

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>10/01/2010</u> and ending <u>09/30/2011</u>	
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input checked="" type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information							
1a Name of plan DISPENSERS OPTICAL SERVICE CORPORATION RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ▶</td> <td style="width:40%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 10/01/1987</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 10/01/1987			
1b Three-digit plan number (PN) ▶	002							
1c Effective date of plan 10/01/1987								
2a Plan sponsor's name and address (employer, if for single-employer plan) DISPENSERS OPTICAL SERVICE CORPORATION P.O. BOX 35000 LOUISVILLE, KY 40232		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">61-1078280</td> </tr> <tr> <td>2c Plan sponsor's telephone number</td> <td style="text-align: center;">502-491-3440</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">339900</td> </tr> </table>	2b Employer Identification Number (EIN)	61-1078280	2c Plan sponsor's telephone number	502-491-3440	2d Business code (see instructions)	339900
2b Employer Identification Number (EIN)	61-1078280							
2c Plan sponsor's telephone number	502-491-3440							
2d Business code (see instructions)	339900							
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") DISPENSERS OPTICAL SERVICE CORPORATION P.O. BOX 35000 LOUISVILLE, KY 40232		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>3b Administrator's EIN</td> <td style="text-align: center;">61-1078280</td> </tr> <tr> <td>3c Administrator's telephone number</td> <td style="text-align: center;">502-491-3440</td> </tr> </table>	3b Administrator's EIN	61-1078280	3c Administrator's telephone number	502-491-3440		
3b Administrator's EIN	61-1078280							
3c Administrator's telephone number	502-491-3440							
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>4b EIN</td> <td></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN			
4b EIN								
4c PN								
5a Total number of participants at the beginning of the plan year		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5a</td> <td style="width:40%; text-align: center;">49</td> </tr> <tr> <td>5b</td> <td style="text-align: center;">49</td> </tr> <tr> <td>5c</td> <td></td> </tr> </table>	5a	49	5b	49	5c	
5a	49							
5b	49							
5c								
b Total number of participants at the end of the plan year								
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)								
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								

Part III	Financial Information		
7 Plan Assets and Liabilities			
		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	727451	681436
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	727451	681436
8 Income, Expenses, and Transfers for this Plan Year			
		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	9812	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-7925	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1887
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	38688	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	9214	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		47902
i Net income (loss) (subtract line 8h from line 8c)	8i		-46015
j Transfers to (from) the plan (see instructions)	8j		

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

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:**Part V Compliance Questions**

		Yes	No	Amount
10 During the plan year:				
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		104000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

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

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

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

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2012	VIRESH PARMAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

▶ **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>DISPENSERS OPTICAL SERVICE CORPORATION RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DISPENSERS OPTICAL SERVICE CORPORATION</u>	D Employer Identification Number (EIN) <u>61-1078280</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>727451</u>
b Actuarial value	2b <u>716615</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>17</u> <u>344349</u>
b For terminated vested participants	3b <u>32</u> <u>399725</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>0</u>
(3) Total active	3c(3) <u>0</u>
d Total	3d <u>49</u> <u>744074</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	<input type="checkbox"/>
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>6.47</u> %
6 Target normal cost	6 <u>9000</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>06/07/2012</u>
Signature of actuary <u>ROGER H. AROCKIAM, FSA, EA, MAAA</u>	Date <u>11-04357</u>
Type or print name of actuary <u>STANDARD RETIREMENT SERVICES, INC.</u>	Most recent enrollment number <u>971-321-2226</u>
Firm name <u>1100 SIXTH AVENUE</u> <u>MAILDROP P9A</u> <u>PORTLAND, OR 97204</u>	Telephone number (including area code)
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)	915	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).....	915	0
10	Interest on item 9 using prior year's actual return of <u>8.28</u> %	76	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.70</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	991	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	96.17 %
15	Adjusted funding target attainment percentage.....	15	96.30 %
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	108.53 %
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
02/16/2012	9812	0			
			Totals ►	18(b)	9812
				18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 9000
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 6.52 %	3rd segment: 6.68 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	9000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	9000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	9000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	9000
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011▶ **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

