Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1,000
		dentification Information				
For	calendar plan year 2010 or fisc	al plan year beginning 10/01/201	0	and ending 0	9/30/2	2011
A	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	first return/report	final retur	n/report		_
		an amended return/report	short plan	n year return/report (less than 12 mor	nths)	
С	Check box if filing under:	Form 5558	automatio	extension		DFVC program
		special extension (enter description	n)			
Dr	rt II Pacia Plan Infor	<u> </u>	,			
		mation—enter all requested inform	ation		1h	Throo digit
	Name of plan	CORPORATION RETIREMENT PLA	N FOR BA	ARGAINING LINIT EMPLOYEES	ID	Three-digit plan number
2.0.						(PN) ▶ 002
					1c	Effective date of plan
						10/01/1987
		ress (employer, if for single-employer	plan)		2b	Employer Identification Number
DISP	ENSERS OPTICAL SERVICE	CORPORATION				(EIN) 61-1078280
P.O.	BOX 35000				2C	Plan sponsor's telephone number 502-491-3440
	SVILLE, KY 40232				2d	Business code (see instructions)
						339900
3a	Plan administrator's name and	l address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN
DISP	ENSERS OPTICAL SERVICE	CORPORATION P.O. BOX 35 LOUISVILLE	5000 E. KY 40232	2		61-1078280
			,		3c	Administrator's telephone number 502-491-3440
4 1	the name and/or FIN of the ni	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	
	•	er from the last return/report. Sponso		port med for this plan, enter the	40	EIIN
					4c	PN
5a	Total number of participants a	t the beginning of the plan year			5a	49
b	Total number of participants a	t the end of the plan year			5b	49
С	Total number of participants w	vith account balances as of the end o	f the plan y	vear (defined benefit plans do not		
	complete this item)				5c	
6a	Were all of the plan's assets	during the plan year invested in eligib	le assets?	(See instructions.)		X Yes No
b		he annual examination and report of				X Yes ☐ No
		(See instructions on waiver eligibility		•		Tes [] No
Pa	rt III Financial Inform	ner 6a or 6b, the plan cannot use F	OTTH 5500-	SF and must mistead use Form 550	00.	
7				(a) Barinning of Year		(h) Fod of Voca
=	Plan Assets and Liabilities		- -	(a) Beginning of Year 727451		(b) End of Year 681436
	Total plan assets		. 7a			3000
b		71. (727451		681436
<u>c</u>		7b from line 7a)	. 7с			
8	Income, Expenses, and Trans			(a) Amount		(b) Total
а	Contributions received or received (1) Employers	elvable from:	. 8a(1)	9812	2	
			, ,		┪	
	•	3)			1	
b	• • • •			-7925	,	
C	` ,	8a(2), 8a(3), and 8b)				1887
d	, , ,	rollovers and insurance premiums	60			
u			. 8d	38688	3	
е		etive distributions (see instructions)	8e			
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f		_	
g	Other expenses		8g	9214		
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				47902
i		e 8h from line 8c)				-46015
		ee instructions)				

Form 5500-SF 2010	Page 2-
-------------------	----------------

Part IV	Plan	Characteristic	٠.
rall IV	- FIAII	CHALACIEHSIII	

SIGN HERE

Signature of employer/plan sponsor

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

D		e plan provides welfare benefits, enter the applicable welfare featu		iot of Flair Offara	0.01101		200 111 0			
Part	٧	Compliance Questions								
10	Dui	ing the plan year:				Yes	No	Α	mount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Define 10a.)		•	10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c	X			1	04000
d		the plan have a loss, whether or not reimbursed by the plan's fidel			10d		X			
е	ins	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See	10e		X			
f	Has	s the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	vear end.)		10g		X			
•		is is an individual account plan, was there a blackout period? (See			iug					
		0.101-3.)			10h					
i		Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part '	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements 0))							X Yes	No
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	1 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								
	gra	waiver of the minimum funding standard for a prior year is being ar nting the waiver.		Mont					e letter rulir 'ear	-
		completed line 12a, complete lines 3, 9, and 10 of Schedule ME	`	•		Г	406			
		er the minimum required contribution for this plan year				⊢	12b			
		er the amount contributed by the employer to the plan for this plan					12c			
	neg	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)					12d	1,, [ı	
		the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A
Part '	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes	X No
		es," enter the amount of any plan assets that reverted to the employee					13a			
b		re all the plan assets distributed to participants or beneficiaries, tranne PBGC?	nsferred to another	plan, or brought ι	under 	the co	ntrol		Yes	X No
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne plai	n(s) to			 	
1:	3c(1) Name of plan(s):				130	c(2) Ell	N(s)	13c(3)	PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.		
Under SB or	r pei Sch	nalties of perjury and other penalties set forth in the instructions, I diedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	ırn/rep	ort, in	cludin	g, if applicab		
SIGN	1	iled with authorized/valid electronic signature.	07/14/2012	VIRESH PARMAI	R					
HERI	E	Signature of plan administrator	Date	Enter name of in	dividu	ıal sigı	ning as	plan admin	istrator	

