Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.	
		entification Information				
For	calendar plan year 2010 or fisca	l plan year beginning 01/01/201	10	and ending 1	2/31/2	2010
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	Γhis return/report is for:	first return/report	final retur	n/report		
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)	
С	Check box if filing under:	extension		DFVC program		
_		special extension (enter descripti	on)			
Do	rt II Posio Blon Inform	nation—enter all requested inform	,			
		Tation—enter all requested inform	nation		1h	Three-digit
	Name of plan RICAN SANITARY PARTITION	CORP. DEFINED BENEFIT PENS	ION PLAN		מו	plan number 003
						(PN) ▶
					1c	Effective date of plan
0-					01.	01/01/1984
	Plan sponsor's name and addre	ess (employer, if for single-employe	r plan)		20	Employer Identification Number (EIN) 11-1967147
AIVIL	COAN CANTACT FACTITION	OOKI			2c	Plan sponsor's telephone number
	BOX 99					407-656-0611
OCO	EE, FL 34761				2d	Business code (see instructions)
						332900
3a AMF	Plan administrator's name and a RICAN SANITARY PARTITION	address (if same as Plan sponsor, e	enter "Same	∍")	3b	Administrator's EIN 11-1967147
		OCOEE, FL	34761		3c	Administrator's telephone number
						407-656-0611
		n sponsor has changed since the la from the last return/report. Spons		port filed for this plan, enter the	4b	EIN
1	iame, Lin, and the plan number	mont the last return/report. Spons	oi s name		4c	PN
5a	Total number of participants at	the beginning of the plan year			5a	67
b	Total number of participants at	the end of the plan year			5b	67
С	·	th account balances as of the end o			- 0.0	
					5c	<u>_</u>
6a	Were all of the plan's assets do	uring the plan year invested in eligib	ole assets?	(See instructions.)		Yes No
b	Are you claiming a waiver of the	e annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)	X Yes ☐ No
				ions.)SF and must instead use Form 55		Li les Li No
Pa	rt III Financial Informa		01111 3300-	or and must misteau use i orm 55	00.	
7	Plan Assets and Liabilities			(a) Reginning of Veer		(b) End of Year
-	Total plan assets		70	(a) Beginning of Year	3	2425683
	. otal pian accete		7a)	180000
b		h from line 7a)		2174016		2245683
<u>C</u>		b from line 7a)	7с			
8	Income, Expenses, and Transfe			(a) Amount		(b) Total
а	Contributions received or received (1) Employers	vable from:	8a(1)	16842	2	
	• • • • • • • • • • • • • • • • • • • •		` '	()	
	• •			C)	
b	, ,		` '	255714	-	
C	` ,	Ba(2), 8a(3), and 8b)				272556
d		ollovers and insurance premiums	00			
u	. \	ollovers and insurance premiums	8d	182794		
е	Certain deemed and/or correcti	ve distributions (see instructions)	8e	(_	
f	Administrative service providers	s (salaries, fees, commissions)	8f	C)	
g	Other expenses		8g	18095	5	
h	Total expenses (add lines 8d, 8	se, 8f, and 8g)				200889
i	Net income (loss) (subtract line	8h from line 8c)	8i			71667
i		e instructions)				

Form 5500-SF 2010	Page 2-
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Part IV	Dian	(`haraci	arietice
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

		· · · · · · · · · · · · · · · · · · ·						
art	٧	Compliance Questions						
0	Duri	ng the plan year:		Yes	No		Amo	unt
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X			
С	Was	s the plan covered by a fidelity bond?	10c	X				25000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X			
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		Х			
f	Has	the plan failed to provide any benefit when due under the plan?	10f	X				18000
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR).101-3.)	10h		X			
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i		Χ			
art	VI	Pension Funding Compliance						
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					X	Yes N
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction (302 of	ERISA?	🔲	Yes X
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	gran	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver						
-		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Ī	12b	I		
		r the minimum required contribution for this plan year						
		r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)		L	12d			
е	Will 1	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	o N/A
art	VII	Plan Terminations and Transfers of Assets						
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes X
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co				Yes X
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)			
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)	1	3c(3) PN(s
aut	ion: /	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.		
Во	· Šche	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.						

SIGN	Filed with authorized/valid electronic signature.	09/28/2011	RONALD BIRKENMAIER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/28/2011	RONALD BIRKENMAIER
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

instructions

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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2010

Pension Benefit Guaranty Corporation File as an attachment to Form 5500 or 5500-SF. 01/01/2010 and ending For calendar plan year 2010 or fiscal plan year beginning 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 Three-digit 003 AMERICAN SANITARY PARTITION CORP. DEFINED BENEFIT PENSION PLAN plan number (PN) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Employer Identification Number (EIN) AMERICAN SANITARY PARTITION CORP 11-1967147 **E** Type of plan: Single Multiple-A Multiple-B Prior year plan size: 100 or fewer 101-500 More than 500 Part I **Basic Information** Month _01 01 Year 2010 Enter the valuation date: Day Assets: 2171909 Market value..... 2a a 2b 2171909 b Funding target/participant count breakdown (2) Funding Target (1) Number of participants 0 а For retired participants and beneficiaries receiving payment 3a 19 33382 b For terminated vested participants For active participants: 3c(1) (1) Non-vested benefits..... 2118625 (2) Vested benefits..... 3c(2) 2118625 Total active 3c(3)3d 19 2152007 Total..... If the plan is at-risk, check the box and complete items (a) and (b) 4a Funding target disregarding prescribed at-risk assumptions Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been 4b at-risk for fewer than five consecutive years and disregarding loading factor 6.54 % 5 6 Target normal cost...... 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 04/26/2011 HERE Signature of actuary Date ANDREW BEHNKE, EA, MSPA 11-07643 Most recent enrollment number Type or print name of actuary MIDWEST PENSION ACTUARIES, INC 248-539-5000 Firm name Telephone number (including area code) 30680 TWELVE MILE ROAD FARMINGTON HILLS, MI 48334 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

Page	2-	1

Pa	art II	Begin	ning of year	carryov	er and prefunding ba	lances						
				-			(a) (Carryover balance		(b) F	Prefundi	ng balance
7		•	0 , ,		cable adjustments (Item 13				1540			0
8	Portion (used to	offset prior year's	funding red	quirement (Item 35 from pric	or year)						
9	Amount	remainir	ng (Item 7 minus i	tem 8)					1540			0
10	Interest	on item	9 using prior year	s actual re	eturn of%				388			
11					d to prefunding balance:							
	-				year)							51663
	b Interest on (a) using prior year's effective rate of 6.45 %						3332					
	C Total available at beginning of current plan year to add to prefunding balance						54995					
	_		-	•	palance							0
12					eemed elections							
13					+ item 10 + item 11d – item				1928			0
	art III		ding percenta			,			I			
14											14	100.83 %
15					ge						15	100.83 %
16					s of determining whether car							
	•		0.				•	•			16	78.99 %
17	If the cui	rrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding tar	get, enter s	such percentage			17	%
P	art IV	Con	tributions and	d liquidi	ty shortfalls							
18	Contribu	itions ma	ade to the plan for	the plan y	rear by employer(s) and emp	oloyees:						
(N	(a) Date 1M-DD-YY		(b) Amount pa employer((c) Amount paid by employees	(a) D (MM-DD		(b) Amount pa employer((0	-	nt paid by byees
05	5/12/2010			4210								
07	7/13/2010			4211								
10)/15/2010			4210								
01	/14/2011			4211								
						Totals ▶	18(b)		16842	18(c)		0
19	Discount	ted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation o	date after th	ne beginning of the	e year:			
	a Contri	butions	allocated toward u	unpaid min	nimum required contribution	from prior ye	ars		19a			
	b Contri	butions	made to avoid res	trictions a	djusted to valuation date				19b			
	C Contri	butions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted	to valuation	date	19c			16135
20	Quarterly	y contrib	utions and liquidit	y shortfalls	S:							
	a Did th	e plan h	ave a "funding sh	ortfall" for	the prior year?						X	Yes No
		•	_		stallments for the current year						X	Yes No
				-	lete the following table as ap		,				<u> </u>	<u>. L </u>
					Liquidity shortfall as of e		r of this pla	n year				
		(1) 1s			(2) 2nd			3rd			(4) 4th	
			0			0			0			0

