

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 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010			
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 MEDIQ INCORPORATED PENSION PLAN 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) HILL-ROM HOLDINGS, INC. 1069 STATE HIGHWAY 46E BATESVILLE, IN 47009	1b Three-digit plan number (PN) ►	301	
	1c Effective date of plan	07/01/1976	
	2b Employer Identification Number (EIN)	35-1160484	
	2c Sponsor's telephone number	812-934-7777	
	2d Business code (see instructions)	532400	

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.	03/10/2011	MICHAEL S. MACEK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HILL-ROM HOLDINGS INC. PENSION ADMINISTRATION COMMITTEE 1069 STATE ROUTE 46E BATESVILLE, IN 47006	3b Administrator's EIN 35-1472580 3c Administrator's telephone number 812-934-7777
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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	1296
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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	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
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 1I 3H

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) ☒ 2 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010		
A Name of plan MEDIQ INCORPORATED PENSION PLAN	B Three-digit plan number (PN) ▶	301
C Plan sponsor's name as shown on line 2a of Form 5500. HILL-ROM HOLDINGS, INC.	D Employer Identification Number (EIN) 35-1160484	

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

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	GAC 3064	0	10/01/2009	09/30/2010

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	40380
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	280
	(4) Transferred from separate account	7c(4)	27086819
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	27087099
d	Total of balance and additions (add b and c(6)).	7d	27127479
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	27127479
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	27127479
f	Balance at the end of the current year (subtract e(5) from d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010		
<div>A Name of plan</div> <div>MEDIQ INCORPORATED PENSION PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>301</div>	
<div>C Plan sponsor's name as shown on line 2a of Form 5500.</div> <div>HILL-ROM HOLDINGS, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>35-1160484</div>	

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

<div>(a) Name of insurance carrier</div> <div>METROPOLITAN LIFE INSURANCE COMPANY</div>

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	GAC 24152	0	10/01/2009	09/30/2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add b and c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract e(5) from d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

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 MEDIQ INCORPORATED PENSION PLAN	B Three-digit plan number (PN) 301
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HILL-ROM HOLDINGS, INC.	D Employer Identification Number (EIN) 35-1160484

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 01 Year 2009		
2 Assets:		
a Market value	2a	24758565
b Actuarial value	2b	27234421
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 315	13306420
b For terminated vested participants	3b 785	16575384
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	1532223
(3) Total active	3c(3) 196	1532223
d Total	3d 1296	31414027
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	6.86 %
6 Target normal cost	6	285000

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.

<div>SIGN HERE</div>	<div>02/14/2011</div> <div>Signature of actuary</div> <div>DANIEL F. MCFALL</div> <div>Type or print name of actuary</div> <div>HEWITT ASSOCIATES LLC</div> <div>Firm name</div> <div>100 HALF DAY ROAD LINCOLNSHIRE, IL 60069-3258</div> <div>Address of the firm</div>	<div>Date</div> <div>08-04341</div> <div>Most recent enrollment number</div> <div>847-295-5000</div> <div>Telephone number (including area code)</div>
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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)	1521121	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).....	1521121	0
10	Interest on item 9 using prior year's actual return of <u>-1.38</u> %	-20991	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>7.17</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).....	1500130	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	81.91 %
15	Adjusted funding target attainment percentage.....	15	81.91 %
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	99.91 %
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
Totals ►			18(b)	0	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 0
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
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: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
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	285000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3794894	626370
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	911370
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	911370	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
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 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
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010		
A Name of plan MEDIQ INCORPORATED PENSION PLAN	B Three-digit plan number (PN) ▶	301
C Plan sponsor's name as shown on line 2a of Form 5500 HILL-ROM HOLDINGS, INC.	D Employer Identification Number (EIN) 35-1160484	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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)

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	140016	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEWITT ASSOCIATES

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	ACTUARY/CONSULTING	85799	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY

04-3275867

(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?
14 50	PLAN ADMINISTRATOR	52405	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATZ SAPPER & MILLER

35-1090346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	14325	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN

13-4994650

(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?
25 50	TRUSTEE	5138	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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010		
A Name of plan MEDIQ INCORPORATED PENSION PLAN	B Three-digit plan number (PN) ►	301
C Plan sponsor's name as shown on line 2a of Form 5500 HILL-ROM HOLDINGS, INC.	D Employer Identification Number (EIN) 35-1160484	

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	137978	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	523861	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	833204	0
(2) U.S. Government securities.....	1c(2)	3368170	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	3731013	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	29004	0
(B) Common	1c(4)(B)	16680943	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)	70230	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	40380	0
(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	25414783	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	107304	0
i Acquisition indebtedness	1i		
j Other liabilities	1j	668123	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	775427	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	24639356	0
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12298	
(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)	280	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12578
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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		2709489
d Total income. Add all income amounts in column (b) and enter total.....	2d		2722067