Date

Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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).

2010

OMB No. 1210-0110

This Form is Open to Public Inspection

							<u> </u>	File as	an attach	hmen	nt to Form	5500 or	5500-	SF.							
For	cale	ndar p	lan y	ear 2010	or fiscal	plan ye	ar beginniı	ng 10	0/01/2010	0				and en	ding	09/30/2	2011				
•	Rour	nd off	amo	unts to i	nearest d	dollar.															
•	Caut	ion: A	pen	alty of \$1	,000 will	be asse	ssed for la	ate filing o	of this rep	ort u	nless reas	onable ca	iuse is	establish	ned.						
DIS	PENS	of pla SERS IPLOY	OPT		RVICE C	ORPOR	RATION R	ETIREME	ENT PLAI	N FO	R BARGA	INING	В	Three-d plan nur	•	PN)	<u> </u>		00	02	
					shown on RVICE C		of Form 59 RATION	500 or 55	600-SF					Employe 1078280		ification	n Nun	nber (E	≣IN)		
Ет	vne d	of plan	. X	Single	Multip	nle-A	Multiple	-B		F P	rior year pla	an size	100	or fewer	П 1	01-500	П	More th	nan 500		
					<u> </u>	pic / t	Watapio			• •	noi youi pic	ari 5120.	100	OI ICWCI		01 000	Ш.	IVIOIC II	1011 000		
Pa	rt I	В	asic	Inforn	nation																
1	Ent	er the	valu	ation date	e:	M	onth		Day <u>01</u>	1	Year 🙎	2010	_								
2	Ass	sets:													_						
	а	Mark	et va	lue												2a					727451
	b	Actu	arial	value											2	2b					716615
3	Fur	nding t	arge	t/participa	ant count	breakd	own					(1) N	lumbe	r of partic	cipants	;		(2) F	unding	Target	
	а	For	retire	d particip	ants and	l benefic	ciaries rece	eiving pay	ment		3a					17					344349
	b	For	termi	nated ve	sted parti	icipants					3b					32					399725
	С	For	active	e particip	ants:																
		(1)	Non	-vested b	enefits						3c(1)										0
		(2)	Ves	ted bene	fits						3c(2)										0
		(3)	Tota	al active.							3c(3)					0					0
	d	Tota	ıl								3d					49					744074
4	If th	ne plar	n is a	t-risk, che	eck the b	ox and	complete it	tems (a) a	and (b)				. 🗌								
	а	Fund	ling t	arget dis	regarding	prescri	bed at-risk	c assumpt	tions				<u> </u>		4	la					
	b										tion rule fo				4	lb					
5	Effe							-								5				6	.47 %
6	Tar	get no	rmal	cost												6					9000
S	o the	best of ance with antion, or	ny kno h appli	icable law a	information nd regulation	ns. In my o		other assum			s, statements e (taking into a						expec		and such d		
						Signati	ure of actu	ary					_					Date			
ROG	ER I	H. AR	OCKI	AM, FSA	, EA, MA	AA							_				1	1-043	57		
STAI	NDAI	RD RE	TIRE	EMENT S	Type SERVICE	•	nt name of	actuary					<u> </u>		Mo	ost rec		nrollme I-321-2	ent numl 2226	ber	
MAIL	DRC	TH AV OP P9, ND, O	Д			Fi	rm name							٦	 Геleph	one nu	mber	(inclu	ding are	a code)	
						Addre	ess of the f	irm					_								
		-	s not	t fully refl	ected any	y regula	tion or ruli	ng promu	ılgated ur	nder t	the statute	in comple	eting t	nis sched	lule, ch	neck th	e box	c and s	see		
instru	ction	เร																		_	