Pa	rt V Assumptio	ns used to determin	e funding target and ta	arget norma	l cost				
21	Discount rate:								
	a Segment rates:				3rd segment: 6.76 %		N/A, full yield curve used		
	b Applicable month	(enter code)				21b	0		
22	Weighted average ret	tirement age				22	62		
23	Mortality table(s) (see	e instructions)	Prescribed - combined	Prescribed -	- separate	Substitu	te		
Pa	rt VI Miscellane	ous items							
24	Has a change been m	nade in the non-prescribed	actuarial assumptions for the	, ,	,		, – w		
25	Has a method change	e been made for the curren	t plan year? If "Yes," see insti	ructions regardir	ng required attac	hment	Yes 🖺 No		
26	Is the plan required to	provide a Schedule of Act	ive Participants? If "Yes," see	instructions req	garding required	attachment	Yes No		
27	, ,	` ",	funding rules, enter applicabl			27			
Pa	rt VII Reconcilia	ation of unpaid mini	mum required contribu	utions for pr	ior years				
28	Unpaid minimum requ	uired contribution for all price	or years			28	0		
29	' '		rard unpaid minimum required		. ,	29			
30	Remaining amount of	f unpaid minimum required	contributions (item 28 minus it	tem 29)		30	30 0		
Pa	rt VIII Minimum	required contribution	n for current vear						
31		•	nstructions)			31	0		
32		, , , , ,	,		Outstanding Bala	ince	Installment		
	a Net shortfall amorti	tization installment				0	0		
	b Waiver amortizatio	on installment				0	0		
33			enter the date of the ruling le			33			
34	• .	0 ,	over/prefunding balances (iter			34	0		
			Carryover balance)	Prefunding balar	nce	Total balance		
35	Balances used to offs	set funding requirement					0		
36	Additional cash requir	rement (item 34 minus item	35)			36	0		
37		•	d contribution for current year	•		37	16135		
38	Interest-adjusted exce	ess contributions for curren	t year (see instructions)			38	16135		
39			it year (excess, if any, of item			39	0		
40	Unpaid minimum requ	uired contribution for all yea	ars			40	0		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information					
For		01/01/2	010 and ending		12/31/201	L0
A ·	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participa	int plan
B ·	This return/report is for: first return/report	final retur	n/report			
	an amended return/report	short plan	year return/report (less than 12 me	onths)		
C	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	ım
	special extension (enter description	on)				
Pa	irt II Basic Plan Information—enter all requested inform	ation				
_	Name of plan			1b	Three-digit	
	AMERICAN SANITARY PARTITION CORP.				plan number	002
	DEFINED BENEFIT PENSION PLAN			10	(PN) Effective date of	003
				10	01/01/1984	
2a	Plan sponsor's name and address (employer, if for single-employer AMERICAN SANITARY PARTITION CORP	· plan)		2b	Employer Identif	
	AMERICAN SANITARY PARTITION CORP			0-	(EIN) 11-196	
				2C	(407) 656-0	elephone number 0611
	P. O. BOX 99			2d		see instructions)
	OCOEE		FL 34761		332900	v 200
3a	Plan administrator's name and address (if same as Plan sponsor, e	enter "Same	9")	3b	Administrator's I	EIN
	OATI			3c	Administrator's	telephone number
					(407)656-0	0611
	f the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN	
1	lame, Env., and the plan number from the last returnineport. Sponst	or s name		4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		67
b	Total number of participants at the end of the plan year			5b		67
	Total Hambor of participants at the order of the print years					07
C	Total number of participants with account balances as of the end of	of the plan y	ear (defined benefit plans do not			
С	Total number of participants with account balances as of the end o complete this item)	f the plan y	ear (defined benefit plans do not	5c		
c 6a	Total number of participants with account balances as of the end o complete this item) Were all of the plan's assets during the plan year invested in eligible.	of the plan y ole assets?	ear (defined benefit plans do not (See instructions.)	5c		X Yes No
С	Total number of participants with account balances as of the end of complete this item)	of the plan y ble assets? f an indeper and conditi	ear (defined benefit plans do not (See instructions.) ndent qualified public accountant (lons.)	5c QPA)		
6a b	Total number of participants with account balances as of the end of complete this item)	of the plan y ble assets? f an indeper and conditi	ear (defined benefit plans do not (See instructions.) ndent qualified public accountant (lons.)	5c QPA)		X Yes No
6a b	Total number of participants with account balances as of the end of complete this item)	of the plan y ble assets? f an indeper and conditi	(See instructions.)	5c QPA)		X Yes No
6a b	Total number of participants with account balances as of the end of complete this item)	of the plan your ple assets? fan indeperand condition form 5500-	ear (defined benefit plans do not (See instructions.) ndent qualified public accountant (I ons.) SF and must instead use Form 5	5c QPA)		X Yes No X Yes No
6a b	Total number of participants with account balances as of the end of complete this item)	of the plan y ble assets? f an indeper and conditi form 5500-	(See instructions.)	5c QPA) 500.		X Yes No X Yes No of Year 2,425,683
6a b Pa 7 a b	Total number of participants with account balances as of the end of complete this item)	of the plan y le assets? f an indeper and conditi form 5500- 7a 7b	(See instructions.)	5c QPA) 500.		X Yes No X Yes No of Year 2,425,683 180,000
6a b Pa 7 a b	Total number of participants with account balances as of the end of complete this item)	of the plan y le assets? f an indeper and conditi form 5500- 7a 7b	(a) Beginning of Year 2,174,0	5c QPA) 500.	(b) End	Yes No Yes No Of Year 2,425,683 180,000 2,245,683
6a b Pa 7 a b c 8	Total number of participants with account balances as of the end of complete this item)	of the plan y le assets? f an indeper and conditi form 5500- 7a 7b	(See instructions.)	5c QPA) 500.	(b) End	X Yes No X Yes No of Year 2,425,683 180,000
6a b Pa 7 a b	Total number of participants with account balances as of the end of complete this item)	of the plan y cole assets? f an indeper and conditi form 5500- 7a 7b 7c	(a) Beginning of Year 2,174,0	5c QPA) 500.	(b) End	Yes No Yes No Of Year 2,425,683 180,000 2,245,683
6a b Pa 7 a b c 8	Total number of participants with account balances as of the end of complete this item)	of the plan y cole assets? f an indeperent and condition from 5500- 7a 7b 7c 8a(1)	(See instructions.)	5c QPA) 500.	(b) End	Yes No Yes No Of Year 2,425,683 180,000 2,245,683
6a b Pa 7 a b c 8	Total number of participants with account balances as of the end of complete this item)	of the plan y ole assets? f an indeper and conditi form 5500- 7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 2,174,0 (a) Amount	5c QPA) 500.	(b) End	Yes No Yes No Of Year 2,425,683 180,000 2,245,683
6a b Pa 7 a b c 8	Total number of participants with account balances as of the end of complete this item)	f the plan y cole assets? f an indeper and conditi form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.)	5c QPA) 500.	(b) End	X Yes No No No No No No No N
Ga b Pa 7 a b c C 8 a	Total number of participants with account balances as of the end of complete this item)	f the plan y cole assets? f an indeper and conditi form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 2,174,0 (a) Amount	5c QPA) 500.	(b) End	Yes No Yes No Of Year 2,425,683 180,000 2,245,683
Pa 7 a b c 8 a b	Total number of participants with account balances as of the end of complete this item)	f the plan y cole assets? f an indeper and conditi form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 2,174,0 (a) Amount	5c QPA) 500.	(b) End	X Yes No No No No No No No N
Pa b c 8 a b c	Total number of participants with account balances as of the end of complete this item)	f the plan y ole assets? f an indeper and conditi form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	ear (defined benefit plans do not (See instructions.) Indent qualified public accountant (lons.) SF and must instead use Form 5 (a) Beginning of Year 2,174,0 2,174,0 (a) Amount 16,8	5c QPA) 500.	(b) End	X Yes No No No No No No No N
Pa b c 8 a b c d	Total number of participants with account balances as of the end of complete this item)	f the plan y cole assets? f an indeper and conditi form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	ear (defined benefit plans do not (See instructions.) Indent qualified public accountant (lons.) SF and must instead use Form 5 (a) Beginning of Year 2,174,0 2,174,0 (a) Amount 16,8	5c QPA) 500.	(b) End	X Yes No No No No No No No N
Gabba Paabba Cabba	Total number of participants with account balances as of the end of complete this item)	f the plan y cole assets? f an indeper and conditi form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	ear (defined benefit plans do not (See instructions.) Indent qualified public accountant (lons.) SF and must instead use Form 5 (a) Beginning of Year 2,174,0 2,174,0 (a) Amount 16,8	5c QPA) 500. 16 0 16 0 14 94 0 0	(b) End	X Yes No No No No No No No N
Pa 7 a b c 8 a b c d e f	Total number of participants with account balances as of the end of complete this item)	f the plan y cole assets? f an indeperent and condition or 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	ear (defined benefit plans do not	5c QPA) 500. 16 0 16 0 14 94 0 0	(b) End	X Yes No X Yes No Of Year 2,425,683 180,000 2,245,683 Total 272,556
Pa 7 a b c 8 a b c d e f	Total number of participants with account balances as of the end of complete this item)	f the plan y ole assets? f an indeper and conditi form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	ear (defined benefit plans do not	5c QPA) 500. 16 0 16 0 14 94 0 0	(b) End	X Yes No X Yes No Of Year 2,425,683 180,000 2,245,683 Total

	Form 5500-SF 2010 Page 2-						
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 1G 1A	acteris	stic Co	des in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	acteris	tic Co	des in t	he instructio	ns:	
Parl	V Compliance Questions				1000		
10	During the plan year:		Yes	No	A	mount	
а		10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х			
C	Was the plan covered by a fidelity bond?	10c	х			25	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		х			
f	Has the plan failed to provide any benefit when due under the plan?	10f	Х			18	0,000
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		х			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					X Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction :	302 of	ERISA?	Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver						
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day	· ·	Cai	
	Enter the minimum required contribution for this plan year		Г	12b			
С	Enter the amount contributed by the employer to the plan for this plan year		39	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)			
	13c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3)	PN(s)
Cau	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	use is	estab	ished.		
	or populties of perius, and other populties set forth in the instructions. I declare that I have examined this ret					le a Sche	edule

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

SIGN

RONALD BIRKENMAIER

SIGN Colonale Br/ (en mous"	1 ,	RONALD BIRKENMAIER
HERE Signature of plan administrator	Date 9/26/11	Enter name of individual signing as plan administrator
SIGN Canal Toutenmares	, ,	RONALD BIRKENMAIER
HERE Signature of employer/plan sponsor	Date 9/26/11	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	File as an atta	chment to Form 5	i00 or 5500-SF.		
For calendar plan year 2010 or fiscal p	lan year beginning	01/01/2010	and ending	g <u>1</u>	2/31/2010
Round off amounts to nearest do					
Caution: A penalty of \$1,000 will b	e assessed for late filing of this re	eport unless reason		•	
A Name of plan			B Three-digit plan number		003
American Sanitary Part:	ition Corporation De	efined Benef	it Pension Plan		
C Plan sponsor's name as shown on I				entification Numb	per (EIN)
American Sanitary Parts			11-19671		
E Type of plan: X Single Multip	le-A Multiple-B	F Prior year plan	size: X 100 or fewer	101-500 M	ore than 500
Part I Basic Information				MOREOTO AND	
1 Enter the valuation date:	Month 1 Day	1 Year 2	010		
2 Assets:	Monar buy				
AT ALTERIA				2a	2,171,909
				2b	2,171,909
3 Funding target/participant count	breakdown		(1) Number of participa	ants	(2) Funding Target
a For retired participants and	beneficiaries receiving payment.			0	0
b For terminated vested partic	cipants	3b		19	33,382
C For active participants:					
					2,118,625
				48	2,118,625
		0.1		67	2,152,007
	d lete items (a) and (b)		П		
4 If the plan is at-risk, check the bo				4a	
h Funding target reflecting at-	prescribed at-risk assumptions risk assumptions, but disregardin pnsecutive years and disregarding	ng transition rule for	plans that have been	4b	
				5	6.54 %
				6	0
Statement by Enrolled Actuary To the best of my knowledge, the information accordance with applicable law and regulation combination, offer my best estimate of anticip	supplied in this schedule and accompanying		nd attachments, if any, is complet count the experience of the plan a	e and accurate. Each p nd reasonable expects	orescribed assumption was applied in attions) and such other assumptions, in
SIGN HERE	} 			04/2	6/2011
HERE	Signature of actuary			D	ate
Andrew Behnke, EA, MSPA				11-0	07643
	e or print name of actuary			Most recent en	rollment number
Midwest Pension Actuari	•			(248) 5	39-5000
30680 Twelve Mile Road	Firm name		Te	ephone number	(including area code)
Farmington Hills	MI Address of the firm	48334			
		a	a completing this school of	a chark the hey	and see
If the actuary has not fully reflected an instructions					hedule SB (Form 5500) 2010
For Paperwork Reduction Act Notic	e and OMB Control Numbers, s	see the motiusions	, 10. 1 01111 0300 01 0300	00	v.092308.1

Pa	rt II Begin	ning of year c	arrvove	r and prefunding bal	ances							
		g y	,			(a)	Carryover balance		(b) P	refundi	ng balar	nce
7				able adjustments (Item 13 f			1,	540				0
8	Portion used to d	offset prior year's fu	ınding req	uirement (Item 35 from prior	r year)							
9	Amount remainir	ng (Item 7 minus ite	em 8)				1,	540				0
10				urn of25.20%				388				
11				to prefunding balance:								
				ear)							5	1,663
	b Interest on (a) using prior year's	effective r	rate of6.45 %								3,332
				rear to add to prefunding bala							5	4,995
				alance								
12				emed elections								0
				+ item 10 + item 11d - item			1,	928				0
		ding percenta				<u> </u>						
										14	100.	83 %
				e						15	100.	83 %
	Prior vear's fund	ling percentage for	purposes	of determining whether carr	yover/pref	unding bala	nces may be used to			16		99 %
49				- I 70						17	70.	%
-0.95	The same of the sa	- Committee of the Comm		s less than 70 percent of the	runuing ta	irget, eriter	such percentage					70
		tributions and										
18		ade to the plan for (b) Amount pa		ear by employer(s) and emp (c) Amount paid by		Date	(b) Amount paid	l by	(c) Amoi	int paid	by
(1)	(a) Date //M-DD-YYYY)	employer(employees		D-YYYY)	employer(s)		,,,		oyees	
0	5/12/2010		4,210									
0	7/13/2010		4,211									
1	0/15/2010		4,210									
	1/14/2011		4,211									
			700		Totals >	18(b)	16	5,842	18(c)			0
19	Discounted emp	loyer contributions	- see ins	tructions for small plan with	a valuation	date after	the beginning of the	/ear:				
	a Contributions	allocated toward u	ınpaid min	imum required contribution (from prior y	ears	_	19a				
	b Contributions	made to avoid res	trictions a	djusted to valuation date			<u>'</u>	19b				
	C Contributions	allocated toward mi	nimum req	uired contribution for current y	ear adjuste	d to valuation	on date	19c			1	6,135
20		butions and liquidit								E Pilean	_	
	a Did the plan	have a "funding sh	ortfall" for	the prior year?							_	∐ No
	b If 20a is "Yes	," were required qu	uarterly ins	stallments for the current yea	ar made in	a timely ma	nner?	<u></u>		[2	Yes	No
				lete the following table as ap								
	22.0.0			Liquidity shortfall as of e	nd of Quar					(4)		
	(1) 1	st		(2) 2nd	_	(3)				(4) 4t	n	0
		0			0		0					U