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1524556	
(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)		1524556
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)	100124	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	197559	
(4) Other	2i(4)	105053	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		402736
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1927292

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		794775
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		25434131

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: KATZ SAPPER MILLER LLP

(2) EIN: 35-1090346

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

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

Part IV Compliance Questions

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

During the plan year:

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

- 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: 0

- 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)
HILL-ROM, INC. PENSION PLAN	35-1160484	201

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
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan <u>MEDIQ INCORPORATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>301</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HILL-ROM HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>35-1160484</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3275867</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
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): _____

MEDIQ INCORPORATED PENSION PLAN

**FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT**

September 30, 2010 and 2009

MEDIQ INCORPORATED PENSION PLAN

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Independent Auditors' Report

To the Pension Finance and Pension Administration Committees
Mediq Incorporated Pension Plan

We were engaged to audit the financial statements and supplemental schedules of Mediq Incorporated Pension Plan as of and for the years ended September 30, 2010 and 2009, as listed in the accompanying table of contents. These financial statements and the supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 5, which was certified by Metropolitan Life Insurance Company, the custodian of certain Plan assets, and by JPMorgan Chase Bank, N.A., the Plan's trustee, except for comparing the investment information certified by the Custodian and the Trustee with the related investment information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Custodian and the Trustee hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the Custodian and the Trustee as of and for the years ended September 30, 2010 and 2009, that the investment information provided to the Plan Administrator by the Custodian and the Trustee is complete and accurate.

As discussed in Note 1 to the financial statements, the Plan Sponsor merged the Plan with and into the Hill-Rom, Inc. Pension Plan, which is also sponsored by the Plan Sponsor, effective September 30, 2010.

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

Katz, Sapper & Miller, LLP

Indianapolis, Indiana
March 8, 2011

MEDIQ INCORPORATED PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

September 30, 2010 and 2009

	2010	2009
ASSETS		
Investments, at fair value:		
Pooled Separate Accounts:		
MetLife Index Fund		\$ 9,814,185
Blackrock Broad Market Fund		3,725,596
Invesco Real Estate Securities I Fund		2,372,938
MetLife Small Cap Managers Fund		2,419,866
Goldman Sachs Intermediate Duration Bond Fund		3,721,968
Franklin Templeton International Equity Fund		2,462,793
Total Pooled Separate Accounts	<u>-</u>	<u>24,517,346</u>
Mutual fund shares		70,230
Metropolitan Annuity Purchase Payment Reserve (Group Annuity Contract #3064)		40,380
	<u>-</u>	<u>40,380</u>
Total Investments		24,627,956
Noninterest-bearing cash		118,704
Total Assets	<u>-</u>	<u>24,746,660</u>
LIABILITIES		
Accrued administrative expenses	<u>-</u>	<u>107,304</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ -</u></u>	<u><u>\$ 24,639,356</u></u>

See accompanying notes.

MEDIQ INCORPORATED PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended September 30, 2010 and 2009

	2010	2009
INVESTMENT INCOME (LOSS)		
Interest and dividend income	\$ 12,578	\$ 9,769
Net appreciation (depreciation) in fair value of investments	<u>2,709,489</u>	<u>(407,796)</u>
Net Investment Income (Loss)	<u>2,722,067</u>	<u>(398,027)</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefit payments	1,524,556	1,440,280
Administrative expenses	<u>402,736</u>	<u>348,307</u>
Total Deductions	<u>1,927,292</u>	<u>1,788,587</u>
NET INCREASE (DECREASE)	794,775	(2,186,614)
TRANSFER TO HILL-ROM, INC. PENSION PLAN	25,434,131	
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>24,639,356</u>	<u>26,825,970</u>
End of Year	<u><u>\$ -</u></u>	<u><u>\$24,639,356</u></u>

See accompanying notes.

MEDIQ INCORPORATED PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
October 1, 2009 and 2008

	2009	2008
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits:		
Terminated participants	\$ 22,552,465	\$ 16,333,577
Participants receiving benefits	<u>14,439,313</u>	<u>12,102,161</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 36,991,778</u></u>	<u><u>\$ 28,435,738</u></u>

See accompanying notes.

