# 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 01/01/2010 and ending 12/31/2010

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
JANI KING INTERNATIONAL, INC 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 03/01/1999

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
JANI KING INTERNATIONAL, INC

16885 DALLAS PARKWAY
ADDISON, TX 75001

**2b** Employer Identification Number (EIN) 75-2074877

**2c** Sponsor's telephone number 972-991-0900

**2d** Business code (see instructions) 561720

**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. | 10/14/2011 | STEVEN B. HAWKINS |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

16885 DALLAS PARKWAY
ADDISON, TX 75001

**3b** Administrator's EIN
75-2074877

**3c** Administrator's telephone number
972-991-0900

**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** | 376 |
| **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** | 312 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 17 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 329 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 329 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 78 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2T 3D 2J 2K 3H

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | 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)** | X | 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)** | X | **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)** | X | **H** | (Financial Information) |
| **(2)** | | **I** | (Financial Information – Small Plan) |
| **(3)** | | **A** | (Insurance Information) |
| **(4)** | X | **C** | (Service Provider Information) |
| **(5)** | X | **D** | (DFE/Participating Plan Information) |
| **(6)** | | **G** | (Financial Transaction Schedules) |

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2010**<br>**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 | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| JANI KING INTERNATIONAL, INC 401(K) PLAN | | 001 |

| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |
|---|---|
| JANI KING INTERNATIONAL, INC | 75-2074877 |

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

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

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**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)

ASCENSUS

11-3665754

| (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? |
|---|---|---|---|---|---|---|
| 15 37 50 60 99 | RECORD KEEPER | 1435 | Yes [X] No [ ] | Yes [ ] No [X] | 244 | Yes [X] 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 |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(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. |
|---|---|
| MERRILL LYNCH,PIERCE,FENNER & SMITH<br><br>13-5674085 | SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB T/A REVENUE BY FUND |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ASCENSUS | 15 99 | 244 |

| **(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. |
|---|---|
| MERRILL LYNCH,PIERCE,FENNER & SMITH<br><br>13-5674085 | QUALITY SERVICE BONUS (ALLOCATED ON MONTH END MARKET VALUE) |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE 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.**

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

**A** Name of plan
JANI KING INTERNATIONAL, INC 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
JANI KING INTERNATIONAL, INC

**D** Employer Identification Number (EIN)
75-2074877

## 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)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT PRESERVATION TRUST

**b** Name of sponsor of entity listed in (a): MERRILL LYNCH

| **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) |
|---|---|---|
| 22-6484011-001 | C | 526683 |

**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) |
|---|---|---|

**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 |
|---|---|

**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 01/01/2010 and ending 12/31/2010

**A** Name of plan
JANI KING INTERNATIONAL, INC 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
JANI KING INTERNATIONAL, INC

**D** Employer Identification Number (EIN)
75-2074877

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 4 | 11 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(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) | 115117 | 110142 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 484653 | 526683 |
| **(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) | 1719894 | 2138553 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(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 | 2319668 | 2775389 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 2319668 | 2775389 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| **(B)** Participants | 2a(1)(B) | 269626 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 11141 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 280767 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 6 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 7157 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 7163 |
| **(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) | 19415 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 19415 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 6683 |
| (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) | | 271759 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 585787 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 101521 | |
| (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) | | 101521 |
| **f** Corrective distributions (see instructions) | 2f | | 27110 |
| **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) | 1435 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 1435 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 130066 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 455721 |
| **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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: GRANT THORNTON LLP (2) EIN: 36-6055558

**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.) | 4a | | 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.) | 4b | | 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.) | 4c | | 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.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 2000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | 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? | 4g | | 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? | 4h | | 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.) | 4i | 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.) | 4j | | 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? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**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) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

# 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.**

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

**A** Name of plan
JANI KING INTERNATIONAL, INC 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
JANI KING INTERNATIONAL, INC

**D** Employer Identification Number (EIN)
75-2074877

## 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** 0

**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): 45-0404698

**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**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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