Pai	rt V Assumptio	ns used to determine f	unding target and tar	rget n	ormal cost						
21	Discount rate:										
Ÿ.	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 re	tirement age				22	62				
23	Mortality table(s) (se	e instructions) X Pre	scribed - combined	Pres	cribed - separate	Substitut	e				
Pai	t VI Miscellane	ous items									
	Has a change been n	nade in the non-prescribed act									
25	Has a method change	e been made for the current pla	n year? If "Yes," see instru	uctions i	regarding required attac	hment	Yes X No				
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see	instruct	ions regarding required	attachment.	X Yes No				
27											
Pa	rt VII Reconcili	ation of unpaid minimu	m required contribu	tions	for prior years						
28		uired contribution for all prior ye				28	0				
29		contributions allocated toward				29					
30	Remaining amount o	f unpaid minimum required con	tributions (item 28 minus ite	em 29).		30	0				
Pa	rt VIII Minimum	required contribution t	or current year								
31		adjusted, if applicable (see instr				31	0				
32	Amortization installm				Outstanding Bala	ance	Installment				
	a Net shortfall amor	tization installment				0	0				
		on installment				0	0				
33		approved for this plan year, en Day Year	ter the date of the ruling lett	er gran	ting the approval	33					
34		ment before reflecting carryove				34	0				
			Prefunding bala	nce	Total balance						
35	Balances used to off	set funding requirement					0				
36	36 Additional cash requirement (item 34 minus item 35)										
37	Contributions allocat	ed toward minimum required co	ontribution for current year a	adjusted	to valuation date	37	16,135				
38		cess contributions for current ye				38	16,135				
39		uired contribution for current ye				39	0				
40		juired contribution for all years				40	0				

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

Plan Name American	Sanitary	Partition	Corporation	on Delinea	Benefit	LEMM TOUT	TIL 25001/14/			
Plan Sponsor's Name	American	Sanitary	Partition	Corporation	on	PN:	003			
•	***************************************									
The weighted average retirement age is equal to the normal retirement age of62										
	1 10 101	2 2 22			721 82		_			
List the rate of retiremen							d average			
retirement age, including a description of the weight applied at each potential retirement age.										

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements

Service/Participation Requirements

Age (yrs):

21

Definition of years:

Hours worked

1,000

Age (months): Wait (months):

Two year eligibility:

0 12 No Continuing hours: Excluded classes:

Earnings

Total compensation excluding:

403(b) Cafeteria

Other

Prior to participation 415 prior to participation

Retirement	Normal	Early	Subsidized Early	<u>Disability</u>	Death
Age: Service: Participation: Defined:	62 0 5 Date of event	60 0 5 Date of event	0 0 0 Date of event		

Benefit Reduction / Mortality table & setback

Male:	
Female:	

Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence None None 0

Rates - Male: Rates - Female: None None None None None None

Use Social Security Retirement Age:

Age: No

REACT Benefits Percentage:

50.00%

Vesting Schedule:

Immediate

Pre-retirement death benefit

: 4.

Vesting Definition:

Hours Worked

Percentage of accrued benefit: Death Benefit Payment method: 100.00% PVAB

	Annuity	Percent	<u>Years</u>
Normal:	Life only	0.00%	0
QJSA:	Joint and contingent	50.00%	0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan:

American Sanitary Partition Corporation DB Pension Plan

Plan Sponsor's EIN:

11-1967147

Plan Number:

003

Plan Sponsor's Name:

American Sanitary Partition Corporation

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula:

Benefit formula

Type of Formula:

Flat benefit

Effective Date:

01/01/2008

Flat benefit non-integrated type:

Percent

Total percent of salary: Dollar amount:

32.00%

None

Reduction based on:

Service

Benefit reduction for years less than:

25

Averaging

Projection method:

Accrued Benefit Average

Apply exclusion to accrued benefit:

No

Based on:

Final Average

Annualize short compensation years:

Bankers rule

Highest:

5

Annualize short plan years:

Bankers rule

In the last:

99

Include compensations based

Excluding:

0

on years of:

Participation

Accrual

Frozen:

Cease at valuation date

1000

Definition of years:

Hours worked

1000

Fractions based on:

N/A

Retired Terminated 1000 Precision:

N/A

Accrual credit:

Continuing Died

Disabled 1000 1000

Limit current credit

N/A

Years based on:

Service

Cap/floor years:

Maximum past accrual years:

0.0000

Cap or floor:

0

Method:

Fractional

Accrual % per year:

Floor 0.00%

Apply 415 before accrual:

No

Name of Plan:

American Sanitary Partition Corporation DB Pension Plan

Plan Sponsor's EIN:

11-1967147

Plan Number: Plan Sponsor's Name:

American Sanitary Partition Corporation

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions: Options:

Male Nonannuitant: 2010 Nonannuitant Male Use optional combined mortality table for small plans:

Female Nonannuitant: 2010 Nonannuitant Female Use discount rate transition: No

Yes

Male Annuitant: 2010 Annuitant Male Lump sums use proposed regulations: Yes

Female Annuitant: 2010 Annuitant Female Actuarial Equivalent Floor

Applicable months from valuation month: 0 Stability period: plan year

Probability of lump sum: 1.00% Lookback months: 2

Use pre-retirement mortality: Yes Nonannuitant: None

Annuitant: 2010 Applicable

2nd 3rd 1st 2nd 3rd 1st 3.13 5.07 Current: 5.50 4.60 6.65 6.76 Segment rates: Override: 0.00 0.00 0.00

High Quality Bond rates: N/A N/A N/A Override: 0.00 0.00 0.00 0.00 Final rates: 4.60 6.65 6.76

0.00

Salary Scale

Late Retirement Rates

0.00

0.00

Male: 0.00% Male: None
Female: 0.00% Female: None

Withdrawal <u>Marriage Probability</u> <u>Setback</u>

Male: None Male: 0.00% 0
Female: None Female: 0.00%

Female: None Female: 0.00%
Withdrawal-Select Expense loading: 0.00%

Male:NoneDisability RatesFemale:NoneMale:None

Early Retirement Rates Female: None

Male: None Mortality Setback
Female: None Mole: None 0

Female: None Male: None 0
Subsidized Early Retirement Rates None 0

bubsidized Early Retirement Rates Female: None 0

Male: None

Name of Plan: American Sanitary Partition Corporati

Plan Sponsor's EIN: 11-1967147

None

Override:

Female:

Plan Number: 003

Plan Sponsor's Name: American Sanitary Partition Corporation

YEARS OF CREDITED SERVICE

70 & Up	65 to 69		60 to 64		55 to 59		50 to 54		45 to 49		40 to 44		35 to 39		30 to 34		25 to 29		Under 25		Age	Attained	
0	0		0		0		0		0		0		0		0		0		0		No		d
0	0		0		0		0		0		0		0		0		0.		0		No. Comp	Avg.	Under 1
0	0		1		2		2		0		1		1		Ui		10		Un		No.		1
0	0		0		0		0		0		0		0		0		0		0		Comp	Avg.	1 To 4
0	0		0	-	1		0		w		0		0		2		2		0		No.		
0	0		0		0		0		0		0		0		0		0		0		Comp	Avg.	5 To 9
0	0		0		2		0		0		1		1		1		0		0		No.		10
0	0		0		0		0		0		0		0		0		0		0		Comp	Avg.	10 To 14
0	0		0		0		0		0	F	0		0		0		0		0		No.		15
0	0		0		0		0		0		0		0		0		0		0		Comp	Avg.	15 To 19
0	0		0		1		2	_	0		1		0		0		0		0		No.		20
0	0		0		0		0		0		0		0		0		0		0		Comp	Avg.	20 To 24
F		F		F	Н			F		F		F							0		No.		2
1 0	0 0		0 0		0 0		0 0		0		0 0		0 0		0		0		0		Comp		25 To 29
	0		0		0				0	H	0		0	H	0	r	0	T	6	T	Zo.		30
0 0	0		0		0		1 0		0		0		0		0		0		0		Comp		30 To 34
0	0	F	0	F	0		0	F	0	F	0	F	0	F	0	F	0	F	0	F	No.	:	(1)
0	0		0		0		0		0		0		0		0		0		0		o. Comp		35 To 39
F	F	F		F	F	F	F	F		F	F	F		F	T	F		F	T	F	Z	4	4
0 0	0		0		0		0 0		0		0 0		0		0		0		0		- Comp	AVG.	40 & Up

Name of plan: Plan sponsor's name:

American Sanitary Partition Corporation DB Pension Plan American Sanitary Partition Corporation

Plan number: EIN:

003 11-1967147

In 2009 the Required Minimum Distributions (RMDs) were waived for defined contribution plans.

Because of this ruling the plan in 2009 turned off the "tickler" that would have reminded the administrator to make a benefit payment to one of the participants in the plan.

The "tickler" continued to be turned off during 2010 and this inadvertent error was only discovered in 2011.

Upon discovery of this unfortunate circumstance the Required Minimum Distribution for 2010 was immediately issued in March of 2011 to the plan participant and that same participant will pick up (report) the respective distribution as income in his 2010 individual income tax return.