MEDIQ INCORPORATED PENSION PLAN
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
Years Ended October 1, 2009 and 2008

	2009	2008
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, BEGINNING OF YEAR	\$ 28,435,738	\$ 31,526,883
INCREASE (DECREASE) DURING THE PLAN YEAR ATTRIBUTED TO		
Increase for interest accumulation	2,079,665	2,007,073
Benefits paid	(1,440,280)	(1,320,442)
Change in actuarial assumptions	7,780,654	(3,815,514)
Other changes	<u>136,001</u>	<u>37,738</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, END OF YEAR	<u><u>\$ 36,991,778</u></u>	<u><u>\$ 28,435,738</u></u>

See accompanying notes.

MEDIQ INCORPORATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN AND SIGNIFICANT ACCOUNTING POLICIES

Mediq Incorporated Pension Plan (the “Plan”) is a noncontributory defined benefit plan covering all eligible nonunion employees of Mediq Incorporated (the “Employer”), which is now part of Hill-Rom Holdings, Inc. (the “Plan Sponsor”). The following description is a summary of the Plan’s provisions. Participants should refer to the Plan document for a complete description of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Plan Merger: On June 15, 2010, the Pension Finance and Pension Administration Committees of the Plan Sponsor voted to merge the Plan with and into the Hill-Rom, Inc. Pension Plan effective September 30, 2010. All investment assets of the Plan were liquidated and the proceeds were transferred to the Hill-Rom, Inc. Pension Plan. The transfer also included accrued liabilities of the Plan. The Hill-Rom, Inc. Pension Plan has assumed the benefit obligations of the Plan and each participant will receive benefits which are equal to or greater than the benefits accrued before the merger.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and of accumulated plan benefits, the disclosure of contingencies, and the reported additions to and deductions from net assets available for benefits and of accumulated plan benefits. Accordingly, actual results may differ from those estimates.

Basis of Accounting: The financial statements of the Plan are prepared using the accrual method of accounting.

Participation: Employees (age 21 or over) who had completed 1,000 hours of employment and were not covered by a collective bargaining agreement were eligible to participate in the Plan prior to April 30, 2004, when benefit accruals were frozen and entry of new participants into the Plan was frozen. See Note 8.

Pension Benefits: Participants are entitled to certain monthly pension benefits as follows (see Note 8):

- **Normal Retirement Benefit** – A participant is eligible for normal retirement benefits on the first of the month coincident with or next following the later of the attainment of age 65 or fifth anniversary of participation. The normal retirement benefit is the sum of a participant’s Prior Service Benefit (certain service before 1979) and Future Service Benefit (service after 1978) divided by 12.

Prior Service Benefit: 1% of average annual compensation for the calendar years 1974 through 1978 that is not in excess of \$15,500, plus 1.5% of average annual compensation for the calendar years 1974 through 1978 which is in excess of \$15,500, multiplied by years of such prior service.

Future Service Benefit: 1% of compensation for the calendar years beginning with 1989 that is not in excess of “covered compensation” (as defined) for that year, plus 1.4% of compensation for that year in excess of “covered compensation”. For calendar years 1979 through 1988, 1% of compensation for such year that is not in excess of the “Social Security Wage Base” (as defined) for that year, plus 1.5% of compensation for such year that is in excess of the Social Security Wage Base for that year.

- **Alternative Formula** – An alternative formula is provided to help counteract the effects of inflation on the Plan’s benefit formula prior to 1988. It applies if it provides a greater benefit than the normal retirement benefit formula.

NOTE 1 - DESCRIPTION OF PLAN AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

- **Early Retirement Benefit** – Eligibility for early retirement benefits is the attainment of age 55 and completion of five years of credited service. The accrued benefit for early retirement is actuarially reduced for early commencement of payments.
- **Deferred Retirement Benefit** – The benefit earned using years of credited service and compensation to the date of normal retirement, recalculated at the end of each Plan year to include each additional year's earned pension credit.
- **Disability Retirement Benefit** - A benefit, commencing at normal retirement date, equal to what the disabled participant would have been entitled to if his compensation and maximum limit of compensation subject to Social Security tax remained constant from his date of disability to normal retirement date. This benefit is payable only if the participant has completed five years of service and is eligible for Social Security disability benefits.

A disabled participant may elect to receive a benefit on or after attainment of age 55 equal to the actuarial equivalent of the benefit payable at normal retirement date.

- **Death Benefit – Preretirement:** A surviving spouse is entitled to a benefit equal to 50% of what the participant would have been entitled to if the participant had terminated at the time of death and elected a 50% Joint and Survivor Option. However, the benefit is payable when the participant would have been age 55. **Postretirement:** None, unless the member chooses a Period Certain or Joint and Survivor Option.

Benefits are recorded when paid.

Contributions: The Plan is funded by contributions from the Employer. The Employer's contributions are determined by independent actuaries and are intended to fund current year cost plus any existing prior service costs over a thirty-year period. No contributions were required for 2010 or 2009 as the Plan met the minimum funding requirements under ERISA.