DISPENSERS OPTICAL SERVICE CORPORATION RETIREMENT PLAN FOR BARGAINING

B Three-digit
plan number (PN) ▶

002

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

DISPENSERS OPTICAL SERVICE CORPORATION

D Employer Identification Number (EIN)

61-1078280

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 10 Day 1 Year 2010**2** Assets:

	2a	2b
a Market value.....	727,451	
b Actuarial value.....		716,615

3 Funding target/participant count breakdown

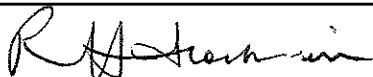
	3a	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	17	344,349	
b For terminated vested participants.....	32	399,725	
c For active participants:			
(1) Non-vested benefits.....	3c(1)		0
(2) Vested benefits.....	3c(2)		0
(3) Total active.....	3c(3)	0	0
d Total.....	3d	49	744,074

4 If the plan is at-risk, check the box and complete items (a) and (b) ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions.....		
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.....		

5 Effective interest rate..... **5** 6.47 %**6** Target normal cost..... **6** 9,000**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

Roger H. Arockiam, FSA, EA, MAAA

Type or print name of actuary

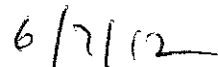
STANDARD RETIREMENT SERVICES, INC.

Firm name

1100 Sixth Avenue
Maildrop P9A
Portland

OR 97204-

Address of the firm



Date

11-04357

Most recent enrollment number

(971) 321-2226

Telephone number (including area code)

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)	915	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)	915	0
10 Interest on item 9 using prior year's actual return of <u>8.28</u> %	76	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.70</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	991	0

Part III Funding percentages

14 Funding target attainment percentage	14	96.17 %
15 Adjusted funding target attainment percentage	15	96.30 %
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	108.53 %
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
02/16/2012	9,812				
Totals ▶			18(b)	9,812	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	9,000

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:
4.16 %2nd segment:
6.52 %3rd segment:
6.68 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

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

0

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

0

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

0

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

9,000

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

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**

9,000

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**

9,000

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

9,000

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

0

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

**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
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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.

Plan Name	DISPENSERS OPTICAL SERVICE CORPORATION RETIREMENT PLAN FOR EARNERS	FEIN:	04-1117280
Plan Sponsor's Name	DISPENSERS OPTICAL SERVICE CORPORATION	PN:	002

[illegible]

**Dispensers Optical Service Corporation
Retirement Plan for Bargaining Unit Employees**

Schedule SB, Part V

EIN:61-1078280 PN:002

Summary of Principal Plan Provisions

<i>Original Effective Date:</i>	July 1, 1964.
<i>Last Restatement:</i>	February 27, 2002.
<i>Subsequent Amendments:</i>	December 31, 2005.
<i>Employee:</i>	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.
<i>Credited Service:</i>	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.
<i>Vesting Service:</i>	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.
<i>Normal Retirement Date:</i>	The first day of the calendar month coincident with or next following the later of age 65 and the effective date of participation.
<i>Early Retirement Date:</i>	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.
<i>Disability Retirement Date:</i>	Any participant with 15 years of vesting service who experiences Total and Permanent Disability lasting at least 6 months.
<i>Compensation:</i>	Total salary and wages excluding commissions, overtime and bonuses.
<i>Final Average Monthly Compensation:</i>	The average of the highest 5 consecutive years' compensation in the last 10 calendar years of employment.
<i>Accrued Benefit Amount:</i>	<p>The sum of (a) and (b) below</p> <p>(a) \$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.</p> <p>(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.</p>

**Dispensers Optical Service Corporation
Retirement Plan for Bargaining Unit Employees**

Schedule SB, Part V

EIN:61-1078280 PN:002

Summary of Plan Provisions (cont.)

<i>Normal Retirement Benefit</i>	The Accrued Benefit Amount is payable upon normal retirement.
<i>Early Retirement Benefit</i>	The accrued benefit, reduced by 0.6% times the number of months that commencement precedes normal retirement date.
<i>Disability Retirement Benefit</i>	The accrued benefit, commencing immediately (unreduced).
<i>Termination Benefit:</i>	The accrued benefit, deferred to age 65.
<i>Actuarial Equivalence</i>	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.
<i>Normal Form of Benefit:</i>	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.
<i>Optional Forms of Benefit:</i>	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
<i>Changes Since Last Year:</i>	None.

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

Plan Name DISPENSERS OPTICAL SERVICE CORPORATION RETIREMENT PLAN FOR MARGA LUTHE **FIN:** 280
Plan Sponsor's Name DISPENSERS OPTICAL SERVICE CORPORATION **PN:** 002

The weighted average retirement age is equal to the normal retirement age of 62.

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 CORPORATION RETIREMENT PLAN FOR EMPLOYEES **EIN:** 07-1111111
Plan Sponsor's Name DISPENSERS OPTICAL 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-SFDepartment of the Treasury
Internal Revenue ServiceDepartment 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**▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.****Part I Annual Report Identification Information**For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

- A** This return/report is for: ☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
- B** This return/report is for: ☐ first return/report ☐ final return/report
☐ an amended return/report ☐ short plan year return/report (less than 12 months)
- C** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program
☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

- 1a** Name of plan
DISPENSERS OPTICAL SERVICE CORPORATION
RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES
- 1b** Three-digit plan number (PN) ▶ 002
- 1c** Effective date of plan 10/01/1987
- 2a** Plan sponsor's name and address (employer, if for single-employer plan)
DISPENSERS OPTICAL SERVICE CORPORATION
P.O. BOX 35000
LOUISVILLE KY 40232
- 2b** Employer Identification Number (EIN) 61-1078280
- 2c** Plan sponsor's telephone number (502) 491-3440
- 2d** Business code (see instructions) 339900
- 3a** Plan administrator's name and address (if same as Plan sponsor, enter "Same")
SAME
- 3b** Administrator's EIN
- 3c** Administrator's telephone number
- 4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name
- 4b** EIN
- 4c** PN
- 5a** Total number of participants at the beginning of the plan year..... 49
- b** Total number of participants at the end of the plan year..... 49
- c** Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... 49
- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	727,451	681,436
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	727,451	681,436
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)	9,812	
(2) Participants.....	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	(7,925)	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		1,887
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	38,688	
e Certain deemed and/or corrective distributions (see instructions).....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f		
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)
j Transfers to (from) the plan (see instructions).....	8j		

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

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:**Part V Compliance Questions****10** During the plan year:**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)**b** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)**c** Was the plan covered by a fidelity bond?**d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?**e** Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)**f** Has the plan failed to provide any benefit when due under the plan?**g** Did the plan have any participant loans? (If "Yes," enter amount as of year end.)**h** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)**i** If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3

	Yes	No	Amount
10a		X	
10b		X	
10c	X		104,000
10d		X	
10e		X	
10f		X	
10g		X	
10h			
10i			

Part VI Pension Funding Compliance**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))☒ Yes ☐ No**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)☐ Yes ☒ No**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

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

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

12b	
12c	
12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline?☐ Yes ☐ No ☐ N/A**Part VII Plan Terminations and Transfers of Assets****13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year?☐ Yes ☒ No

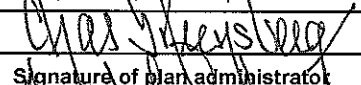
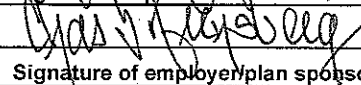
If "Yes," enter the amount of any plan assets that reverted to the employer this year.

13a**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?☐ Yes ☒ No**c** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		7-6-2012	CHARLES ARENSBERG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7-6-2012	CHARLES ARENSBERG
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor