

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan MORRISON PRODUCTS, INC. PARTICIPATING FACILITY HOURLY-WAGE EMPLOYEES' PENSION PLAN	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td>002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/18/1972</td> </tr> </table>	1b Three-digit plan number (PN) ►	002	1c Effective date of plan 07/18/1972	
1b Three-digit plan number (PN) ►	002				
1c Effective date of plan 07/18/1972					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) MORRISON PRODUCTS, INC. 16900 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	<table border="1"> <tr> <td>2b Employer Identification Number (EIN) 34-0397700</td> </tr> <tr> <td>2c Sponsor's telephone number 216-486-4000</td> </tr> <tr> <td>2d Business code (see instructions) 333410</td> </tr> </table>	2b Employer Identification Number (EIN) 34-0397700	2c Sponsor's telephone number 216-486-4000	2d Business code (see instructions) 333410	
2b Employer Identification Number (EIN) 34-0397700					
2c Sponsor's telephone number 216-486-4000					
2d Business code (see instructions) 333410					

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.	09/19/2011	JOSEPH MILITELLO
	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

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

Form 5500 (2010)
v.092307.1

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

MORRISON PRODUCTS, INC.

16900 SOUTH WATERLOO ROAD
CLEVELAND, OH 44110**3b** Administrator's EIN

34-0397700

3c Administrator's telephone number

216-486-4000

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

370

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**

194

b Retired or separated participants receiving benefits.....**6b**

33

c Other retired or separated participants entitled to future benefits.....**6c**

130

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

357

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

5

f Total. Add lines **6d** and **6e**.....**6f**

362

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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 <u>MORRISON PRODUCTS, INC. PARTICIPATING FACILITY HOURLY-WAGE EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MORRISON PRODUCTS, INC.</u>	D Employer Identification Number (EIN) <u>34-0397700</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>5376696</u>
b	Actuarial value 2b <u>5425244</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>39</u> <u>934834</u>
b	For terminated vested participants 3b <u>126</u> <u>792330</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>186876</u>
(2)	Vested benefits 3c(2) <u>1745094</u>
(3)	Total active 3c(3) <u>205</u> <u>1931970</u>
d	Total 3d <u>370</u> <u>3659134</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.67</u> %
6	Target normal cost 6 <u>135605</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>08/09/2011</u>
Signature of actuary	Date
<u>DAVID R. JARRETT</u>	<u>11-04821</u>
Type or print name of actuary	Most recent enrollment number
<u>BUCK CONSULTANTS, LLC</u>	<u>412-281-2506</u>
Firm name	Telephone number (including area code)
<u>500 GRANT STREET</u> <u>SUITE 2900</u> <u>PITTSBURGH, PA 15219</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	238525	338672
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).....	238525	338672
10	Interest on item 9 using prior year's actual return of <u>5.37</u> %	12809	18187
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		245321
b	Interest on (a) using prior year's effective rate of <u>6.47</u> %		15872
c	Total available at beginning of current plan year to add to prefunding balance		261193
d	Portion of (c) to be added to prefunding balance.....		261193
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).....	251334	618052

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	124.50 %
15	Adjusted funding target attainment percentage.....	15	148.26 %
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	133.81 %
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
05/04/2010	325000	0			
			Totals ▶	18(b)	325000
				18(c)	

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

a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	318005

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	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	318005
38 Interest-adjusted excess contributions for current year (see instructions).....	38	318005
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
A Name of plan MORRISON PRODUCTS, INC. PARTICIPATING FACILITY HOURLY-WAGE EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MORRISON PRODUCTS, INC.	D Employer Identification Number (EIN) 34-0397700

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....	☒ Yes ☐ No
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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).
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
KEYBANK NATIONAL ASSOCIATION
34-6671441

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
PIMCO MODERATE DURATION FUND
33-0633145

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PIMCO TOTAL RETURN FUND
33-0239892

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ISHARES S&P 500 INDEX FUND
94-3351276

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

ISHARES BARCLAYS TIPS BOND FUND

43-2027552

(b) Enter name and EIN or address of person who provided you disclosures 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)

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>MORRISON PRODUCTS, INC. PARTICIPATING FACILITY HOURLY-WAGE EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MORRISON PRODUCTS, INC.</u>	D Employer Identification Number (EIN) <u>34-0397700</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>KEYBANK EB MAN.GUAR.INVEST. FUND</u>		
b Name of sponsor of entity listed in (a): <u>KEYBANK NATIONAL ASSOCIATION</u>		
c EIN-PN <u>34-6903863-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2905982</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>KEY TRST.MULT.INV.TRST. FOR EE BEN.</u>		
b Name of sponsor of entity listed in (a): <u>KEYBANK NATIONAL ASSOCIATION</u>		
c EIN-PN <u>34-6514544-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>383611</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>		
A Name of plan <u>MORRISON PRODUCTS, INC. PARTICIPATING FACILITY HOURLY-WAGE EMPLOYEES' PENSION PLAN</u>		B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MORRISON PRODUCTS, INC.</u>		D Employer Identification Number (EIN) <u>34-0397700</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	4038	4983
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)	401798	150342
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	155455	152248
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(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)	3817691	3289593
	(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)	998964	2232395
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5377946	5829561

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1250	3289
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1250	3289

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5376696	5826272
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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)	325000	
(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)		325000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	4032	
(C) Corporate debt instruments	2b(1)(C)	8194	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12226
(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)	79621	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		79621
(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-126447	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-126447
(6) Net investment gain (loss) from common/collective trusts	2b(6)		145157
(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)		106300
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		541857

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	92281	
(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)		92281
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		92281

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		449576
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MEADEN & MOORE, LTD.

(2) EIN: 34-1818258

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>MORRISON PRODUCTS, INC. PARTICIPATING FACILITY HOURLY-WAGE EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MORRISON PRODUCTS, INC.</u>	D Employer Identification Number (EIN) <u>34-0397700</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	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>34-6671441</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)
----------------	--

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

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) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



INDEPENDENT AUDITORS' REPORT

To the Plan Participants and Administrators of the

Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

We have audited the accompanying Statement of Net Assets Available for Benefits of the MORRISON PRODUCTS, INC. PARTICIPATING FACILITY HOURLY-WAGE EMPLOYEES' PENSION PLAN and the related Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2010 and 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan as of December 31, 2010 and 2009, and the changes in its net assets available for benefits for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the financial statements taken as a whole. The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2010 and reportable transactions, are presented for the purposes of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules are the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in our audits of the financial statements and, in our opinion, is fairly stated in all material respects in relation to the financial statements taken as a whole.

Meaden & Moore, Ltd.

MEADEN & MOORE, LTD.

Certified Public Accountants

August 10, 2011

Cleveland, Ohio



Meaden & Moore, Ltd.

(A Meaden & Moore Company)

1100 Superior Avenue Suite 1100 Cleveland, Ohio 44114-2523 216-241-3272 FAX 216-771-4511
Akron Atlanta Charlotte Chicago Cleveland Columbus Los Angeles Naperville New York Orlando Phoenix Pittsburgh Wooster

**MORRISON PRODUCTS, INC.
PARTICIPATING FACILITY HOURLY-WAGE
EMPLOYEES' PENSION PLAN**

**FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITORS' REPORT**

December 31, 2010

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INDEPENDENT AUDITORS' REPORT

To the Plan Participants and Administrators of the
Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

We have audited the accompanying Statement of Net Assets Available for Benefits of the MORRISON PRODUCTS, INC. PARTICIPATING FACILITY HOURLY-WAGE EMPLOYEES' PENSION PLAN and the related Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2010 and 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan as of December 31, 2010 and 2009, and the changes in its net assets available for benefits for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the financial statements taken as a whole. The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2010 and reportable transactions, are presented for the purposes of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules are the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in our audits of the financial statements and, in our opinion, is fairly stated in all material respects in relation to the financial statements taken as a whole.

Meaden & Moore, Ltd.

MEADEN & MOORE, LTD.

Certified Public Accountants

August 10, 2011
Cleveland, Ohio



Meaden & Moore, Ltd.

(A Meaden & Moore Company)

1100 Superior Avenue Suite 1100 Cleveland, Ohio 44114-2523 216-241-3272 FAX 216-771-4511

Akron Atlanta Charlotte Chicago Cleveland Columbus Los Angeles Naperville New York Orlando Phoenix Pittsburgh Wooster

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

	December 31	
	<u>2010</u>	<u>2009</u>
ASSETS		
Receivable - Interest	\$ 4,983	\$ 4,038
Investments, at Fair Value:		
Mutual funds	2,232,395	998,964
United States government securities	150,342	401,798
Corporate debt instruments	152,248	155,455
Bank common/collective trust fund	2,905,982	3,186,576
Money market funds	<u>383,611</u>	<u>631,115</u>
Total Investments	<u>5,824,578</u>	<u>5,373,908</u>
Total Assets	5,829,561	5,377,946
LIABILITIES	<u>3,289</u>	<u>1,250</u>
Net Assets Available for Benefits	<u>\$ 5,826,272</u>	<u>\$ 5,376,696</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

	Year Ended December 31	
	<u>2010</u>	<u>2009</u>
Additions to Net Assets Attributed to:		
Contributions	\$ 325,000	\$ 250,000
Investment Income		
Interest income	91,847	53,918
Net appreciation in fair value of investments	<u>125,010</u>	<u>219,134</u>
Total Investment Income	216,857	273,052
Deductions from Net Assets Attributed to:		
Benefits paid to participants	<u>92,281</u>	<u>108,034</u>
Net Increase	449,576	415,018
Net Assets Available for Benefits:		
Beginning of Year	<u>5,376,696</u>	<u>4,961,678</u>
End of Year	<u>\$ 5,826,272</u>	<u>\$ 5,376,696</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

1 Description of Plan

The following brief description of the Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General:

The Plan is a non-contributory defined benefit plan established under the provision of Section 401(a) of the Internal Revenue Code to which Morrison Products, Inc. contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan members. The Plan is subject to the Employee Retirement Income Security Act of 1974 ("ERISA").

The purpose of the Plan is to provide pension benefits to participants upon their retirement. All persons employed by Morrison Products, Inc. (the "Company") at the Cleveland Plant on a full-time hourly basis and who are represented by the United Steelworkers International Union and all persons employed by the Company at the Dallas and Atlanta Plants on a full-time hourly basis are eligible. Normal retirement is at age 65, or after 10 years of vested service if later. The Plan also provides for early retirement upon reaching established age and service levels, disability retirement and certain termination retirement provisions.

Effective September 15, 2009, the Plan was amended to comply with the Final Section 415 of the Internal Revenue Code.

Effective December 29, 2009, the Plan has been modified to be in compliance with the Pension Protection Act of 2006 (PPA), the Heroes Earnings Assistance and Relief Tax Act of 2008 (HEART), and the 2009 minimum distribution requirements of the Worker, Retiree, and Employee Recovery Act of 2008 (WRERA) under the IRC.

Effective January 1, 2010, the Plan was amended and restated to incorporate separate amendments previously made to the Plan in anticipation of filing for a new determination letter.

Plan Termination:

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, subject to conditions set forth in ERISA: (a) the Plan provides that the net assets shall be allocated among the participants and beneficiaries of the Plan in the order provided for in ERISA and (b) to the extent unfunded vested benefits then exist, ERISA provides that such benefits are payable by the Pension Benefit Guaranty Corporation to participants, up to specified limitations, as described in ERISA.

NOTES TO FINANCIAL STATEMENTS

Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

1 Description of Plan, Continued

Basis of Accounting:

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Subsequent Events:

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining and the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through August 10, 2011, which is the date the financial statements were available to be issued.

2 Summary of Significant Accounting Policies

Valuation of Investments:

U.S. government securities are valued at the last reported sales price as of the Plan year-end. The bank common/collective trust fund principally invests in guaranteed investment contracts. This fund is credited with earnings on the underlying investments net of administrative expenses of the investment advisor. This fund also contains withdrawal provisions that could limit the withdrawal of the account assets for up to 12 months. This investment is included in the financial statements at contract value.

Purchases and sales of investments are reflected on a trade-date basis. Income is recorded as earned on an accrual basis. Gains or losses are based on average cost.

The Plan presents the net appreciation in the fair market value of its investments, which consists of any realized gains or losses and any unrealized appreciation or depreciation on those investments, in the Statement of Changes in Net Assets Available for Plan Benefits.

Payment of Benefits:

Benefit distributions are recorded when authorized for distribution.

NOTES TO FINANCIAL STATEMENTS

Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

2 Summary of Significant Accounting Policies, Continued

Risks and Uncertainties:

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

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for Plan benefits at the dates of the financial statements and the reported amounts of changes in net assets available for Plan benefits during the reporting periods. In particular, the actuarial present value of accumulated Plan benefits are prepared based on certain assumptions pertaining to interest rates, market conditions and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, actual results could differ materially from those estimates.

Administration:

The terms and conditions of the Plan relating to eligibility, vesting rights and the payments of benefits are administered by the Plan administrator which, for the purpose of ERISA, is the Company. The Plan administrator has engaged the Key Trust Company of Ohio, N.A. as trustee for the Plan assets. All administrative expenses are paid by the Company.

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based upon the years of credited service, as defined in the Plan, multiplied by a predetermined benefit accrual rate, at the date the benefit information is presented (the "valuation date"). Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

NOTES TO FINANCIAL STATEMENTS

Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

2 Summary of Significant Accounting Policies, Continued

Actuarial Present Value of Accumulated Plan Benefits, Continued:

The actuarial present value of accumulated Plan benefits represents the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money and the probability of payment between the valuation date and expected date of payment.

The actuarial cost method is the entry age normal cost method with frozen initial liability. The significant assumptions underlying the Plan's actuarial computations are:

Investment Return: 5.0% per annum

Mortality: The IRS 2010 Combined Mortality Tables for Males and Females (2010)

<i>Rate of Withdrawal:</i>	<u>Age</u>	<u>Rate</u>	
Cleveland Division:	20	0.2405	
	25	0.0605	
	30	0.0330	
	35	0.0230	
	40	0.0200	
	45	0.0140	
	50	0.0090	
	55	0.0070	
	60	0.0010	
Phoenix Division and Dallas/Atlanta Divisions:		<u>Male</u>	<u>Female</u>
	20	0.1203	0.2405
	25	0.0303	0.0605
	30	0.0165	0.0330
	35	0.0115	0.0230
	40	0.0100	0.0200
	45	0.0070	0.0140
	50	0.0045	0.0090
	55	0.0035	0.0070
	60	0.0005	0.0010

NOTES TO FINANCIAL STATEMENTS

Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

2 Summary of Significant Accounting Policies, Continued

Retirement:

Normal retirement age, assumed to be age 65 or age on valuation date, if later.

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

The actuarial present value of accumulated Plan benefits represents the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money and the probability of payment between the valuation date and expected date of payment.

3 Funding Policy

The contributions by the Company are designed to fund the Plan's current service costs on a current basis and to fund over a period, not to exceed 30 years, the estimated accrued benefit cost arising from qualifying service before the establishment of the Plan. Additionally, the contributions of the Company are designed to be in amounts sufficient to meet the minimum funding requirements of ERISA. During the year ended December 31, 2010 and 2009, the Company recorded contributions to the Plan of \$325,000 and \$250,000, respectively, that met the minimum funding requirements of ERISA, as determined by the Company's actuary.

NOTES TO FINANCIAL STATEMENTS

Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

4 Accumulated Plan Benefits

The actuarially computed present values of accumulated plan benefits at January 1, 2010, are as follows:

	<u>January 1, 2010</u>
Vested Benefits:	
For retired and terminated employees receiving benefits	\$ 1,050,160
For active and terminated employees presently receiving benefits	<u>3,436,831</u>
	4,486,991
 Nonvested	 <u>226,492</u>
 Total Present Value of Accumulated Plan Benefits	 <u>\$ 4,713,483</u>
 The changes in accumulated plan benefits are as follows:	
Actuarial present value of accumulated plan benefits at beginning of year	\$ 4,365,577
 Benefit accruals and plan experience	 240,329
Benefits paid	(108,034)
Interest/Change in discount period	<u>215,611</u>
 Total Present Value of Accumulated Plan Benefits at End of Year	 <u>\$ 4,713,483</u>

NOTES TO FINANCIAL STATEMENTS

Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

5 Investments

The following table presents the value of individual investments that represent 5% or more of the Plan's net assets available for benefits:

	<u>2010</u>	<u>2009</u>
Ishares S&P 500 Index Fund	\$ 733,512	\$ 551,223
PIMCO Total Return Fund CI A	\$ 826,317	\$ 447,741
Ishares Barclay Tips Bond Fund	\$ 394,061	N/A
Key Trust EB Money Market Fund	\$ 383,611	\$ 631,115
Bank Common/Collective Trust Fund	\$ 2,905,982	\$ 3,186,576

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2010</u>	<u>2009</u>
U.S. government securities	\$ (2,572)	\$ (4,129)
Other equities and fixed income funds	<u>127,582</u>	<u>223,263</u>
Total	<u>\$ 125,010</u>	<u>\$ 219,134</u>

6 Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July 1, 2011, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the Internal Revenue Code.

7 Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by Key Trust Company of Ohio, N.A., the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Usual and customary fees were paid by the mutual fund for the investment management services.

NOTES TO FINANCIAL STATEMENTS

Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

8 Fair Value Measurements

As defined in FASB ASC 820, "Fair Value Measurements", 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. In determining fair value, the Plan utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and/or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, corroborated with active markets, or result from generally unobservable firm inputs. The Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the examination of the inputs used in the valuation techniques, the Plan is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

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

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Mutual Funds:

The fair value of the common stocks and mutual funds are based on quoted market prices.

United States Government Securities and Corporate Debt Instruments:

The fair value of the U.S. government securities and corporate bonds are valued at the closing price reported on the active market on which the individual securities are traded.

NOTES TO FINANCIAL STATEMENTS

Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

8 Fair Value Measurements, Continued

Bank Common/Collective Trust Fund:

Key Trust EB Managed Guaranteed Investment Contract Fund

The fund's assets are valued in the principal market where it sells the particular asset or transfers the liability with the greatest volume and level of activity. In the absence of a principal market, the valuation is based on the most advantageous market for the asset. These investments are generally classified as Level 2 because the valuations are based on observable inputs.

Money Market Funds:

The fair value of the money market funds are based on investments maturing in 60 days or less. Valuations for U.S. Treasury Bills are provided by Interactive Data and represent dealer quotes; valuations for the other assets in this category are based on purchase prices or net asset values. These investments are generally classified as Level 2 because the valuations are based on observable inputs.

The following table presents the financial instruments carried at fair value, on a recurring basis, as of December 31, 2010, by valuation hierarchy (as described above).

	Quoted Prices in Active Markets (Level 1)	Models with significant observable market parameters (Level 2)	Total Carrying Value in the Statement of Net Assets Available for Benefits
Mutual Funds:			
Equity mutual funds	\$ 733,512	\$ -	\$ 733,512
Fixed income mutual funds	1,498,883	-	1,498,883
United States government securities	150,342	-	150,342
Corporate debt instruments	152,248	-	152,248
Bank common/collective trust fund:			
Key Trust EB Managed Guaranteed Investment Contract Fund	-	2,905,982	2,905,982
Money market funds	-	383,611	383,611
	<u>\$ 2,534,985</u>	<u>\$ 3,289,593</u>	<u>\$ 5,824,578</u>

NOTES TO FINANCIAL STATEMENTS

Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan

8 Fair Value Measurements, Continued

The following table presents the financial instruments carried at fair value, on a recurring basis, as of December 31, 2009, by valuation hierarchy (as described above).

	Quoted Market Prices in Active Markets (Level 1)	Models with significant observable market parameters (Level 2)	Total Carrying Value in the Statement of Net Assets Available for Benefits
Mutual funds	\$ 551,223	\$ -	\$ 551,223
United States government securities	447,741	-	447,741
Corporate debt instruments	401,798	-	401,798
Bank common/collective trust fund:	155,455	-	155,455
Key Trust EB Managed Guaranteed			
Investment Contract Fund	-	3,186,576	3,186,576
Money market funds	-	631,115	631,115
	<u>\$ 1,556,217</u>	<u>\$ 3,817,691</u>	<u>\$ 5,373,908</u>

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Morrison Products, Inc.
Participating Facility Hourly-Wage Employees' Pension Plan

EIN 34-0397700
Plan Number 002

December 31, 2010

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c)	(d) Cost	(e) Current Value
Ishares S&P 500 Index Fund	Mutual Fund		\$ 611,556	\$ 733,512
PIMCO Total Return Fund C1 A	Mutual Fund		829,577	826,317
PIMCO Moderate Duration Fund	Mutual Fund		286,245	278,505
Ishares Barclay TIPS Bond Fund	Mutual Fund		398,717	394,061
U.S. Government	Treasury Bonds, \$50,000, 0.875%, Due 1/31/2011		49,942	50,026
U.S. Government	Treasury Bonds, \$20,000, 0.875%, Due 3/31/2011		20,090	20,033
U.S. Government	Treasury Bonds, \$20,000, 0.875%, Due 4/30/2011		20,087	20,045
U.S. Government	Treasury Bonds, \$20,000, 0.875%, Due 5/31/2011		20,095	20,057
U.S. Government	Treasury Bonds, \$20,000, 1.125%, Due 6/30/2011		20,149	20,092
U.S. Government	Treasury Bonds, \$20,000, 1.00%, Due 7/31/2011		20,134	20,089
Corp Debt Instruments	Wachovia Corp, \$50,000, 5.35%, Due 3/15/2011		49,762	50,479
Corp Debt Instruments	Procter & Gamble Co, \$50,000, 1.375%, Due 8/1/2012		50,176	50,555
Corp Debt Instruments	Int'l Business Machines, \$50,000, 2.10%, Due 5/6/2013		50,581	51,214
* Key Trust Company of Ohio, N.A.	Key Trust EB Managed Guaranteed Investment Contract Fund		1,720,125	2,905,982
* Key Trust Company of Ohio, N.A.	EB Money Market Fund		383,611	383,611
			<u>\$ 4,530,847</u>	<u>\$ 5,824,578</u>

* Party-in-interest to the Plan.

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

Morrison Products, Inc.
Participating Facility Hourly-Wage Employees' Pension Plan

EIN 34-0397700
Plan Number 002

December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase			(d) Selling	(e) Lease	(f) Expense	(g) Cost of		(h) Current	(i) Net Gain (Loss)
		Price	Price	Price	Rental	Incurred with Transaction	Asset	Transaction Date	Value of Asset on		
Single transaction in excess of 5%											
Key Trust Company of Ohio, N.A.	EB Money Market Fund	\$ 325,000	\$ -	\$ -	\$ -	\$ -	\$ 325,000	\$ 325,000	\$	\$ -	
Key Trust Company of Ohio, N.A.	EB Money Market Fund	\$ -	\$ 340,000	\$ -	\$ -	\$ -	\$ 340,000	\$ 340,000	\$	\$ -	
Series of transactions in excess of 5%											
Ishares Barclays TIPS Bond Fund	Mutual Fund	\$ 398,607	\$ -	\$ -	\$ -	\$ -	\$ 398,607	\$ 398,607	\$	\$ -	
PIMCO Total Return Fund CI A	Mutual Fund	\$ 351,936	\$ -	\$ -	\$ -	\$ -	\$ 351,936	\$ 351,936	\$	\$ -	
PIMCO Moderate Duration Fund	Mutual Fund	\$ 286,245	\$ -	\$ -	\$ -	\$ -	\$ 286,245	\$ 286,245	\$	\$ -	
Key Trust Company of Ohio, N.A.	EB Money Market Fund	\$ 1,040,222	\$ -	\$ -	\$ -	\$ -	\$ 1,040,222	\$ 1,040,222	\$	\$ -	
Key Trust Company of Ohio, N.A.	EB Money Market Fund	\$ -	\$ 1,287,727	\$ -	\$ -	\$ -	\$ 1,287,727	\$ 1,287,727	\$	\$ -	
Key Trust Company of Ohio, N.A.	Key Trust EB Managed Guaranteed Investment Contract Fund	\$ -	\$ 360,000	\$ -	\$ -	\$ -	\$ 215,034	\$ 354,091	\$	\$ 5,909	

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Morrison Products, Inc.
Participating Facility Hourly-Wage Employees' Pension Plan

EIN 34-0397700
Plan Number 002

December 31, 2010

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) (d) Cost	(e) Current Value
Ishares S&P 500 Index Fund	Mutual Fund	\$ 611,556	\$ 733,512
PIMCO Total Return Fund Cl A	Mutual Fund	829,577	826,317
PIMCO Moderate Duration Fund	Mutual Fund	286,245	278,505
Ishares Barclay TIPS Bond Fund	Mutual Fund	398,717	394,061
U.S. Government	Treasury Bonds, \$50,000, 0.875%, Due 1/31/2011	49,942	50,026
U.S. Government	Treasury Bonds, \$20,000, 0.875%, Due 3/31/2011	20,090	20,033
U.S. Government	Treasury Bonds, \$20,000, 0.875%, Due 4/30/2011	20,087	20,045
U.S. Government	Treasury Bonds, \$20,000, 0.875%, Due 5/31/2011	20,095	20,057
U.S. Government	Treasury Bonds, \$20,000, 1.125%, Due 6/30/2011	20,149	20,092
U.S. Government	Treasury Bonds, \$20,000, 1.00%, Due 7/31/2011	20,134	20,089
Corp Debt Instruments	Wachovia Corp, \$50,000, 5.35%, Due 3/15/2011	49,762	50,479
Corp Debt Instruments	Procter & Gamble Co, \$50,000, 1.375%, Due 8/1/2012	50,176	50,555
Corp Debt Instruments	Int'l Business Machines, \$50,000, 2.10%, Due 5/6/2013	50,581	51,214
* Key Trust Company of Ohio, N.A.	Key Trust EB Managed Guaranteed Investment Contract Fund	1,720,125	2,905,982
* Key Trust Company of Ohio, N.A.	EB Money Market Fund	383,611	383,611
		\$ 4,530,847	\$ 5,824,578

* Party-in-interest to the Plan.

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

Morrison Products, Inc.
Participating Facility Hourly-Wage Employees' Pension Plan

EIN 34-0397700
Plan Number 002

December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Single transaction in excess of 5%								
Key Trust Company of Ohio, N.A.	EB Money Market Fund	\$ 325,000	\$ -	\$ -	\$ -	\$ 325,000	\$ 325,000	\$ -
Key Trust Company of Ohio, N.A.	EB Money Market Fund	\$ -	\$ 340,000	\$ -	\$ -	\$ 340,000	\$ 340,000	\$ -
Series of transactions in excess of 5%								
Ishares Barclays TIPS Bond Fund	Mutual Fund	\$ 398,607	\$ -	\$ -	\$ -	\$ 398,607	\$ 398,607	\$ -
PIMCO Total Return Fund Cl A	Mutual Fund	\$ 351,936	\$ -	\$ -	\$ -	\$ 351,936	\$ 351,936	\$ -
PIMCO Moderate Duration Fund	Mutual Fund	\$ 286,245	\$ -	\$ -	\$ -	\$ 286,245	\$ 286,245	\$ -
Key Trust Company of Ohio, N.A.	EB Money Market Fund	\$1,040,222	\$ -	\$ -	\$ -	\$1,040,222	\$1,040,222	\$ -
Key Trust Company of Ohio, N.A.	EB Money Market Fund	\$ -	\$1,287,727	\$ -	\$ -	\$1,287,727	\$1,287,727	\$ -
Key Trust Company of Ohio, N.A.	Key Trust EB Managed Guaranteed Investment Contract Fund	\$ -	\$ 360,000	\$ -	\$ -	\$ 215,034	\$ 354,091	\$ 5,909

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

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

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

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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 Morrison Products, Inc. Participating Facility Hrly-Wage Plan		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Morrison Products, Inc.		D Employer Identification Number (EIN) 34-0397700
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>1</u> Day <u>1</u> Year <u>2010</u>		
2 Assets:		
a Market value.....	2a	5,376,696
b Actuarial value.....	2b	5,425,244
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 39	934,834
b For terminated vested participants.....	3b 126	792,330
c For active participants:		
(1) Non-vested benefits.....	3c(1)	186,876
(2) Vested benefits.....	3c(2)	1,745,094
(3) Total active.....	3c(3) 205	1,931,970
d Total.....	3d 370	3,659,134
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	6.67 %
6 Target normal cost.....	6	135,605

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	David R. Jarrett 	8/9/2011
	Signature of actuary	Date
David R. Jarrett	Type or print name of actuary	11-04821
Buck Consultants, LLC	Firm name	Most recent enrollment number
500 Grant Street, Suite 2900		(412) 281-2506
Pittsburgh	PA 15219-2513	Telephone number (including area code)
Address of the firm		

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

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

Schedule SB (Form 5500) 2010
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)	238,525	338,672
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)	238,525	338,672
10 Interest on item 9 using prior year's actual return of <u>5.37</u> %	12,809	18,187
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		245,321
b Interest on (a) using prior year's effective rate of <u>6.47</u> %		15,872
c Total available at beginning of current plan year to add to prefunding balance		261,193
d Portion of (c) to be added to prefunding balance		261,193
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)	251,334	618,052

Part III Funding percentages		
14 Funding target attainment percentage	14	124.50 %
15 Adjusted funding target attainment percentage	15	148.26 %
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	133.81 %
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
05/04/2010	325,000				
Totals ▶			18(b)	325,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	318,005

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

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

21	Discount rate:			
a	Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %
		☐ N/A, full yield curve used		
b	Applicable month (enter code)	21b	0	
22	Weighted average retirement age	22	65	
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31	Target normal cost, adjusted, if applicable (see instructions).....	31	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34	Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	0
35	Balances used to offset funding requirement	Carryover balance	Prefunding balance
		0	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	318,005
38	Interest-adjusted excess contributions for current year (see instructions).....	38	318,005
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

The Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan
EIN / PN: 34-0397700 / 002

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

The weighted average retirement age is 65, since all participants are assumed to retire at their normal retirement age.

The Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan
EIN / PN: 34-0397700 / 002

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

Prescribed Funding Assumptions and Methods

Funding interest rates

Current Year:	Segment Rates with no lookback:	
	First Segment Rate	4.60%
	Second Segment Rate	6.65%
	Third Segment Rate	6.76%
	Effective Interest Rate	6.67%
Prior Year:	Segment Rates with transition and no lookback:	
	First Segment Rate	5.64%
	Second Segment Rate	6.40%
	Third Segment Rate	6.56%
	Effective Interest Rate	6.47%

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants using the blended annuitant/non-annuitant table applicable to small plans.

Actuarial cost method

Unit Credit Method. The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected expenses to be paid from plan assets during the year.

Non-Prescribed Funding Assumptions and Methods

Benefit multiplier load factor

For the Cleveland group, the benefit multiplier was increased by 2.108% to reflect future benefit multiplier increases for purposes of calculating the maximum contribution.

Expenses

No expected plan expenses were added to the Target Normal Cost.

Frequency of optional payment form

100% of married male participants and 25% of married female participants are assumed to elect the Joint and 100% Survivor form of payment, and the remainder is assumed to elect the Single Life Annuity upon retirement.

The Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan
EIN / PN: 34-0397700 / 002

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

Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Retirement rates

Normal Retirement Age, or age on valuation date, if later.

Disability rates

1964 OASDI Disability for Males. Sample rates are as follows.

Age	Assumptions
25	0.085%
30	0.110%
35	0.147%
40	0.220%
45	0.359%
50	0.606%
55	1.009%
60	1.627%
65	2.321%

Withdrawal rates⁽¹⁾

Based on experience. Sample rates as follows:

Cleveland Division:

Age	Rate
20	24.05%
25	6.05%
30	3.30%
35	2.30%
40	2.00%
45	1.40%
50	0.90%
55	0.70%
60	0.10%

Interpolated between ages

⁽¹⁾ For active participants not eligible for retirement.

The Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan
EIN / PN: 34-0397700 / 002

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

Dallas/Atlanta Division:

Age	Male	Female
20	12.03%	24.05%
25	3.03%	6.05%
30	1.65%	3.30%
35	1.15%	2.30%
40	1.00%	2.00%
45	0.70%	1.40%
50	0.45%	0.90%
55	0.35%	0.70%
60	0.05%	0.10%

Interpolated between ages

Asset valuation method

The Actuarial Value of Assets is determined using a method that spreads asset gains/(losses) over two years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, is included in the Actuarial Value of Assets.

The expected return on plan assets is 5.00% per annum, limited by PPA to the applicable Third Segment Rate as follows:

2009 measurement period	6.69%
2008 measurement period	6.43%

The Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan
EIN / PN: 34-0397700 / 002

Schedule SB, Part V - Summary of Plan Provisions

Plan History

Effective Date

July 18, 1972 for the former Cleveland Plant Plan and the former Phoenix Plant Plan. January 1, 1985 for the former Dallas and Atlanta Plants Plan.

Date Last Amended

Assumed to be amended for negotiated changes.

Eligibility Requirements

Minimum Age

None.

Service

None.

Employment Class

Any hourly-paid employee of Morrison Products, Inc. Cleveland Plant who is represented by the United Steel, Paper and Forestry, Manufacturing, Energy, Allied Industrial and Service Workers International Union, AFL-CIO, CLC (USW), Local No. 1-243.

Any hourly-paid employee of Morrison Products, Inc. Dallas or Atlanta Plants.

Normal Retirement

Age Requirement

65.

Service Requirement

5 years of vesting service or the fifth anniversary of participation for the Dallas/Atlanta Division only.

Monthly Benefit Amount

Cleveland Division

Year of Retirement or Termination	Benefit Per Year of Credited Service
2002	\$14.50
2003	\$15.00
2004	\$15.00
2005	\$15.00
2006	\$16.00
2007	\$16.00
2008	\$17.00
2009	\$17.00
2010	\$17.00
2011	\$18.00
2012	\$18.00
2013	\$19.00
2014	\$20.00

The Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan
EIN / PN: 34-0397700 / 002

Schedule SB, Part V - Summary of Plan Provisions

30 years maximum credited service. Effective November 19, 2004, the years of maximum credited service increases to 35 years.

Phoenix Division

\$15.00 per year of credited service for termination of employment in 1997 or later. 30 years maximum credited service. The Phoenix Plant was shut down as of 12/31/2005 and all participants were permanently laid-off.

Dallas/Atlanta Division

After January 1, 1996, \$15.00 per year of credited service. 30 years maximum credited service.

One year of credited service for 1,800 hours or more in a year. 1/10 of a year for each 180 hours.

Early Retirement

Age Requirement

60.

Service Requirement

10 years of vesting service.

Monthly Benefit Amount

Normal Retirement Benefit reduced 5/9 of 1% for each full month prior to normal retirement date.

Disability Retirement

Age Requirement

40.

Service Requirement

10 years of vesting service.

Other Requirement

Has not attained Age 65.

Monthly Benefit Amount

Accrued Benefit with no reduction. Deductions for periodic sickness, accident, disability, or Group Life Insurance benefits paid for by Morrison Products, Inc.

Pre-Retirement Death Benefit

Age Requirement

One year of continuous marriage for period ending on date of death.

Service Requirement

5 years of vesting service.

Monthly Benefit Amount

Survivor portion of the Joint and 100% to surviving spouse benefit that would have been available to the participant as an early retirement benefit.

The Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan
EIN / PN: 34-0397700 / 002

Schedule SB, Part V - Summary of Plan Provisions

Form of Payment

Life annuity payable to surviving spouse.

Employee Cost

For election prior to August 23, 1984, accrued pension is reduced 1% for each year in effect. For election on or after August 23, 1984, accrued pension is reduced for each year in effect as follows:

Attained Ages	Reduction per Year
35 – 44	.2%
45 – 54	.3%
55 - 64	.4%

Deferred Vested Benefit

Vesting Schedule

100% after 5 years of vesting service.

Monthly Accrued Benefit

Normal monthly pension based on years of credited service to date of termination.

Form of Benefit Payments

Normal Form of Payment

Retirement Benefits are payable for the life of the participant if not married, and as a Joint and 100% survivor annuity if married.

Joint and Survivor Annuity

Unless the participant elects otherwise, benefits are automatically paid as a Joint and 100% to surviving spouse annuity, in a reduced amount which is the actuarial equivalent of the normal form of benefit.

Summary of Changes from the January 1, 2009 Valuation

For the Cleveland group, the plan amendment initiating an \$18 multiplier effective January 1, 2011, a \$19 multiplier effective January 1, 2013, and a \$20 multiplier effective January 1, 2014 was reflected.

The Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan
EIN / PN: 34-0397700 / 002

Schedule SB, line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service										
		Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	<i>Number</i>	1	6	4	0	0	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
25 to 29	<i>Number</i>	0	6	6	0	0	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30 to 34	<i>Number</i>	0	6	9	4	1	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35 to 39	<i>Number</i>	1	5	7	3	4	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40 to 44	<i>Number</i>	0	5	10	9	3	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45 to 49	<i>Number</i>	1	10	10	8	5	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
50 to 54	<i>Number</i>	3	4	8	4	2	2	2	1	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
55 to 59	<i>Number</i>	1	2	14	9	3	2	3	7	2	1
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
60 to 64	<i>Number</i>	0	2	2	2	0	0	1	3	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65 to 69	<i>Number</i>	0	0	0	0	1	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
70 & up	<i>Number</i>	0	0	0	0	0	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	<i>Number</i>	7	46	70	39	19	4	6	11	2	1

Average compensation not shown since the plan has less than 1000 active participants.

The Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan
EIN / PN: 34-0397700 / 002

Schedule SB, Part V - Summary of Plan Provisions

Plan History

Effective Date

July 18, 1972 for the former Cleveland Plant Plan and the former Phoenix Plant Plan. January 1, 1985 for the former Dallas and Atlanta Plants Plan.

Date Last Amended

Assumed to be amended for negotiated changes.

Eligibility Requirements

Minimum Age

None.

Service

None.

Employment Class

Any hourly-paid employee of Morrison Products, Inc. Cleveland Plant who is represented by the United Steel, Paper and Forestry, Manufacturing, Energy, Allied Industrial and Service Workers International Union, AFL-CIO, CLC (USW), Local No. 1-243.

Any hourly-paid employee of Morrison Products, Inc. Dallas or Atlanta Plants.

Normal Retirement

Age Requirement

65.

Service Requirement

5 years of vesting service or the fifth anniversary of participation for the Dallas/Atlanta Division only.

Monthly Benefit Amount

Cleveland Division

Year of Retirement or Termination	Benefit Per Year of Credited Service
2002	\$14.50
2003	\$15.00
2004	\$15.00
2005	\$15.00
2006	\$16.00
2007	\$16.00
2008	\$17.00
2009	\$17.00
2010	\$17.00
2011	\$18.00
2012	\$18.00
2013	\$19.00
2014	\$20.00

The Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan
EIN / PN: 34-0397700 / 002

Schedule SB, Part V - Summary of Plan Provisions

30 years maximum credited service. Effective November 19, 2004, the years of maximum credited service increases to 35 years.

Phoenix Division

\$15.00 per year of credited service for termination of employment in 1997 or later. 30 years maximum credited service. The Phoenix Plant was shut down as of 12/31/2005 and all participants were permanently laid-off.

Dallas/Atlanta Division

After January 1, 1996, \$15.00 per year of credited service. 30 years maximum credited service.

One year of credited service for 1,800 hours or more in a year. 1/10 of a year for each 180 hours.

Early Retirement

Age Requirement

60.

Service Requirement

10 years of vesting service.

Monthly Benefit Amount

Normal Retirement Benefit reduced 5/9 of 1% for each full month prior to normal retirement date.

Disability Retirement

Age Requirement

40.

Service Requirement

10 years of vesting service.

Other Requirement

Has not attained Age 65.

Monthly Benefit Amount

Accrued Benefit with no reduction. Deductions for periodic sickness, accident, disability, or Group Life Insurance benefits paid for by Morrison Products, Inc.

Pre-Retirement Death Benefit

Age Requirement

One year of continuous marriage for period ending on date of death.

Service Requirement

5 years of vesting service.

Monthly Benefit Amount

Survivor portion of the Joint and 100% to surviving spouse benefit that would have been available to the participant as an early retirement benefit.

The Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan
EIN / PN: 34-0397700 / 002

Schedule SB, Part V - Summary of Plan Provisions

Form of Payment

Life annuity payable to surviving spouse.

Employee Cost

For election prior to August 23, 1984, accrued pension is reduced 1% for each year in effect. For election on or after August 23, 1984, accrued pension is reduced for each year in effect as follows:

Attained Ages	Reduction per Year
35 – 44	.2%
45 – 54	.3%
55 - 64	.4%

Deferred Vested Benefit

Vesting Schedule

100% after 5 years of vesting service.

Monthly Accrued Benefit

Normal monthly pension based on years of credited service to date of termination.

Form of Benefit Payments

Normal Form of Payment

Retirement Benefits are payable for the life of the participant if not married, and as a Joint and 100% survivor annuity if married.

Joint and Survivor Annuity

Unless the participant elects otherwise, benefits are automatically paid as a Joint and 100% to surviving spouse annuity, in a reduced amount which is the actuarial equivalent of the normal form of benefit.

Summary of Changes from the January 1, 2009 Valuation

For the Cleveland group, the plan amendment initiating an \$18 multiplier effective January 1, 2011, a \$19 multiplier effective January 1, 2013, and a \$20 multiplier effective January 1, 2014 was reflected.

The Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan
EIN / PN: 34-0397700 / 002

Schedule SB, line 26 – Schedule of Active Participant Data

Attained		Years of Credited Service									
Age		Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	<i>Number</i>	1	6	4	0	0	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
25 to 29	<i>Number</i>	0	6	6	0	0	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30 to 34	<i>Number</i>	0	6	9	4	1	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35 to 39	<i>Number</i>	1	5	7	3	4	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40 to 44	<i>Number</i>	0	5	10	9	3	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45 to 49	<i>Number</i>	1	10	10	8	5	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
50 to 54	<i>Number</i>	3	4	8	4	2	2	2	1	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
55 to 59	<i>Number</i>	1	2	14	9	3	2	3	7	2	1
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
60 to 64	<i>Number</i>	0	2	2	2	0	0	1	3	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65 to 69	<i>Number</i>	0	0	0	0	1	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
70 & up	<i>Number</i>	0	0	0	0	0	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	<i>Number</i>	7	46	70	39	19	4	6	11	2	1

Average compensation not shown since the plan has less than 1000 active participants.

The Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan
EIN / PN: 34-0397700 / 002

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

Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Retirement rates

Normal Retirement Age, or age on valuation date, if later.

Disability rates

1964 OASDI Disability for Males. Sample rates are as follows.

Age	Assumptions
25	0.085%
30	0.110%
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45	0.359%
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60	1.627%
65	2.321%

Withdrawal rates⁽¹⁾

Based on experience. Sample rates as follows:

Cleveland Division:

Age	Rate
20	24.05%
25	6.05%
30	3.30%
35	2.30%
40	2.00%
45	1.40%
50	0.90%
55	0.70%
60	0.10%

Interpolated between ages

⁽¹⁾ For active participants not eligible for retirement.

The Morrison Products, Inc. Participating Facility Hourly-Wage Employees' Pension Plan
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Dallas/Atlanta Division:

Age	Male	Female
20	12.03%	24.05%
25	3.03%	6.05%
30	1.65%	3.30%
35	1.15%	2.30%
40	1.00%	2.00%
45	0.70%	1.40%
50	0.45%	0.90%
55	0.35%	0.70%
60	0.05%	0.10%

Interpolated between ages

Asset valuation method

The Actuarial Value of Assets is determined using a method that spreads asset gains/(losses) over two years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, is included in the Actuarial Value of Assets.

The expected return on plan assets is 5.00% per annum, limited by PPA to the applicable Third Segment Rate as follows:

2009 measurement period	6.69%
2008 measurement period	6.43%

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