Vesting: Accrued benefits become vested after five years of service

Plan Expenses: All expenses of the Plan are paid by the Plan, to the extent not paid by the Employer.

Investment Valuation and Income Recognition: The Plan's investments are stated 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 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded on an accrual basis. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Reclassification: Certain prior year amounts have been reclassified to conform to the current year presentation.

Subsequent Events: The Plan's management has evaluated the financial statements for subsequent events occurring through March 8, 2011, the date the financial statements were available to be issued.

NOTE 2 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Actuarial Present Value of Accumulated Plan Benefits are those future periodic payments and lump-sum distributions that are attributable, under the Plan's provisions, to the service that participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries and (b) beneficiaries of participants who have died. Benefits under the Plan are based on participants' years of credited service. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

In determining the value of future benefits and costs as of October 1, 2009 and 2008, the actuarial factors and assumptions used by the actuary for the Plan are:

	2009	2008
Mortality Basis	2009 Static Mortality Table	2008 Static Mortality Table
Retirement Age	Age 55 – 3.2%	Age 55 – 3.2%
	Age 60 – 3.7%	Age 60 – 3.7%
	Age 65 – 100.0%	Age 65 – 100.0%
Interest Rate	5.5%	7.5%

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan has categorized its assets and liabilities that are measured at fair value, based on the priority of the inputs to the valuation technique, into a three-level fair value hierarchy. 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). The three levels of the fair value hierarchy are described below:

- **Level 1:** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- **Level 2:** Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

- **Level 3:** Inputs to the valuation methodology are unobservable and significant to the fair value measurement in situations where there is little or no market activity for the asset or liability, and the Plan makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

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 by the Plan for investment assets measured at fair value on a recurring basis. There have been no changes in the methodologies used at September 30, 2009.

Pooled Separate Accounts: Valued at unit value provided by the fund administrators which is based on the underlying assets, net of accrued expenses, owned by each fund divided by the number of outstanding units.

Mutual Fund Shares: Valued at the published net asset value (NAV) of the shares held by the Plan at the reporting date.

Group Annuity Contract: Valued at contract value provided by the insurer which is approximately the value provided by discounting the related cash flows on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management 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 Plan held no investment assets at September 30, 2010. Following is a summary, by level within the fair value hierarchy, of the Plan's investment assets that are measured at fair value on a recurring basis as of September 30, 2009:

	Level 1	Level 2	Total
Pooled Separate Accounts:			
Index fund		\$ 9,814,185	\$ 9,814,185
Bond fund		3,725,596	3,725,596
Real estate securities fund		2,372,938	2,372,938
International equity fund		2,462,793	2,462,793
Intermediate duration bond fund		3,721,968	3,721,968
Small cap equity fund		<u>2,419,866</u>	<u>2,419,866</u>
Total pooled separate accounts		\$24,517,346	\$24,517,346
Shares of mutual fund invested in			
U.S. Treasury obligations	\$70,230		70,230
Group annuity contract	<u> </u>	<u>40,380</u>	<u>40,380</u>
Total Investments at Fair Value	<u>\$70,230</u>	<u>\$24,557,726</u>	<u>\$24,627,956</u>

NOTE 4 - PLAN TERMINATION

As disclosed in Note 1, the Plan was merged with and into the Hill-Rom, Inc. Pension Plan (the successor plan), effective September 30, 2010. The successor plan may be terminated by the Plan Sponsor in certain limited situations. If the successor plan is terminated, the net assets of the successor plan will be distributed to the participants in an order of priority determined in accordance with ERISA and its applicable regulations, and in accordance with the Plan document.

Certain benefits under the successor plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the successor plan terminates. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of plan benefits, and the amount of benefit protection is subject to certain limitations. Vested plan benefits are guaranteed at the level in effect on the date of plan termination, subject to a statutory ceiling on the amount of a participant's monthly benefit.

Whether all participants receive the benefits should the successor plan be terminated at some future time will depend on the sufficiency, at that time, of the successor plan's net assets to provide these benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

NOTE 5 - UNAUDITED INVESTMENT INFORMATION CERTIFIED BY CUSTODIAN AND TRUSTEE

The following is a summary of the Plan's investment information certified as complete and accurate by Metropolitan Life Insurance Company, the custodian of certain Plan assets, or by JPMorgan Chase Bank, N.A., the Plan's trustee. The Plan Administrator has obtained certifications from the Custodian and Trustee that such information is complete and accurate in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA as of September 30, 2010, and for the years ended September 30, 2010 and 2009. The Plan held no investments at September 30, 2010.

