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

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 08/31/2010 and ending 08/30/2011

A This return/report is for: [X] single-employer plan [ ] multiple-employer plan (not multiemployer) [ ] one-participant plan

B This return/report is for: [ ] first return/report [ ] final return/report
[ ] an amended return/report [ ] short plan year return/report (less than 12 months)

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ABBOTT-INTERFAST CORPORATION EMPLOYEES PENSION PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 08/01/1979

2a Plan sponsor's name and address (employer, if for single-employer plan)
ABBOTT-INTERFAST CORPORATION

190 ABBOTT DRIVE
WHEELING, IL 60090-5802

2b Employer Identification Number (EIN) 36-2116457

2c Plan sponsor's telephone number 847-459-6410

2d Business code (see instructions) 332210

3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")
ABBOTT-INTERFAST CORPORATION 190 ABBOTT DRIVE
WHEELING, IL 60090-5802

3b Administrator's EIN 36-2116457

3c Administrator's telephone number 847-459-6410

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	50
b Total number of participants at the end of the plan year	**5b**	50
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1582965	1788676
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1582965	1788676

8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: **(1)** Employers	8a(1)	201000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	95900	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		296900
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	73268	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	17921	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		91189
i Net income (loss) (subtract line 8h from line 8c)	8i		205711
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1G 1I 3D

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

Part V Compliance Questions

10 During the plan year:		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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? [ ] Yes [X] No

(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? [ ] Yes [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 under the control of the PBGC? [ ] Yes [X] No

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

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/15/2012	JOE PODGORSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/15/2012	JOE PODGORSKI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 08/31/2010 and ending 08/30/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
ABBOTT-INTERFAST CORPORATION EMPLOYEES PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
36-2116457

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 08 Day 31 Year 2010

2	Assets:			
a	Market value	**2a**		1576954
b	Actuarial value	**2b**		1576954
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	4	428325
b	For terminated vested participants	**3b**	24	300518
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		1799966
	(3) Total active	**3c(3)**	22	1799966
d	Total	**3d**	50	2528809
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.11 %
6	Target normal cost	**6**		0

Statement by Enrolled Actuary

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

SIGN HERE

	06/04/2012
Signature of actuary	Date
RAYMON ALPERSTEIN, AIA, MSPA, ASA	11-04694
Type or print name of actuary	Most recent enrollment number
PROFIT PLANNERS, LLC	773-883-8700
Firm name	Telephone number (including area code)
1300 JEFFERSON STREET, SUITE 103 DES PLAINES, IL 60016-7100	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	4889	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	4889	0
10	Interest on item 9 using prior year's actual return of 2.68 %	131	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		1479
	b Interest on (a) using prior year's effective rate of 6.28 %		93
	c Total available at beginning of current plan year to add to prefunding balance		1572
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	5020	0

Part III Funding percentages

14	Funding target attainment percentage	14	62.16 %
15	Adjusted funding target attainment percentage	15	62.16 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	61.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	62.35 %

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/20/2011	7000	0			
10/31/2011	6000	0			
12/21/2011	17000	0			
05/01/2012	10000	0			
05/15/2012	161000	0			
			Totals ► 18(b)	201000	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	176613

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.35 %	6.59 %	6.72 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 66

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	855723	175323
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33** 0

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 175323

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			

36 Additional cash requirement (item 34 minus item 35) **36** 175323

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 176613

38 Interest-adjusted excess contributions for current year (see instructions) **38** 1390

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40**

Schedule SB, line 26 -
Schedule of Active Participant Data

Abbott-Interfast Corporation Employees' Pension Plan and Trust

36-2116457/002

For the plan year 8/31/2010 through 8/30/2011

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44					2	1				
45 to 49				1	1					
50 to 54				2	3					
55 to 59				1	1		2	1		
60 to 64					1	1	1	1		
65 to 69										2
70 & up									1	

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Abbott-Interfast Corporation Employees' Pension Plan and Trust

36-2116457 / 002

For the plan year 8/31/2010 through 8/30/2011

Valuation Date: 8/31/2010

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

New participants are not included in current year's valuation

Retrospective Compensation - Highest 5 years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates - Segment rates for the Fourth Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	4.35
Segment 2	6 - 20	6.59
Segment 3	> 20	6.72

Pre-Retirement -	Mortality Table -	None
	Turnover/Disability -	None
	Salary Scale -	None
	Expense Load -	None
	Ancillary Ben Load -	None
Post-Retirement -	Mortality Table -	10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)
	Cost of Living -	None
	Lump Sum -	U84 - 1984 Unisex at 6% or 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

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

For calendar plan year 2010 or fiscal plan year beginning 08/31/2010 and ending 08/30/2011

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan: Abbott-Interfast Corporation Employees' Pension Plan and Trust

B Three-digit plan number (PN) ►: 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ: Abbott-Interfast Corporation

D Employer Identification Number (EIN): 36-2116457

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

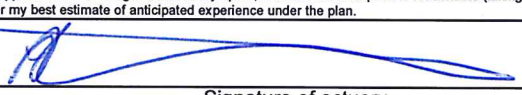
1 Enter the valuation date: Month 08 Day 31 Year 2010

2	Assets:			
	a Market value		**2a**	1,576,954
	b Actuarial value		**2b**	1,576,954
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	4	428,325
	b For terminated vested participants	**3b**	24	300,518
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		1,799,966
	(3) Total active	**3c(3)**	22	1,799,966
	d Total	**3d**	50	2,528,809
4	If the plan is at-risk, check the box and complete lines a and b [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.11
6	Target normal cost		**6**	0

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 presribed assumption was applied in accordance with applicable law and regulations. In my opion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE



Signature of actuary — Date: 06/04/2012

Raymon Alperstein, AIA, MSPA, ASA — Most recent enrollment number: 11-04694

Type or print name of actuary

Profit Planners, LLC — Telephone number (including area code): (773) 883-8700

Firm name

1300 Jefferson Street, Suite 103

US Des Plaines IL 60016-7100

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	4,889	0
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
9 Amount remaining (item 7 minus item 8)	4,889	0
10 Interest on item 9 using prior year's actual return of 2.68%	131	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		1,479
b Interest on (a) using prior year's effective rate of 6.28 %		93
c Total available at beginning of current plan year to add to prefunding balance		1,572
d Portion of item (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	5,020	0

Part III Funding percentages

14 Funding target attainment percentage	14	62.16 %
15 Adjusted funding target attainment percentage	15	62.16 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	61.06 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	62.35 %

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/20/2011	7,000				
10/31/2011	6,000				
12/21/2011	17,000				
05/01/2012	10,000				
05/15/2012	161,000				
			Totals ► 18(b)	201,000	18(c)

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	176,613

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment	2nd segment	3rd segment	☐ N/A, full yield curve used
4.35 %	6.59 %	6.72 %	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	66

23 Mortality table(s) (see instructions) ☒ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0

	Outstanding Balance	Installment
32 Amortization installments:		
a Net shortfall amortization installment	855,723	175,323
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	175,323

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement			

36 Additional cash requirement (item 34 minus item 35)	36	175,323
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	176,613
38 Interest-adjusted excess contributions for current year (see instructions)	38	1,390
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	
40 Unpaid minimum required contribution for all years	40	

Schedule SB, Part V
Summary of Plan Provisions

Abbott-Interfast Corporation Employees' Pension Plan and Trust

36-2116457 / 002

For the plan year 8/31/2010 through 8/30/2011

Employer: Abbott-Interfast Corporation

Type of Entity - C-Corporation

EIN: 36-2116457 TIN: 36-2116457 Plan #: 002

Dates: Effective - 8/1/1979 Year end - 8/30/2011 Valuation - 8/31/2010

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - 08/31 or 02/28 the plan year on or next following eligibility satisfaction.

Retirement: Normal - Attainment of age 65 and completion of 5 years of participation

Early - Attainment of age 62 and completion of 10 years of service

Average Compensation: Highest 5 years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit as of 2/25/2002

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: $195,000

Maximum 401(a)(17) compensation - $245,000

Normal Form: Life Annuity Guaranteed for 10 Years

Optional Forms: Life Annuity
Life Annuity Guaranteed for 10 Years
Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Years	Percent
0-1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service, except years prior to age 18

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.83
Segment 2	6 - 20	4.66
Segment 3	> 20	5.26

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Schedule SB, Part V
Summary of Plan Provisions

Abbott-Interfast Corporation Employees' Pension Plan and Trust

36-2116457 / 002

For the plan year 8/31/2010 through 8/30/2011

Actuarial Equivalence:

Pre-Retirement -	Interest -	8%
	Mortality Table -	None
Post-Retirement -	Interest -	6%
	Mortality Table -	U84 - 1984 Unisex

Schedule SB, line 32 -
Schedule of Amortization Bases

Abbott-Interfast Corporation Employees' Pension Plan and Trust

36-2116457 / 002

For the plan year 8/31/2010 through 8/30/2011

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	08/31/2008	796,059	Shortfall	612,115	5	133,064
	08/31/2009	89,676	Shortfall	80,618	6	15,134
	08/31/2010	162,990	Shortfall	162,990	7	27,125
Totals:				$855,723		$175,323

Schedule SB, line 19 -
Discounted Employer Contributions

Abbott-Interfast Corporation Employees' Pension Plan and Trust

36-2116457 / 002

For the plan year 8/31/2010 through 8/30/2011

Valuation Date: 8/31/2010

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	**10/20/2011**	**$7,000**					
Applied to Quarterly Contribution	12/14/2010	7,000	6,293	0	7,000	6.11	11.11
Deposited Contribution	**10/31/2011**	**$6,000**					
Applied to Quarterly Contribution	12/14/2010	6,000	5,377	0	6,000	6.11	11.11
Deposited Contribution	**12/21/2011**	**$17,000**					
Applied to Quarterly Contribution	12/14/2010	17,000	15,012	0	17,000	6.11	11.11
Deposited Contribution	**5/1/2012**	**$10,000**					
Applied to Quarterly Contribution	12/14/2010	7,050	5,994	0	7,050	6.11	11.11
Applied to Quarterly Contribution	3/14/2011	2,950	2,537	0	2,950	6.11	11.11
Deposited Contribution	**5/15/2012**	**$161,000**					
Applied to Additional Contribution	8/31/2010	1,538	1,390	0	0	6.11	0
Applied to MRC	8/31/2010	51,262	46,332	0	0	6.11	0
Applied to Quarterly Contribution	3/14/2011	34,100	29,203	0	34,100	6.11	11.11
Applied to Quarterly Contribution	6/14/2011	37,050	32,100	0	37,050	6.11	11.11
Applied to Quarterly Contribution	9/14/2011	37,050	32,475	0	37,050	6.11	11.11
Totals for Deposited Contribution		$201,000	$176,713	$0	$148,200		

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

Abbott-Interfast Corporation Employees' Pension Plan and Trust

36-2116457 / 002

For the plan year 8/31/2010 through 8/30/2011

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.