years Remaining</u>	<u>Present Value of Remaining Installments 1/1/2009</u>
7/1/2008	\$ 1,136,759	Shortfall	\$ 189,849	5	\$ 871,894
7/1/2009	(755,125)	Shortfall	(128,907)	6	(685,573)
7/1/2010	3,196,101	Shortfall	532,766	7	3,196,101
Total			\$ 593,708		\$ 3,382,422

Schedule SB Part V - Statement Of Actuarial Assumptions / Methods

The Dupps Company Retirement Plan

EIN: 31-0267820

PN: 001

Plan Year: July 1, 2010 to June 30, 2011

ACTUARIAL METHODS

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

Accrued Benefit (Unit Credit)

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

Actuarial Value of Assets

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

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

Schedule SB Part V - Statement Of Actuarial Assumptions / Methods

The Dupps Company Retirement Plan

EIN: 31-0267820

PN: 001

Plan Year: July 1, 2010 to June 30, 2011

ACTUARIAL ASSUMPTIONS

FAS #35, PPA Funding,
and Maximum

Segmented Interest Rates
Segment 1 (0-5 years)
Segment 2 (5-20 years)
Segment 3 (20+ years)
Applicable Month

4.44%
6.62%
6.74%
March

Effective Interest Rate
Future Salary Increases
Mortality
Disability
Termination
Retirement Age
Percent Married
Age Difference in Participant & Spouse
Administrative Expense
Social Security Future Earnings Index

6.46%
0.00%
2010 Applicable Table (combined)
None Assumed
Sarason T-7
65
100%
Males three years older than females
Anticipated Administrative Expenses
3.00%

Schedule SB Part V - Statement Of Plan Provisions

The Dupps Company Retirement Plan

EIN: 31-0267820

PN: 001

SUMMARY OF PLAN PROVISIONS

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

SUMMARY OF PLAN PROVISIONS, Continued

Accrued Benefit:

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

Effective June 30, 2010 benefit accruals are frozen

Early Retirement:

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

Normal Retirement:

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

Late Retirement:

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

Disability:

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

Vesting Schedule:

Based upon years of vesting service as follows:

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

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

Pre-Retirement Death:

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

SUMMARY OF PLAN PROVISIONS, Continued

Employee Contributions:

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

Social Security Covered Compensation:

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

Payment Forms:

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

NOTE:

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

The required attachment is included as part of the accountant's opinion.

The required attachment is included as part of the accountant's opinion.

The required attachment is included as part of the accountant's opinion.

The required attachment is included as part of the accountant's opinion.

Attachment to 2010 Form 5500
Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name THE DUPPS COMPANY RETIREMENT PLAN

EIN: 31-0267820

Plan Sponsor's Name THE DUPPS COMPANY

PN: 001

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

Attained Age	YEARS OF CREDITED SERVICE								
	10 to 14			15 to 19			20 to 24		
	No.	Average		No.	Average		No.	Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25	0			0			0		
25 to 29	0			0			0		
30 to 34	1			0			0		
35 to 39	4			0			1		
40 to 44	3			3			1		
45 to 49	2			1			6		
50 to 54	0			3			7		
55 to 59	2			2			2		
60 to 64	0			0			2		
65 to 69	0			0			0		
70 & up	0			0			0		

Attained Age	YEARS OF CREDITED SERVICE											
	25 to 29			30 to 34			35 to 39			40 & up		
	Average			Average			Average			Average		
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25	0			0			0			0		
25 to 29	0			0			0			0		
30 to 34	0			0			0			0		
35 to 39	0			0			0			0		
40 to 44	0			0			0			0		
45 to 49	2			3			0			0		
50 to 54	5			6			1			0		
55 to 59	2			4			12			0		
60 to 64	4			1			4			4		
65 to 69	0			1			0			2		
70 & up	0			0			0			0		