**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**

## 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):

---

**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):

Financial Statements and Report of Independent Certified Public Accountants

# JANI-KING INTERNATIONAL, INC. 401(K) PLAN

December 31, 2010 and 2009

**Jani-King International, Inc. 401(k) Plan**

**Index**


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**Financial Statements**

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Grant Thornton

## Report of Independent Certified Public Accountants

Audit • Tax • Advisory
**Grant Thornton LLP**
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Trustees of
Jani-King International, Inc. 401(k) Plan

We were engaged to audit the financial statements of Jani-King International, Inc. 401(k) Plan as of and for the years ended December 31, 2010 and 2009, and the supplemental schedules as of December 31, 2010, as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note I, which was certified by Ascensus, Inc., the record-keeper of the Plan, as agent for Frontier Trust Company (Trust Services), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the certified Plan assets and executes the related transactions. The plan administrator has obtained certifications from the record-keeper, as agent for the trustee, as of and for the years ended December 31, 2010 and 2009 that the information provided to the plan administrator by the agent for the trustee is complete and accurate.

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

Grant Thornton LLP

Dallas, Texas
October 13, 2011

**Jani-King International, Inc. 401(k) Plan**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

| ASSETS | 2010 | 2009 |
|---|---|---|
| Cash | $ 11 | $ 4 |
| Investments, at fair value | | |
| Common/collective trust | 526,683 | 451,875 |
| Mutual funds | 2,138,553 | 1,719,894 |
| Notes receivable from participants | 109,731 | 115,117 |
| Total assets | 2,774,978 | 2,286,890 |
| LIABILITIES | | |
| Excess contributions payable | 40,526 | 27,110 |
| Net assets reflecting investments, at fair value | 2,734,452 | 2,259,780 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts (Note H) | - | 32,778 |
| Net assets available for benefits | $2,734,452 | $2,292,558 |

The accompanying notes are an integral part of these financial statements.

**Jani-King International, Inc. 401(k) Plan**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

| | 2010 | 2009 |
|---|---|---|
| Additions: | | |
| Additions to net assets attributed to: | | |
| Investment income: | | |
| Net appreciation in fair value of investments | $ 271,762 | $ 352,695 |
| Interest and dividends | 26,105 | 29,894 |
| Total investment income | 297,867 | 382,589 |
| Interest income on notes receivable from participants | 6,742 | 7,358 |
| Contributions: | | |
| Employee | 269,626 | 283,556 |
| Rollover | 11,141 | - |
| Total contributions | 280,767 | 283,556 |
| Total additions | 585,376 | 673,503 |
| Deductions: | | |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | 99,733 | 139,380 |
| Excess contributions returned to participants | 40,526 | 27,110 |
| Loan discharges | 1,848 | 10,645 |
| Loan origination fees | 1,375 | 1,375 |
| Total deductions | 143,482 | 178,510 |
| Net increase | 441,894 | 494,993 |
| Net assets available for benefits, beginning of year | 2,292,558 | 1,797,565 |
| Net assets available for benefits, end of year | $2,734,452 | $2,292,558 |

The accompanying notes are an integral part of these financial statements.

## NOTE A - DESCRIPTION OF PLAN

The following description of the Jani-King International, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan and covers all employees of Jani-King International, Inc., and its wholly-owned subsidiaries (the "Company") and certain affiliated companies who meet the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Eligibility

All employees who have attained the age of 21 and have completed six months of service are eligible to participate in the Plan, except (a) those covered by a collective bargaining agreement, (b) nonresident aliens, and (c) hourly workers employed by Jani-King of Oklahoma, Inc. at its Bridgestone/Firestone facilities in Oklahoma City, Oklahoma.