Page	2-	1

Schedule SB (Form 5500) 2010

Pa	art II	Begin	ning of year	carryove	er and pr	efunding b	palanc	es								
				-					(a)	Carryover	balance		(b) [Prefundi	ng balaı	nce
7		-	nning of prior year			•		-				915				0
8	Portion (used to	offset prior year's	funding red	quirement (I	tem 35 from p	rior yea	ar)				0				0
9	Amount	remainir	ng (Item 7 minus i	tem 8)								915				0
10	Interest	on item	9 using prior year	s actual re	turn of	8.28 %						76				0
11			ess contributions t													
	a Exce	ss contr	ibutions (Item 38	from prior y	year)											0
	b Inter	est on (a	a) using prior year	s effective	rate of	6.70 %										0
	C Total	availabl	e at beginning of c	urrent plan	year to add	to prefunding b	alance .									0
	d Porti	on of (c)	to be added to pi	efunding b	alance											0
12	Reduction	on in bal	ances due to elec	tions or de	emed elect	ions						0				0
13	Balance	at begir	nning of current ye	ar (item 9	+ item 10 +	item 11d – ite	em 12)					991				0
P	art III	Fun	ding percenta	iges												
14	Funding	target a	ttainment percent	age										14	9	6.17 %
15			target attainmen											15	9	6.30 %
16	-		ing percentage fo			-	-		-					16	10	8.53 %
17			ue of the assets o											17		%
P	art IV	Con	tributions and	d liauidi	tv shortf	alls							I	·		
			ade to the plan for	•	•		mploye	es:								
	(a) Date	;	(b) Amount p	aid by	(c) Am	ount paid by		(a) Da			nount pa	-	(0	c) Amou	•	by
	1M-DD-Y	YYY)	employer(_	em	ployees	(N 0	MM-DD-Y	YYYY)	en	nployer(s	5)		empl	oyees	
02	2/16/2012			9812			U									
							Tat	iala b	40(%)			9812	40(-)			
40	D:							als ►	18(b)				18(c)			
19			loyer contributions													0
	_		allocated toward									19a				0
			made to avoid res		-						<u> </u>	19b				
20			allocated toward mi			ution for currer	nt year a	idjusted to	o valuatio	n date		19c				9000
20		=	outions and liquidit ave a "funding sh	=		ar?						L		X	Yes	□ No
		•	" were required qu											X	Yes	□ No
			" see instructions	-		-			,							
	<u></u>	.5 100,				shortfall as of			of this pla	an year						
		(1) 1s				2nd			(3)	3rd				(4) 4th	1	
			0				0				()				0

Pa	rt V Assumptio	ons used to determine	funding target and ta	rget n	ormal cost			
21	Discount rate:							
	a Segment rates:	1st segment: 4.16 %	2nd segment: 6.52 %		3rd segment: 6.68 %		N/A, full yield cu	rve used
	b Applicable month	(enter code)				21b		4
22	Weighted average ret	tirement age				22		62
23	Mortality table(s) (see	e instructions)	escribed - combined	Pres	cribed - separate	Substitut	te	
Pa	rt VI Miscellane	ous items						
24	Has a change been m	nade in the non-prescribed ac			•		· · · · ·	es 🖺 No
25							 	es No
26		e been made for the current p	•					<u> </u>
	· · · · · · · · · · · · · · · · · · ·	o provide a Schedule of Active			3 3 .	allacriment	<u>1</u>	es 🚹 No
27	, ,	or (and is using) alternative fu	• • • • • • • • • • • • • • • • • • • •			27		
Pa	rt VII Reconcilia	ation of unpaid minim	um required contribu	tions	for prior years			
28		uired contribution for all prior	•			28		0
29		contributions allocated toward				29		
	(item 19a)					29		0
30	Remaining amount of	f unpaid minimum required co	ntributions (item 28 minus ite	em 29)		30		0
Pa	rt VIII Minimum	required contribution	for current year					
31	Target normal cost, a	adjusted, if applicable (see ins	ructions)			31		9000
32	Amortization installme	ents:			Outstanding Bala	ance	Installmer	ıt
	a Net shortfall amort	tization installment				0		0
	b Waiver amortization	on installment				0		0
33		approved for this plan year, er Day Year				33		
34	• .	ment before reflecting carryov	. •			34		9000
			Carryover balance		Prefunding bala	nce	Total balan	ce
35	Balances used to offs	set funding requirement		0		0		0
36	Additional cash requir	rement (item 34 minus item 35	5)			36		9000
37		ed toward minimum required o	•	•		37		9000
38	Interest-adjusted exce	ess contributions for current y	ear (see instructions)		·····	38		0
39	Unpaid minimum requ	uired contribution for current y	ear (excess, if any, of item 3	86 over i	tem 37)	39		0
40	Unpaid minimum requ	uired contribution for all years				40		0