	2009
Pooled Separate Accounts:	
MetLife Index Fund	\$ 9,814,185*
Blackrock Broad Market Fund	3,725,596*
Invesco Real Estate Securities I Fund	2,372,938
MetLife Small Cap Managers Fund	2,419,866*
Goldman Sachs Intermediate Duration Bond Fund	3,721,968*
Franklin Templeton International Equity Fund	<u>2,462,793*</u>
	24,517,346
Mutual Fund Shares:	
JP Morgan 100% U.S. Treasury Agency Shares	70,230
Group Annuity Contract:	
Metropolitan Annuity Purchase Payment Reserve (Group Annuity Contract #3064)	<u>40,380</u>
	<u>\$24,627,956</u>

* Investment represents 5% or more of the Plan's net assets available for benefits at the date indicated.

	2010	2009
Interest and dividend income	\$ 12,578	\$ 9,769
Net appreciation (depreciation) in fair value of pooled separate accounts	2,709,489	(407,796)

NOTE 6 - INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated August 28, 2006, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan has been operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

During the years ended September 30, 2010 and 2009, the Plan invested in funds managed by Metropolitan Life Insurance Company, the custodian of certain of the Plan's assets, and in mutual fund shares sponsored by JPMorgan Chase Bank N.A., the trustee of the Plan's investment assets.

The Employer provides certain accounting, recordkeeping, and administrative services to the Plan for which it receives no compensation.

NOTE 8 - FROZEN BENEFIT ACCRUALS

Hill-Rom Holdings, Inc. (formerly Hillenbrand Industries, Inc.) acquired Mediq, Inc., the Employer, on January 30, 2004. The Pension Administration Committee of the Plan's sponsor adopted an amendment to the Plan that froze all benefits of the Plan as of April 30, 2004. Accordingly, all participants in the Plan ceased accruing benefits under the Plan as of April 30, 2004. Also, any person employed on February 2, 2004, and who was a participant in the Plan, became fully vested in his or her Plan benefits on that date regardless of length of employment, and no new participants are allowed to participate in the Plan.

NOTE 9 - PLAN AMENDMENTS

The Plan was amended in 2010 to provide for the merger of the Plan with and into the Hill-Rom, Inc. Pension Plan, effective as of September 30, 2010.

The Plan was amended in 2009 to comply with changes in the tax laws.

MEDIQ INCORPORATED PENSION PLAN

EIN 35-1160484 PN 301

SCHEDULE H, ITEM 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended September 30, 2010

(a)	(b)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Description of Transaction	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date Net Gain (Loss)
CATEGORY (i)-SINGLE TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS					
MetLife Index Fund	Pooled Separate Account	Sale	\$ 10,052,052	\$ 11,861,575	\$ 10,052,052 \$ (1,809,523)
Blackrock Broad Market Fund	Pooled Separate Account	Sale	3,746,367	3,429,398	3,746,367 316,969
Invesco Managed Real Estate Fund	Pooled Separate Account	Sale	2,831,782	3,585,574	2,831,782 (753,792)
Franklin Templeton Large Cap International	Pooled Separate Account	Sale	2,280,787	2,864,314	2,280,787 (583,527)
Goldman Sachs Intermediate Duration Alliance	Pooled Separate Account	Sale	3,757,172	3,379,572	3,757,172 377,600
MetLife Small Cap	Pooled Separate Account	Sale	2,582,660	2,565,308	2,582,660 17,352
CATEGORY (iii)-SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS					
MetLife Index Fund	Pooled Separate Account	Sales (15)	10,786,452	12,728,178	10,786,452 (1,941,726)
Blackrock Broad Market Fund	Pooled Separate Account	Sales (15)	4,021,767	3,681,497	4,021,767 340,270
Invesco Managed Real Estate Fund	Pooled Separate Account	Sales (15)	3,015,382	3,818,046	3,015,382 (802,664)
Franklin Templeton Large Cap International	Pooled Separate Account	Sales (15)	2,414,386	3,032,094	2,414,386 (617,708)
Goldman Sachs Intermediate Duration Alliance	Pooled Separate Account	Sales (15)	4,032,572	3,627,294	4,032,572 405,278
MetLife Small Cap	Pooled Separate Account	Sales (15)	2,766,260	2,747,674	2,766,260 18,586

Schedule SB Attachment (Form 5500)—2009 Plan Year
MEDIQ Incorporated Pension Plan
EIN: 35-1160484 PN: 301

Schedule SB, line 26—Schedule of Active Participant Data as of October 1, 2009
Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		3	1							
30-34		12	7							
35-39	3	17	21	2						
40-44	7	13	14	5	3	1				
45-49	3	12	10	3	3					
50-54	3	9	12	4	3					
55-59	3	2	5	3	2					
60-64	1	2	6		1					
65-69										
70+										