Contributions

Participants are allowed to contribute up to 100 percent of pre-tax annual compensation as defined in the Plan, not to exceed the maximum amounts allowable by Internal Revenue Service ("IRS") regulations (such amounts were $16,500 in both 2010 and 2009). Participants who are at least age 50 at the end of the year are allowed to make additional "catch-up" contributions in accordance with IRS regulations; catch-up contributions are limited to $5,500 in both 2010 and 2009. Participants may also contribute distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions to various investment options offered by the Plan. If a participant does not specify how contributions are to be invested, his/her contributions will be invested in the Merrill Lynch Retirement Preservation Trust. The Plan currently offers twenty-four mutual funds and two collective trusts as investment options for participants.

The Company, at its discretion, may make profit-sharing and/or matching contributions to the Plan. The Company did not make contributions to the Plan in 2010 or 2009.

Participant Accounts

Each participant's account is credited with the participant's contributions, earnings or losses on the participant's underlying investments, and an allocation of the Company's discretionary contributions, if any. Investment earnings are allocated to each participant's account on a daily basis based on shares held. Allocations of the Company's discretionary contributions are based on each participant's contributions, earnings or account balance, as set forth in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

## NOTE A - DESCRIPTION OF PLAN - Continued

Vesting

Participant contributions plus actual earnings thereon are vested immediately. Employer contributions are vested 20% after two years of employment and an additional 20% for each additional year employed. Employer contributions are 100% vested after six years of continued employment, or upon the participant's death, disability, or retirement.

A participant can withdraw his/her vested account balance from the Plan upon termination of employment.

Notes Receivable from Participants

Participants may borrow up to the lesser of $50,000 or one-half of their vested account balance, subject to a minimum loan amount of $1,000. A participant may have two loans outstanding at a time. Loans must be repaid in equal installments at least quarterly, within five years and are secured by the remaining balance in the participant's account. They bear interest at the prime rate plus 1% at the date the loan is made. Interest rates on notes receivable from participants outstanding ranged from 4.25% to 9.25% at December 31, 2010 and 2009.

Payment of Benefits

Upon retirement, death, full and permanent disability, or termination of employment a participant (or the participant's beneficiary, if applicable) may elect to receive the participant's vested account balance in either a lump sum payment or an alternative form of payment, as provided in the Plan. If benefit payments are due to termination and are $1,000 or less, they will be paid in a lump sum; if the vested account is more than $1,000 but less than $5,000, the vested balance will be paid as requested by the participant or directly rolled over to an individual retirement account benefiting the participant if no request is made; if the vested account balance is $5,000 or more, it may remain in the Plan until the participant reaches age 59½ or may be rolled-over to another qualified plan. The Plan allows participants to make hardship withdrawals, subject to certain limitations.

Forfeited Accounts

Forfeited accounts are used to pay plan expenses and reduce future employer contributions. During the years ended December 31, 2010 and 2009, the Plan had no forfeited non-vested accounts.

## NOTE B - SUMMARY OF THE SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from the estimates used. Differences between estimates and actual results are generally recorded when the actual results become known.

Adoption of New Accounting Standard

In September 2010, the Financial Accounting Standards Board ("FASB") issued an amendment, Plan Accounting - Defined Contribution Pension Plans (Topic 962): *Reporting Loans to Participants by Defined Contribution Pension Plans,* which provides guidance on how loans to participants should be classified and measured by defined contribution plans. That guidance requires participant loans to be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. The Plan adopted this new guidance in its December 31, 2010, financial statements and has reclassified participant loans of $115,117 for the year ended December 31, 2009, from investments to notes receivable from participants. Net assets of the Plan were not affected by the adoption of the new guidance.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's realized gains and losses on investments sold during the year and the change in the fair values of investments held at year end.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Benefits

Benefits are recorded when paid.

## NOTE B - SUMMARY OF THE SIGNIFICANT ACCOUNTING POLICIES - Continued

Expenses of the Plan

Plan recordkeeping expenses are generally paid by the Company. Loan fees are paid by plan participants.

## NOTE C - FAIR VALUE MEASUREMENTS

The Plan uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, giving the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The fair value measurement level of an asset or liability within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

*Mutual Funds*: Valued at the net asset value ("NAV") of shares held by the plan at year end. There are no redemption restrictions.