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corp

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).

2010

OMB No. 1210-0110

This Form is Open to Public Inspection

1 onsign benom dualanty corporation	File as an attachme	nt to Form	5500 or 5500-SF.			
For calendar plan year 2010 or fiscal plan		1/2010	and endi	ng	09/3	30/2011
Round off amounts to nearest dol						
Caution: A penalty of \$1,000 will be	assessed for late filing of this report u	inless reas				
A Name of plan			B Three-digi			0.00
			plan numb	er (PN)	P	002
DISPENSERS OPTICAL SERV	ICE CORPORATION RETIRE	MENT PL	an for bargaini	٧Ġ		
C Plan sponsor's name as shown on lin	ue 2a of Form 5500 or 5500-SF		D Employer lo	dentificatio	n Number (EIN)
DISPENSERS OPTICAL SERV	The day a state of		61-1078	280		
E Type of plan: X Single Multiple	-A 📗 Multiple-B 📗 F F	Prior year pla	an size: 🛛 100 or fewer	101-500	│	han 500
Part I Basic Information						
1 Enter the valuation date:	Month <u>- 10</u> Day <u>1</u>	Year_	2010			
2 Assets:				100		
a Market value				2a		727,451
b Actuarial value				2b		716,615
3 Funding target/participant count br	eakdown		(1) Number of particip	ants	(2)	Funding Target
a For retired participants and be	eneficiaries receiving payment	3a		17		344,349
	pants	3b		32		399,725
C For active participants:			emenicano con contra con contra con			
		3c(1)				0
` '		- :-:				0
				0		. 0
		3d		49		744,074
· · · · · · · · · · · · · · · · · · ·	and complete items (a) and (b)			.36. .35. .32.		o puntula y 1 mar ray (angona no tuc (no cupa e any citarina Salad do Salad (angona salad sa
•	rescribed at-risk assumptions			4a	locios piocercomos.	son son not in the six reason vision of course in the city of the distinct
	k assumptions, but disregarding trans					
	secutive years and disregarding loadir			4b		
5 Effective interest rate			***************************************	5		6.47 %
6 Target normal cost				6	-	. 9,000
Statement by Enrolled Actuary					·	-
	oplied in this schedule and accompanying schedule In my opinion, each other assumption is reasonabl d experience under the plan.					
SIGN RHOTO	uh un				6/2	112
	gnature of actuary				Date	· ·
Roger H. Arockiam, FSA,	•				11-043	57
	r print name of actuary			Most rec	ent enrollm	
STANDARD RETIREMENT SERV	·				71)321-	
	Firm name					ding area code)
1100 Sixth Avenue	· ······		101	-p. 10110 110	our (mola	ag area eede)
Maildrop P9A			•			
Portland	OR 972	04-	<u> </u>		•	
	Address of the firm					
If the actuary has not fully reflected any reinstructions	egulation or ruling promulgated under	the statute	in completing this schedule	e, check th	e box and s	see