N-196

Schedule SB Attachment (Form 5500)—2009 Plan Year
MEDIQ Incorporated Pension Plan
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on the full Yield Curve with a four-month lookback (May 2009 yield curve), with sample rates as follows:
Yield Curve	Duration 0.5–2.66% Duration 5.5–5.81% Duration 10.5–7.12% Duration 15.5–7.30% Duration 20.5–7.11% Duration 25.5–6.94% Duration 30.5–6.84%
Optional Payment Form Election Percentage	100% are assumed to elect a single life annuity.
Optional Payment Form Conversion Interest Rate	N/A.
Optional Payment Form Conversion Mortality	N/A.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 63.
Mortality Rates	
Healthy and Disabled	2009 Static Mortality Table for Annuitants and Non-Annuitants Per Section 1.430(h)(3)-1(e).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are two years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC Section 415 maximum benefit of \$195,000.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MEDIQ Incorporated Pension Plan
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Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC Section 430(h)(2)(C)(iii).

The market value of assets as reported is adjusted by adding in benefit payments for October that are deducted from the assets in September.

Trust Expenses Included in Target Normal Cost

\$285,000. The expenses included in the target normal cost reflect the prior year's administrative expenses, rounded to the nearest \$1,000.

Expected Return on Assets

2007 Plan Year

6.40%.

2008 Plan Year

6.58%.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

October 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MEDIQ Incorporated Pension Plan
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Table 1
Retirement Rates

Age	Rate
55	3.20%
56	3.30%
57	3.40%
58	3.50%
59	3.60%
60	3.70%
61	3.80%
62	20.00%
63	5.60%
64	6.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
MEDIQ Incorporated Pension Plan
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Table 2
Termination Rates

Age	Rate	Age	Rate
15	7.9384%	45	5.1633%
16	7.9384%	46	4.9291%
17	7.9384%	47	4.6643%
18	7.9384%	48	4.3606%
19	7.9384%	49	4.0117%
20	7.9384%	50	3.6161%
21	7.8989%	51	3.1803%
22	7.8587%	52	2.7184%
23	7.8169%	53	2.2489%
24	7.7723%	54	1.7932%
25	7.7242%	55	1.3713%
26	7.6714%	56	0.9995%
27	7.6132%	57	0.6880%
28	7.5484%	58	0.4414%
29	7.4766%	59	0.2580%
30	7.3966%	60	0.1315%
31	7.3077%	61	0.0535%
32	7.2098%	62	0.0137%
33	7.1022%	63+	0.0000%
34	6.9851%		
35	6.8583%		
36	6.7230%		
37	6.5580%		
38	6.4302%		
39	6.2743%		
40	6.1129%		
41	5.9439%		
42	5.7652%		
43	5.5766%		
44	5.3767%		

Schedule SB Attachment (Form 5500)—2009 Plan Year
MEDIQ Incorporated Pension Plan
EIN: 35-1160484 PN: 301

Table 3
Disability Rates

Age	Male	Female	Age	Male	Female
20	0.015%	0.020%	50	0.090%	0.130%
21	0.015%	0.020%	51	0.100%	0.145%
22	0.015%	0.020%	52	0.115%	0.165%
23	0.015%	0.025%	53	0.130%	0.185%
24	0.015%	0.025%	54	0.150%	0.210%
25	0.015%	0.025%	55	0.180%	0.245%
26	0.020%	0.025%	56	0.210%	0.290%
27	0.020%	0.025%	57	0.250%	0.340%
28	0.020%	0.030%	58	0.295%	0.400%
29	0.020%	0.030%	59	0.345%	0.470%
30	0.020%	0.030%	60	0.450%	0.605%
31	0.020%	0.030%	61	0.580%	0.770%
32	0.020%	0.035%	62	0.730%	0.965%
33	0.025%	0.035%	63	0.905%	1.190%
34	0.025%	0.040%	64	1.110%	1.445%
35	0.025%	0.040%	65+	0.000%	0.000%
36	0.030%	0.040%			
37	0.030%	0.045%			
38	0.030%	0.045%			
39	0.030%	0.050%			
40	0.035%	0.050%			
41	0.035%	0.055%			
42	0.040%	0.060%			
43	0.040%	0.065%			
44	0.045%	0.070%			
45	0.050%	0.075%			
46	0.055%	0.080%			
47	0.060%	0.090%			
48	0.070%	0.100%			
49	0.080%	0.115%			

MEDIQ INCORPORATED PENSION PLAN

EIN 35-1160484 PN 301

SCHEDULE H, ITEM 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended September 30, 2010

(a)	(b)		(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Description of Transaction	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
CATEGORY (i)-SINGLE TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS						
MetLife Index Fund	Pooled Separate Account	Sale	\$ 10,052,052	\$ 11,861,575	\$ 10,052,052	\$ (1,809,523)
Blackrock Broad Market Fund	Pooled Separate Account	Sale	3,746,367	3,429,398	3,746,367	316,969
Invesco Managed Real Estate Fund	Pooled Separate Account	Sale	2,831,782	3,585,574	2,831,782	(753,792)
Franklin Templeton Large Cap International	Pooled Separate Account	Sale	2,280,787	2,864,314	2,280,787	(583,527)
Goldman Sachs Intermediate Duration Alliance	Pooled Separate Account	Sale	3,757,172	3,379,572	3,757,172	377,600
MetLife Small Cap	Pooled Separate Account	Sale	2,582,660	2,565,308	2,582,660	17,352
CATEGORY (iii)-SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS						
MetLife Index Fund	Pooled Separate Account	Sales (15)	10,786,452	12,728,178	10,786,452	(1,941,726)
Blackrock Broad Market Fund	Pooled Separate Account	Sales (15)	4,021,767	3,681,497	4,021,767	340,270
Invesco Managed Real Estate Fund	Pooled Separate Account	Sales (15)	3,015,382	3,818,046	3,015,382	(802,664)
Franklin Templeton Large Cap International	Pooled Separate Account	Sales (15)	2,414,386	3,032,094	2,414,386	(617,708)
Goldman Sachs Intermediate Duration Alliance	Pooled Separate Account	Sales (15)	4,032,572	3,627,294	4,032,572	405,278
MetLife Small Cap	Pooled Separate Account	Sales (15)	2,766,260	2,747,674	2,766,260	18,586

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>10/01/2009</u> and ending <u>09/30/2010</u>		

► **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 MEDIQ Incorporated Pension Plan	B Three-digit plan number (PN) ► <u>301</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Hill-Rom Holdings, Inc.	D Employer Identification Number (EIN) 35-1160484
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>10</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	24,758,565	
b Actuarial value.....	2b	27,234,421	
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	315	13,306,420
b For terminated vested participants	3b	785	16,575,384
c For active participants:			
(1) Non-vested benefits.....	3c(1)		0
(2) Vested benefits.....	3c(2)		1,532,223
(3) Total active	3c(3)	196	1,532,223
d Total.....	3d	1,296	31,414,027
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	6.86 %	
6 Target normal cost.....	6	285,000	

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	<u>Daniel F. McFall JFM</u> Signature of actuary	<u>02/14/2011</u> Date
<u>Daniel F. McFall</u> Type or print name of actuary		<u>08-04341</u> Most recent enrollment number
<u>Hewitt Associates LLC</u> Firm name		<u>(847) 295-5000</u> Telephone number (including area code)
<u>100 Half Day Road</u> Address of the firm		
<u>Lincolnshire IL 60069-3258</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) 2009
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)	1,521,121	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)	1,521,121	0
10 Interest on item 9 using prior year's actual return of <u>1.38</u> %	(20,991)	
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>7.17</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)	1,500,130	0

Part III Funding percentages

14 Funding target attainment percentage	14	81.91 %
15 Adjusted funding target attainment percentage	15	81.91 %
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	99.91 %
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

(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
Totals ▶			18(b)	0	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	0

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: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
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	285,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3,794,894	626,370
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	911,370
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	911,370	0
36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	0
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 Attachment (Form 5500)—2009 Plan Year
MEDIQ Incorporated Pension Plan
EIN: 35-1160484 PN: 301

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	Amended and Restated as of October 1, 2009.
Eligibility for Participation	First of the month coincident or next following the completion of one year of service and the attainment of age 21.
Plan Status	The plan was frozen April 30, 2004.
Normal Retirement Eligibility	End of month after attaining age 65 with five years of vesting service.
Monthly Benefit	<p>The sum of (1), (2), and (3), below:</p> <ol style="list-style-type: none">For Credited Service prior to January 1, 1988, the greater of (a) and (b) below:<ol style="list-style-type: none">The accrued benefit as of December 31, 1987 based on the plan formula as of September 30, 1988;1% of Credited Compensation up to Frozen 1987 Covered Compensation plus 1.5% of Credited Compensation in excess of Frozen 1987 Covered Compensation, multiplied by years of Benefit Accrual Service as of December 31, 1987For the 1988 year of Credited Service, 1% of 1988 Compensation up to \$45,000 plus 1.5% of that part of 1988 Compensation in excess of \$45,000.Beginning January 1, 1989 for each year of Credited Service (up to a maximum of 35 years on all Credited Service) 1% of Compensation credited for such year up to Covered Compensation plus 1.4% of that part of Compensation in excess of Covered Compensation. <p>If a participant retires or terminates employment on other than December 31, his future service benefit for his last year of participation shall be based on his Compensation and Covered Compensation for the preceding calendar year.</p>

Schedule SB Attachment (Form 5500)—2009 Plan Year
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Compensation The Compensation paid during the calendar year including overtime and bonuses.

Credited Compensation The lesser of 1987 Compensation and the highest three-year average of Compensation for years prior to 1988.

Covered Compensation The average of the taxable wage bases in effect for each calendar year during the 35-year period ending in the calendar year in which the participant attains Social Security retirement age.

Note: Notwithstanding the foregoing, no participant will accrue additional benefits under the plan after April 30, 2004.

Early Retirement Eligibility Attainment of age 55 and five years of vesting service; or if employed on or after February 2, 2004, attainment of age 55 regardless of years of vesting service.

Monthly Benefit The normal retirement benefit actuarially reduced for early commencement.

Multiply Normal Retirement Benefit by Factor Below to Determine Benefit Payable at Early Retirement	
Age	
55	0.3802
56	0.4157
57	0.4550
58	0.4989
59	0.5478
60	0.6026
61	0.6640
62	0.7332
63	0.8112
64	0.8996
65	1.0000

Schedule SB Attachment (Form 5500)—2009 Plan Year
MEDIQ Incorporated Pension Plan
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Disability

Eligibility

A participant has applied, qualified for and is receiving disability benefits under Social Security, and has become disabled after completing five years of Vesting Service.

Monthly Benefit

The normal retirement benefit assuming the rate of Compensation prior to the date of disability and the Covered Compensation amount in effect at the date of disability remain constant but the Credited Service continues until Normal Retirement.

Vested Deferred Retirement

Eligibility

Five years of Vesting Service (excluding years before age 18) or the attainment of age 65.

Note: All participants become fully vested if employed on February 2, 2004.

Monthly Benefit

Same as normal retirement benefit. The benefit may commence as early as age 55, if eligible for early retirement, actuarially reduced for early commencement.

Preretirement Death Benefit

Eligibility

Married participants with five years of vesting service.

Monthly Benefit

One-half of what the deceased employee would have been paid if he had terminated at the time death and elected a 50% joint and survivor benefit (beginning when the employee would have been 55).

Definitions

Vesting Service

One year for every year of service in which a participant works 1,000 hours.

Credited Service

One year for every year of service as a participant. During a year in which the participant terminates employment, retires, or suspends participation, credit each full calendar month. Credited service is limited to 35 years.

Normal Form

Single Life Annuity or an actuarially equivalent 50% joint and survivor annuity if the participant has been married for at least one year at the date of retirement.

Optional Forms of Benefits

100%, 75%, 66 2/3%, and 50% joint and survivor annuities, lump sums under \$5,000.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MEDIQ Incorporated Pension Plan
EIN: 35-1160484 PN: 301

Changes in Plan Provisions Since Prior Year

The October 1, 2009 valuation reflects the following changes:

- The legislated Section 415 dollar limit for defined benefit plans increased from \$185,000 for 2008 to \$195,000 for 2009.
- Death benefits are available to married participants only.
- For participants employed on or after February 2, 2004, early retirement is available starting at age 55 regardless of years of vesting service.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

- The target liability was calculated using the full yield curve based on corporate bonds rates for May. As such, "4" was entered on line 21b as the applicable lookback month.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MEDIQ Incorporated Pension Plan
EIN: 35-1160484 PN: 301

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$3,794,894	October 1, 2009	7	\$626,370

Schedule SB Attachment (Form 5500)—2009 Plan Year
MEDIQ Incorporated Pension Plan
EIN: 35-1160484 PN: 301

Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following method changes:

- A change in the interest rate assumption from the full yield curve with no lookback (as of September 2008) to the full yield curve with a four-month lookback (as of May 2009)
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MEDIQ Incorporated Pension Plan
EIN: 35-1160484 PN: 301

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	3.20%	1.0000	1.78
56.5	3.30%	0.9680	1.80
57.5	3.40%	0.9361	1.83
58.5	3.50%	0.9042	1.85
59.5	3.60%	0.8726	1.87
60.5	3.70%	0.8412	1.88
61.5	3.80%	0.8100	1.89
62.5	20.00%	0.7793	9.74
63.5	5.60%	0.6234	2.22
64.5	6.00%	0.5885	2.28
65	100.00%	0.5532	35.96
Weighted Average			63.10