*Common/Collective Trust*: Valued at the NAV of shares held by the plan at year end. There are no redemption restrictions. (See Note H).

## NOTE C - FAIR VALUE MEASUREMENTS - Continued

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

| | Assets at Fair Value as of December 31, 2010 | | |
|---|---|---|---|
| | Level 1 | Level 3 | Total |
| Mutual funds | | | |
| Blended funds | $ 807,183 | $ - | $ 807,183 |
| Growth funds | 537,893 | - | 537,893 |
| Bond funds | 311,203 | - | 311,203 |
| Value funds | 263,291 | - | 263,291 |
| International stock funds | 218,983 | - | 218,983 |
| Common/collective trust | - | 526,683 | 526,683 |
| Total assets at fair value | $2,138,553 | $526,683 | $2,665,236 |

| | Assets at Fair Value as of December 31, 2009 | | |
|---|---|---|---|
| | Level 1 | Level 3 | Total |
| Mutual funds | | | |
| Blended funds | $ 613,744 | $ - | $ 613,744 |
| Growth funds | 432,226 | - | 432,226 |
| Bond funds | 258,626 | - | 258,626 |
| Value funds | 210,027 | - | 210,027 |
| International stock funds | 205,271 | - | 205,271 |
| Common/collective trust | - | 451,875 | 451,875 |
| Total assets at fair value | $1,719,894 | $451,875 | $2,171,769 |

## NOTE C - FAIR VALUE MEASUREMENTS - Continued

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2010 and 2009.

| | Common/ collective trust |
|---|---|
| Balance as of January 1, 2009 | $393,121 |
| Change in unrealized appreciation | 58,754 |
| Balance as of January 1, 2010 | 451,875 |
| Change in unrealized appreciation | 74,808 |
| Balance as of December 31, 2010 | $526,683 |

## NOTE D - RELATED PARTY TRANSACTIONS

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others.

The Plan's investments include shares of mutual funds and a common/collective trust managed by an affiliate of an investment adviser to the Plan. In addition, certain fees are paid to the Plan's trustee and record keeper for investment management and recordkeeping services that are incorporated into expense ratios of the individual mutual funds. The expense ratio is composed of the investment management fee, 12b-1 fees imposed (if any), and other expenses.

## NOTE E - PLAN TERMINATION

The Company has not expressed any intent to discontinue the Plan; however, it may, by action of its Board of Directors, terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, the participants become 100% vested in any unvested employer contribution portion of their account balance.

## NOTE F - TAX STATUS

The IRS has determined and informed the Plan's trustee that the prototype document adopted by the Plan is designed in accordance with applicable requirements of the Internal Revenue Code ("IRC") and that trusts created thereunder are exempt from federal income tax. Although the Plan has been amended since the date of the most recent determination letter, March 31, 2008, the Plan administrator believes that the Plan is currently being operated in compliance with applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan is qualified and the related trust is tax-exempt.

## NOTE G - RISKS AND UNCERTAINTIES

The Plan invests in various types of investment securities. The values of investments are subject to various risks, including interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of the Plan's investments will occur in the near term and that such changes may materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

## NOTE H - INVESTMENT OPTION CONTAINING GUARANTEED INVESTMENT CONTACTS

The Merrill Lynch Retirement Preservation Trust (the "collective trust") invests primarily in a broadly diversified portfolio of guaranteed investment contracts. The collective trust, which, prior to its decision in late 2010 to liquidate (as discussed below), was fully benefit-responsive, was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The Plan's investment in the collective trust is included in the accompanying financial statements at fair value. The average yield for the Plan's investment in the collective trust was 1.30% and 1.21% for the years ended December 31, 2010 and 2009, respectively.

Investment contracts, and funds that invest in such contracts, held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts. The Plan invests in investment contracts through a common/collective trust. The Statements of Net Assets Available for Benefits presents the fair value of the investment in the collective trust. In 2009 the Statement of Net Assets Available for Benefits also presented the adjustment of the investment in the common/collective trust from fair value to contract value.