Page	2-	Г
------	----	---

Pa	art II Begi	nning of year	carryove	er and prefunding bal	ances	-					
	<u> </u>					(a)	Carryover balance		(b) l	Prefund	ing balance
7				cable adjustments (Item 13	-			915			. 0
8	Portion used to	offset prior year's	funding red	quirement (Item 35 from prio	r year)			0			0
9	Amount remain	ing (Item 7 minus	tem 8)					915			0
10	Interest on item	9 using prior year	's actual re	turn of <u>8.28</u> %				76			
11	Prior year's exc	ess contributions	to be added	to prefunding balance:							
	a Excess con	tributions (Item 38	from prior	year)				4000000			0
	b Interest on (a) using prior year	's effective	rate of6.70_%							0
	and the second s			year to add to prefunding bala	1:			2012 (S)			0
	d Portion of (c) to be added to p	refunding b	alance							0
12	Reduction in ba	lances due to elec	tions or de	emed elections			*	0			0
13	Balance at begi	nning of current ye	ear (item 9	+ item 10 + item 11d - item	12)			991			. 0
P	art III Fur	nding percent	ages								
14										14	96.17 %
		· · · · · · · · · · · · · · · · · · ·		ge						15	96.30 %
16	Prior year's fun-	ding percentage fo	r purposes	of determining whether carr	yover/prefu	nding bala	nces may be used t	o reduc)	16	108.53 %
17				s less than 70 percent of the						17	%
P	art IV Cor	ntributions an	d liquidi	ty shortfalls							
	31.11.31.31.31.31.31.31.31.31.31.31.31.3	•		ear by employer(s) and emp	lovees:	· · ·			·		
	(a) Date	(b) Amount p		(c) Amount paid by	(a) D	ate	(b) Amount pa	id by	(0) Amou	int paid by
	M-DD-YYYY)	employer	(s)	employees	(MM-DD	-YYYY)	employer(s)	ļ	empl	oyees
02	2/16/2012		9,812						<u> </u>		
									ļ		
							·				
				,							
							``				
									<u> </u>	r	
· · · · · · · · · · · · · · · · · · ·			A. 1 A FACTOR OF THE STATE OF T		Totals ►	18(b)		9,812	18(c)		0
19	Discounted emp	oloyer contribution	s - see inst	tructions for small plan with a	a valuation o	date after t	he beginning of the				·
	a Contributions	allocated toward	unpaid mini	inum required contribution for	om prior ye	ars	—	19a			. 0
	b Contributions	made to avoid re	strictions ac	djusted to valuation date		•••••		19b		~~~	0
	C Contributions	allocated toward m	inimum requ	uired contribution for current y	ear adjusted	to valuation	n date	19c			9,000
20	,	butions and liquidi	-						The state of the s		A STATE OF THE STA
	a Did the plan I	have a "funding sh	ortfall" for t	he prior year?						2	Yes No
	b If 20a is "Yes	," were required a	uarterly ins	tallments for the current yea	r made in a	timely mar	ner?		************		Yes No
	C If 20a is "Yes	," see instructions	and comple	ete the following table as ap	plicable:						
				Liquidity shortfall as of en	d of Quarte			•		(4) 4:-	· ` `
	(1) 1			(2) 2nd		(3)	3rd	 	******	(4) 4tl	
		0	1		이		(/			. 0

Pa	ırt V Assumptio	ns used to determine t	funding target and targe	normal cost		
21						
	a Segment rates:	1st segment: 4.16 %	2nd segment: 6.52 %	3rd segment	1	N/A, full yield curve used
	b Applicable month	(enter code)			21b	
_22	Weighted average ret	tirement age			. 22	6
23	Mortality table(s) (see	e instructions) 🛛 🗓 Pre	escribed - combined P	escribed - separate	Substitut	e ·
Pa	rt VI Miscellane	ous items				
24		to the second of	uarial assumptions for the curre			* * '
25	Has a method change	e been made for the current pl	an year? If "Yes," see instruction	s regarding required attac	hment	Yes X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachment.	Yes X No
27			nding rules, enter applicable cod		27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribution	s for prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears		28	
29					29	
30	Remaining amount of	unpaid minimum required cor	tributions (item 28 minus item 29))	30	
Pa	rt VIII Minimum	required contribution t	for current year			
31	Target normal cost, a	djusted, if applicable (see instr	ructions)		31	9,00
32	Amortization installme	ents:		Outstanding Bala	ance	Installment
	a Net shortfall amorti	ization installment			0	
	b Waiver amortization	n installment			0	
33			ter the date of the ruling letter grand) and the waived amount		33	
34			er/prefunding balances (item 31		34	9,00
			Carryover balance	Prefunding bala	nce	Total balance
35	Balances used to offs	et funding requirement		0	0	
36	Additional cash requir	ement (item 34 minus item 35)		36	. 9,00
37			ontribution for current year adjust		37	9,00
38	Interest-adjusted exce	ess contributions for current ye	ar (see instructions)		38	
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36 over	r item 37)	39	
40	Unpaid minimum requ	ired contribution for all years		***************************************	40	

Dispensers Optical Service Corporation Retirement Plan for Bargaining Unit Employees

Schedule SB, Line 23 EIN:61-1078280 PN:002

Summary of Actuarial Assumptions and Methods

Actuarial Value of Assets: Three-year adjusted average using a rate of return of 6.00%,

but in no case greater than the third segment rate, as

prescribed by WRERA.