In October 2010, the trustee of the Retirement Preservation Trust approved the termination of the trust and commenced liquidation of the trust assets, thus causing the investment to no longer be fully benefit-responsive. The liquidation of the trust assets was completed on February 28, 2011, and the trust ceased operation at that date. All trust units were redeemed at the net asset value of $1.00 per unit, which was the basis for determining their fair value.

## NOTE I - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Ascensus, Inc., the record keeper of the Plan, as agent for Frontier Trust Company (the "Trustee"), has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2010 and 2009.
- Net investment income and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the years ended December 31, 2010 and 2009.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2010.

Investments that individually represent 5% or more of the Plan's net assets at December 31 are:

| | 2010 | 2009 |
|---|---|---|
| ML Retirement Preservation Trust | $526,683 | $451,875 |
| Invesco Large Cap Growth Fund A | 376,617 | 308,598 |
| BlackRock Value Opportunities Fund, Inc. | 298,507 | 219,347 |
| BlackRock Total Return Fund | 280,687 | 233,991 |
| BlackRock International Fund A | 188,548 | 149,657 |

The assets of the Plan are held by the Trustee. The related investment transactions are initiated by the Trustee's agent in accordance with the elections made by participants.

## NOTE J - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Following is a reconciliation of net assets available for benefits reported in the financial statements at December 31, 2010 and 2009, to the Form 5500:

| | 2010 | 2009 |
|---|---|---|
| Net assets available for benefits per the financial statements | $2,734,452 | $2,292,558 |
| Plus - Accrual for return of excess contributions not shown on Form 5500 | 40,526 | 27,110 |
| Plus - Miscellaneous timing differences | 411 | - |
| Net assets available for benefits per Form 5500 | $2,775,389 | $2,319,668 |

## NOTE J - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 - Continued

Following is a reconciliation of the changes in the net assets reported in the financial statements for the years ended December 31, 2010 and 2009, to the Form 5500:

| | 2010 | 2009 |
|---|---|---|
| Increase in net assets per the financial statements | $441,894 | $494,993 |
| Plus - Accrual for return of excess contributions not shown on current year Form 5500 | 40,526 | 27,110 |
| Less - Payment of prior year excess contributions shown on current year Form 5500 | (27,110) | (21,697) |
| Plus - Miscellaneous timing differences | 411 | 236 |
| Change in net assets per Form 5500 | $455,721 | $500,642 |

## NOTE K - PROHIBITED TRANSACTIONS

The employer is required to remit participant contributions to the Plan as of the earliest date on which such amounts can reasonably be segregated from the employer's general assets. The United States Department of Labor ("DOL") considers participant contributions and loan repayments remitted after such date to be prohibited transactions. It was determined that during the year ended December 31, 2010, the Plan Sponsor did not remit all contributions and loan repayments within the desired timeframe. The aggregate of all amounts not remitted timely totaled $272,317; the largest single amount not remitted timely was $17,393 which was remitted one business day late; the maximum delay in remitting contributions and loan payments was five business days. Upon discovery of the late remittances, the Plan Sponsor paid the Plan $125 for lost earnings, calculated in accordance with DOL requirements, on the late remittances.

## NOTE L - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 13, 2011, the date the financial statements were available to be issued, and determined there were no events that occurred that would have significantly affected the financial statements, other than as disclosed in Note H.

# SUPPLEMENTAL SCHEDULES

**Jani-King International, Inc. 401(k) Plan**

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2010

EIN: 75-2074877
Plan No. 001

| | |
|---|---|
| Participants' contributions (including loan payments of $46,185) of the current plan year not deposited into the Plan within the time period described in 29CFR 2510.3-102 | $272,317 |
| Total delinquent deposits of participants' contributions constituting prohibited transactions | $272,317 |
| Amount fully corrected under DOL's Voluntary Fiduciary Correction Program (VFC Program) and PTE 2002-51 | $272,317 |
| Reimbursement to the Plan for lost earnings as a result of delinquent payments | $ 125 |

**Jani-King International, Inc. 401(k) Plan**

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD (AT END OF YEAR)

December 31, 2010

EIN: 75-2074877
Plan No. 001

| (a) | (b) Identity of issuer, borrower lessor, or similar party | (c) Description of investment | (e) Current value |
|---|---|---|---|
| * | Merrill Lynch | Retirement Preservation Trust | $ 526,683 |
| | Invesco | Large Cap Growth Fund A | 376,617 |
| * | BlackRock | Value Opportunities Fund, Inc. | 298,507 |
| * | BlackRock | Total Return Fund | 280,687 |
| * | BlackRock | International Fund A | 188,549 |
| | Hotchkis and Wiley Funds | Large Cap Value Fund A | 107,657 |
| | American Funds | Funds Cap World Growth Inc. R3 | 99,549 |
| | Columbia Acorn | Select A | 96,778 |
| | Ariel Funds | The Ariel Fund | 92,342 |
| * | BlackRock | Basic Value Fund, Inc. | 80,834 |
| * | BlackRock | International Value Fund | 75,916 |
| * | BlackRock | Large Cap Value Fund | 74,800 |
| | Federated Kaufmann | Fund A | 64,498 |
| * | BlackRock | Balanced Capital Fund, Inc. | 48,691 |
| | Ariel Funds | Appreciation Fund | 46,235 |
| * | BlackRock | Global Allocation Fund, Inc. | 45,591 |
| | Hennessy Funds | Cornerstone Growth Fund | 44,433 |
| * | BlackRock | Eurofund | 43,518 |
| | Franklin Templeton | Rising Dividends Fund A | 42,835 |
| * | BlackRock | High Income Fund | 30,516 |
| | Total investments, at fair value | | 2,665,236 |
| * | Frontier Trust Company | Interest bearing cash | 11 |
| * | Participants | Notes receivable from participants with interest rates ranging from 4.25% to 9.25% | 109,731 |
| | Total assets | | $2,774,978 |

* Denotes a party-in-interest

Investments are participant directed; accordingly, column (d) cost information is not applicable.

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: JANI-KING INTERNATIONAL, INC. 401(K) PLAN

Plan Number: 201066

Broker Dealer: Merrill Lynch

| Ticker Symbol | Investment Name | Formula used to determine Sub-TA Compensation paid to Ascensus |
|---|---|---|
| ARGFX | The Ariel Fund | 12 dollars per fund position |
| MDSPX | BlackRock Value Opport Fund Inc. A | 12 dollars per fund position |
| MDHQX | BlackRock Total Return Fund | 12 dollars per fund position |
| MDCPX | BlackRock Balanced Capital Fund Inc. | 12 dollars per fund position |
| MDBAX | BlackRock Basic Value Fund Inc. | 12 dollars per fund position |
| MDHIX | BlackRock High Income Fund | 12 dollars per fund position |
| GMMDHQX | GM BlackRock Total Return Fund | 12 dollars per fund position |
| GMMDILX | GM BlackRock International Fund A | 12 dollars per fund position |
| GMMDSPX | GM BlackRock Value Opport Fund Inc. A | 12 dollars per fund position |
| MLGIX80 | ML Retirement Preservation Trust | N/A |
| GMMLGIX80 | GM ML Retirement Preservation Trust | N/A |
| MDILX | BlackRock International Fund A | 12 dollars per fund position |
| HWLAX | Hotchkis & Wiley Large Cap Value Fund A | 12 dollars per fund position |
| GMLCGAX | GM Invesco Large Cap Growth Fund A | 12 dollars per fund position |
| CAAPX | Ariel Appreciation Fund | 12 dollars per fund position |
| RWICX | American Funds Cap Wld Growth Inc R3 | 12 dollars per fund position |
| FRDPX | Franklin Rising Dividends Fund A | 12 dollars per fund position |
| LTFAX | Columbia Acorn Select A | 12 dollars per fund position |
| KAUAX | Federated Kaufmann Fund A | 12 dollars per fund position |
| HFCGX | HENNESSY CORNERSTONE GROWTH FUND | 12 dollars per fund position |
| MDLOX | BlackRock Global Allocation Fund Inc. | 12 dollars per fund position |
| MDLVX | BlackRock Large Cap Value Fund | 12 dollars per fund position |
| MDIVX | BlackRock International Value Fund | 12 dollars per fund position |

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: JANI-KING INTERNATIONAL, INC. 401(K) PLAN

Plan Number: 201066

Broker Dealer: Merrill Lynch

| Ticker Symbol | Investment Name | Formula used to determine Sub-TA Compensation paid to Ascensus |
|---|---|---|
| LCGAX | Invesco Large Cap Growth Fund A | 12 dollars per fund position |
| MDEFX | BlackRock Eurofund | 12 dollars per fund position |

**Attachment to 2010 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** JANI KING INTERNATIONAL, INC 401(K) PLAN **EIN:** 75-2074877
**Plan Sponsor's Name** JANI KING INTERNATIONAL, INC **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | BlackRock | BlackRock International Fund A | 0 | 79,022 |
| | BlackRock | BlackRock Value Opport Fund Inc. A | 0 | 173,839 |
| | BlackRock | BlackRock Total Return Fund | 0 | 110,181 |
| | BlackRock | BlackRock Balanced Capital Fund Inc. | 0 | 48,691 |
| | BlackRock | BlackRock Basic Value Fund Inc. | 0 | 80,834 |
| | BlackRock | BlackRock High Income Fund | 0 | 30,516 |
| | BlackRock | GM BlackRock Total Return Fund | 0 | 170,506 |

**Attachment to 2010 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** _____ **EIN:** _____
**Plan Sponsor's Name** _____ **PN:** _____

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | BlackRock | GM BlackRock International Fund A | 0 | 109,526 |
| | BlackRock | GM BlackRock Value Opport Fund Inc. A | 0 | 124,668 |
| | Merrill Lynch | ML Retirement Preservation Trust | 0 | 464,438 |
| | Merrill Lynch | GM ML Retirement Preservation Trust | 0 | 62,245 |
| | BlackRock | BlackRock Eurofund | 0 | 43,518 |
| | Hotchkis & Wiley | Hotchkis & Wiley Large Cap Value Fund A | 0 | 107,657 |
| | Ariel | The Ariel Fund | 0 | 92,342 |

**Attachment to 2010 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** _____ **EIN:** _____
**Plan Sponsor's Name** _____ **PN:** _____

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Ariel | Ariel Appreciation Fund | 0 | 46,235 |
| | American Funds | American Funds Cap Wld Growth Inc R3 | 0 | 99,549 |
| | Franklin | Franklin Rising Dividends Fund A | 0 | 42,836 |
| | Columbia | Columbia Acorn Select A | 0 | 96,778 |
| | Federated | Federated Kaufmann Fund A | 0 | 64,498 |
| | Hennessy | HENNESSY CORNERSTONE GROWTH FUND | 0 | 44,433 |
| | BlackRock | BlackRock Global Allocation Fund Inc. | 0 | 45,591 |

**Attachment to 2010 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** _____ **EIN:** _____
**Plan Sponsor's Name** _____ **PN:** _____

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | BlackRock | BlackRock Large Cap Value Fund | 0 | 74,800 |
| | BlackRock | BlackRock International Value Fund | 0 | 75,916 |
| | Invesco | Invesco Large Cap Growth Fund A | 0 | 235,503 |
| | Invesco | GM Invesco Large Cap Growth Fund A | 0 | 141,114 |
| | Participants Loan Account | Various Rates and Maturities | 0 | 110,142 |
| | Frontier Trust Company | Contribution Account | 0 | 11 |
| | | | | |