Turnover: Not applicable, all participants are inactive.

Disability Incidence: Not Applicable

Retirement: Age 62

Salary Scale: 4.50%

Future Increase in Wage Base: 4.00%

Future Increase in CPI: 4.00%

Marital Status: 100% of males and 100% of females are assumed to be

married. Spouses are assumed to be the same age as

employees.

Assumed Form of Payment: Participants are assumed to elect the normal form under the

Plan.

Expenses: An expense load of \$9,000 was included in the normal cost

Plan Benefits Not Considered: None.

Funding Assumptions

Funding Target Discount Rates:

Years 0 to 5:4.16%Years 6 to 20:6.52%Years 21 on:6.68%

Mortality Table: 2010 IRS Optional Small Plan Mortality

FAS 35 Assumptions

FAS 35 Discount Rate: 8.00%

Mortality Table: RP-2000 Combined Mortality projected to 2010 AA using IRS

rules

Changes Since Prior Year: The mortality table and segment rates were updated per IRS

regulations.

Attachment to 2010 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan NameDISPENSERSOPTICALSERVICECORPORATIONRETIREMENTPLANFOREMARCHAINTW\$280Plan Sponsor's NameDISPENSERSOPTICALSERVICECORPORATIONPN:002

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied		Contribution:
Contributon 02/16/2012	9,812	2010	6.47	9,000
02/20/2022	2,012	2020	1	5,000
		···-		

			·	
		•		
				-
	· · · · · · · · · · · · · · · · · · ·	.		
-				
	`			

Dispensers Optical Service Corporation Retirement Plan for Bargaining Unit Employees

Schedule SB, Part V EIN:61-1078280 PN:002

Summary of Principal Plan Provisions

Original Effective Date: July 1, 1964.

Last Restatement: February 27, 2002.

Subsequent Amendments: December 31, 2005.

Employee: All hourly paid factory production and non-production

employees of the company whose employment is governed by the terms of a collective bargaining agreement between employee representatives and the employer employed on or

before December 1, 2005.

Credited Service: For years after December 31, 1973, hours of service divided

by 2,000 if the participant has at least 1,000 hours. Different

rules apply to service before 1974.

Vesting Service: One year credit for years of 1,000 hours of service after 1973.

Service prior to January 1, 1974 based on prior plan credited

service.

Normal Retirement Date: The first day of the calendar month coincident with or next

following the later of age 65 and the effective date of

participation.

Early Retirement Date: Any participant who has attained age 60 and completed 10

years of vesting service may elect early retirement on the first

day of any calendar month following the termination of

service.

Disability Retirement Date: Any participant with 15 years of vesting service who

experiences Total and Permanent Disability lasting at least 6

months.

Compensation: Total salary and wages excluding commissions, overtime and

bonuses.

Final Average Monthly

Compensation:

The average of the highest 5 consecutive years'

compensation in the last 10 calendar years of employment.

Accrued Benefit Amount: The sum of (a) and (b) below

\$4.00 multiplied by the participant's credited service on the date of termination for non-Hazleton participants.
 \$11.50 multiplied by the participant's credited service on the date of determination for Hazleton participants.

(b) One percent of the participant's final average monthly compensation in excess of \$550, multiplied by the participant's benefit service as of the date of determination, subject to a maximum of 25 years.

Dispensers Optical Service Corporation Retirement Plan for Bargaining Unit Employees

Schedule SB, Part V EIN:61-1078280 PN:002

Summary of Plan Provisions (cont.)

Normal Retirement Benefit The Accrued Benefit Amount is payable upon normal

retirement.

Early Retirement Benefit The accrued benefit, reduced by 0.6% times the number of

months that commencement precedes normal retirement

date.

Disability Retirement Benefit The accrued benefit, commencing immediately (unreduced).

Termination Benefit: The accrued benefit, deferred to age 65.

Actuarial Equivalence For benefits payable in a form other than a lump sum,

actuarial equivalence is determined based on 7% interest and

the UP-84 mortality table.

Normal Form of Benefit: The Normal Form of Benefit is a monthly annuity payable for

life. If the participant has a spouse as of his retirement date and does not elect otherwise, the benefit will be paid in an actuarially equivalent 50% joint and survivor annuity.

Optional Forms of Benefit: Actuarially equivalent benefits may be paid in the following

forms:

Life annuity

Life annuity with 60 months certain Life annuity with 120 months certain Life annuity with 180 months certain 50% joint and survivor annuity

67% joint and survivor annuity 75% joint and survivor annuity 100% joint and survivor annuity

Lump sum

Changes Since Last Year: None.

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

Plan Name DISPENSERS	OPTICAL	SERVICE	CORPORATIO	N RETIREMENT	PLAN	FO E B AR	08SEWIUNIEAE			
Plan Sponsor's Name	DISPENSE	RS OPTICA	AL SERVICE	CORPORATION	•	PN:	002			
The weighted average retirement age is equal to the normal retirement age of62										
List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.										

Attachment to 2010 Form 5500 Schedule SB, line 24 - Change in Actuarial Assumptions

Plan Name	DISPENSERS	OPTICAL	SERVICE	CORPORATIO	N RETIREMENT	PLAN	FOR EHM R	GALINING 280
Plan Spons	or's Name	DISPENSER	S OPTICA	L SERVICE	CORPORATION		_ PN:	002

Describe any change in non-prescribed actuarial assumptions and justify any such change. The mortality table and segment rates were updated per IRS regulations.

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2010

2040

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art Annual Report Identification Information						****
		10/01/	2010	and ending	,	09/30/20	11
	This return report is for.	That the complete of the compl					ant plan
В	This return/report is for:	∐ final retu	ırn/report	<u>t</u>			
	∐ an amended return/rep⇔ੈਂਟ	short pla	ın year re	eturn/report (less than	12 months)	
С	Check box if filing under:	automat	ic extens	ion		DFVC progra	am
	special extension (enter descript	ion)					
P	art II Basic Plan Information—enter all requested inform	nation			·		
1a	Name of plan		*****		11	Three-digit	
	DISPENSERS OPTICAL SERVICE CORPORATION					plan number	
	RETIREMENT PLAN FOR BARGAINING UNIT			4		(PN))	002
	EMPLOYEES				10	Effective date of 10/01/198	
2 a	Plan sponsor's name and address (employer, if for single-employe	r plan)		······································	21	Employer Identi	
	Plan sponsor's name and address (employer, if for single-employe DISPENSERS OPTICAL SERVICE CORPORATION					(EIN) 61-107	
	CORPORATION				20	Plan sponsor's	telephone number
	P.O. BOX 35000				-	(502)491-	***
	LOUISVILLE			KY 40232	20	Business code (339900	(see instructions)
3a	Plan administrator's name and address (if same as Plan sponsor,	enter "Sam	ıe")	KI 40232	31	Administrator's	FIN
	SAME		,				
					30	Administrator's	telephone number
	If the name and/or EIN of the plan sponsor has changed since the la			A 6-46-1-1-1-1-1-1			
7	name, EIN, and the plan number from the last return/report. Sponsi	isi return/n or's name	aport file	o for this plan, enter the	• 4t	EIN	·····
			•		40	: PN	
5a	Total number of participants at the beginning of the plan year				5a		4.9
b	Total number of participants at the end of the plan year			180144	5t)	49
С	Total number of participants with account balances as of the end of	of the plan	year (def	ined benefit plans do n			
	complete this item)		·		50	<u>; </u>	
6a	Were all of the plan's assets during the plan year invested in eligit	ole assets?	' (See ins	structions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of	f an indepe	ndent qu	alified public accounta	nt (IQPA)		₩ v □ v.
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility lf you answered "No" to either 6a or 6b, the plan cannot use F	and condi	.юпѕ.) -SF and	must instead use For	 m 5500		X Yes No
Pa	art III Financial Information	01111 0000	Or and	must misteau use i oi		,, <u>, , , , , , , , , , , , , , , , , , </u>	
7	Plan Assets and Liabilities	11-011111111111111111111111111111111111		(a) Beginning of Year		(b) End	of Voor
а	Total plan assets	. 7a	1		,451	(b) End	681,436
b	Total plan liabilities	7b			7 2 3 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	001,400
С	Net plan assets (subtract line 7b from line 7a)	7c	—	727	,451		681,436
8	Income, Expenses, and Transfers for this Plan Year			-	, 401	/L. T	
a	Contributions received or receivable from:	(//////////////////////////////////////	<u></u>	(a) Amount	2,000 2,000	(b) T	otai
	(1) Employers	. 8a(1)		9	,812		Avenue 3 Pada Lavarian (1974 a Lavarian
	(2) Participants	8a(2)			1.03.07		
	(3) Others (including rollovers)	8a(3)					Vanish to the state of the stat
b	Other income (loss)	. 8b		(7,	925)		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	7077	00000000000000000000000000000000000000			1,887
d	Benefits paid (including direct rollovers and insurance premiums				10,00		
	to provide benefits)	. 8d		38	,688		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
f	Administrative service providers (salaries, fees, commissions)	8f	<u> </u>				Annual Transport of the Control of t
g	Other expenses	. 8g		9	,214		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					47,902
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					(46,015)
i	Transfers to (from) the plan (see instructions)	0.			179.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1100 100 100 100 100 100 100 100 100 10

	Form 5500-SF 2010	P	age 2-						
Psi	t IV Plan Characteristics			•					
	If the plan provides pension benefits, enter the applicable pension featur 1A 1G	re codes from the	List of Plan Char	acteris	tic Co	des in	the instru	ctions:	• •
b	If the plan provides welfare benefits, enter the applicable welfare feature	e codes from the	List of Plan Chara	cterist	ic Co	des in t	the instru	ctions:	
Par	V Compliance Questions	•							
10	During the plan year:			П	Yes	No		A	4
	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	actions reported	10b		х			,	
C	Was the plan covered by a fidelity bond?			10c	Х				104,000
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the instructions.)	benefits under the	e plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan?			10f		x			-
g	Did the plan have any participant loans? (If "Yes," enter amount as of ye			10a		Х			
h		nstructions and 2	9 CFR	10g 10h					
i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3	uired notice or or	ne of the	10i			2000.00 (100		
Part	VI Pension Funding Compliance					•			
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))							X Ye	s No
12	Is this a defined contribution plan subject to the minimum funding requir							Ye	s X No
a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amount of the minimum funding standard for a prior year is being amount of the minimum funding standard for a prior year.	ortized in this pla	n year, see instruc	ctions,	and e	nter the	e date of	the letter i	 ruling
ıs.	granting the waiveryou completed lines 3, 9, and 10 of Schedule MB (th		Day _		Year	
b	Enter the minimum required contribution for this plan year		•		- ا	12b			
	Enter the amount contributed by the employer to the plan for this plan ye				"	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)	esult (enter a min	us sign to the left o	of a	"	12d			
е	Will the minimum funding amount reported on line 12d be met by the fun					ľ	Yes	ΠNο	□ N/A
Part	A32/A4/A	<u> </u>							
13a	Has a resolution to terminate the plan been adopted during the plan year	r or any prior yea	r?					П үе	s X No
	If "Yes," enter the amount of any plan assets that reverted to the employ		•			13a			
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	ferred to another	plan, or brought u	ınder t	he co			∏ Ye	s 🗓 No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1	13c(1) Name of plan(s):						۷(s)	13c(3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report wi	ill be assessed t	ınless reasonabl	e caus	e is e	establi	shed.		
Unde	r penalties of perjury and other penalties set forth in the instructions, I dec	clare that I have	examined this retu	rn/repo	ort, înc	cluding	, if applic	able, a Sc	hedule
ട് oi belief	r Schedule MB completed and signed by an enrolled actuary, as well as the fit is true, correct, and complete.	he electronic vers	sion of this return/r	eport,	and to	o the b	est of my	knowledg	e and
SIGI	10110	-6-1012	CHARLES ARE	ENSBI	ERG				
HER	ones digital di la		Enter name of in	dividua	al sign	ing as	plan adm	inistrator	-
SIG	1 Jan 1 ray of 1	-6-2012	CHARLES ARE	ENSBI	ERG				

HERE

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor