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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

r		lance witl	n the instructions to the Form 5500	O-SF.		•	
P	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	011		
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	ſ	a one-particip	oant plan	
		the final r	eturn/report	L		•	
_			in year return/report (less than 12 mo	onthe)			
_			• •	ונונו <i>ס)</i> [7 551/0		
C			extension	L	DFVC progra	ım	
	special extension (enter description	n)					
Pa	art II Basic Plan Information—enter all requested information	ntion					
	Name of plan				Three-digit		
AME	RICAN SANITARY PARTITION CORP. DEFINED BENEFIT PENSIO	N PLAN			plan number	000	
			•		(PN) •	003	
				1C	Effective date of 01/01		
20	Diagram and an analysis and an		fan a signila agarlawan nian)	2 h			
	Plan sponsor's name and address; include room or suite number (en RICAN SANITARY PARTITION CORP	npioyer, ii	for a single-employer plan)		Employer Identification (EIN) 11-19	fication Numbe 67147	r
					(= 11 4)		
				20	Sponsor's telep		
	BOX 99 EE. FL 34761			2d	Business code (see instruction	6)
	,				33290		٥,
3a	Plan administrator's name and address (if same as plan sponsor, en	ter "Same	2")	3b	Administrator's I	FIN	
	RICAN SANITARY PARTITION CORP P. O. BOX 99		,			67147	
	OCOEE, FL 34	4761		3c	Administrator's t		ber
					407-656	6-0611	
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			5a			6
			•		+		6
b	Total number of participants at the end of the plan year		+	5b			0
С	Number of participants with account balances as of the end of the pl complete this item)	• (•	5c			
62	Were all of the plan's assets during the plan year invested in eligible				<u> </u>	X Yes	No
b			'			Δ .σσ []	. 10
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at					X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550	00.			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	2425683			2181108	
b	Total plan liabilities	7b	180000				
С	Net plan assets (subtract line 7b from line 7a)	7c	2245683			2181108	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		, ,		(3)		
	(1) Employers	8a(1)	11204				
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-39533				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-28329	
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d	12209				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	24037				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				36246	
i	Net income (loss) (subtract line 8h from line 8c)	8i				-64575	
i	Transfers to (from) the plan (see instructions)						
J		8j					

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Form	2200	-5-	701	ı

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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V	Compliance Questions								_
10		ng the plan year:		Yes	No		Amo	unt		_
		there a failure to transmit to the plan any participant contributions within the time period described in				<u> </u>	71110	unt		_
	29 (CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X					
•		s the plan covered by a fidelity bond?	10b	Χ					250000	_
C			100						230000	_
d	or di	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X					
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X					
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X					
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х					
İ	If 10	h was answered "Yes," check the box if you either provided the required notice or one of the options to providing the notice applied under 29 CFR 2520.101-3	10i		X					
art	VI	Pension Funding Compliance								
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	•			•	X	Yes	□ No	<u> </u>
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ī	Yes	X No)
	If a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver								
		r the minimum required contribution for this plan year		[12b					
		r the amount contributed by the employer to the plan for this plan year		<u> </u>	12c					
d	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a		12d					_
е	-	he minimum funding amount reported on line 12d be met by the funding deadline?		_		Yes	_ N	lo	N/A	
art	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Y	es X No)			_
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co	ontrol					_
_		e PBGC?					Ц	Yes	X No)
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify tl h assets or liabilities were transferred. (See instructions.)	ne pia	n(s) to)					
1	3c(1)	Name of plan(s):		13	c(2) EI	N(s)		3c(3)	PN(s)	
Caut	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.				
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.		,	,	0, 11	,			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/30/2012	RONALD BIRKENMAIER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/30/2012	RONALD BIRKENMAIER
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2011

This Form is Open to Public Inspection

	, i lie as an attachine		7000 01 0000 01 .		
Fo	r calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending	12/31/	2011
•	Round off amounts to nearest dollar.				
•	Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reaso	nable cause is established		
Α	Name of plan		B Three-digit		
	IERICAN SANITARY PARTITION CORP. DEFINED BENEFIT PENSION F	PLAN	plan numbe	er (PN)	003
			plan numbe	ZI (I I V)	,
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Id	entificatio	n Number (EIN)
	ERICAN SANITARY PARTITION CORP		11-1967147		,
			11-1907147		
-	Type of plan: X Single Multiple-A Multiple-B	Prior year plar	100 or four	1 404 500	More than 500
_	Type of plan: Single Multiple-A Multiple-B	Prior year piar	n size: X 100 or fewer	101-500	More than 500
P	art I Basic Information				
1	Enter the valuation date: Month 01 Day 01	Year 2	011		
2	Assets:				
_	a Market value			2a	2241473
	•			2b	2241473
	b Actuarial value			20	
3	Funding target/participant count breakdown:		(1) Number of participa		(2) Funding Target
	a For retired participants and beneficiaries receiving payment	. 3a		0	0
	b For terminated vested participants	. 3b		25	46502
	C For active participants:				
	(1) Non-vested benefits	3c(1)			0
	(2) Vested benefits	- (-)			2265799
	()			41	2265799
	(3) Total active			66	
	d Total	. 3d		00	2312301
4	If the plan is in at-risk status, 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 trans	sition rule for	plans that have been in	4b	
	at-risk status for fewer than five consecutive years and disregarding			40	
5	Effective interest rate			5	5.89 %
6	Target normal cost			6	0
Sta	tement by Enrolled Actuary				
	To the best of my knowledge, the information supplied in this schedule and accompanying schedul	les, statements a	nd attachments, if any, is complete	and accurate	e. Each prescribed assumption was applied in
	accordance with applicable law and regulations. In my opinion, each other assumption is reasonab combination, offer my best estimate of anticipated experience under the plan.	ole (taking into ac	count the experience of the plan ar	d reasonable	e expectations) and such other assumptions, in
_	SIGN				00/07/00/0
ŀ	IERE				03/07/2012
	Signature of actuary				Date
AND	DREW BEHNKE, EA, MSPA				11-07643
	Type or print name of actuary			Most rec	ent enrollment number
MID	WEST PENSION ACTUARIES, INC.			111001100	248-539-5000
	<u>'</u>			nhor	
306	Firm name 80 TWELVE MILE ROAD		Tele	prione nu	mber (including area code)
	RMINGTON HILLS, MI 48334				
	Address of the firm				
	e actuary has not fully reflected any regulation or ruling promulgated under	the statute in	n completing this schedule	, check th	e box and see
moll	uctions				

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Schedule SB (Form 5500) 2011

Pa	rt II	Begin	ning of year	carryove	er and prefunding bal	ances						
							(a) Carryover balance (b) Prefunding balance					ng balance
		Ū	0 , ,		cable adjustments (line 13 fr				1928			0
8				•	unding requirement (line 35		0					0
9	Amoun	t remainii	ng (line 7 minus li	ne 8)					1928			0
10	Interest	on line 9	using prior year's	actual ret	urn of 40.50%				781			
11	Prior ye	ar's exce	ess contributions t	o be added	I to prefunding balance:							
	a Pres	sent valu	e of excess contri	butions (lin	e 38 from prior year)							16135
					rate of6.54 % except							1055
	C Tota	ıl availabl	e at beginning of c	urrent plan y	ear to add to prefunding bala	nce						17190
	d Port	tion of (c)	to be added to p	efunding b	alance							0
12	Other re	eductions	s in balances due	to elections	s or deemed elections				0			0
13	Balance	e at begir	nning of current ye	ear (line 9 +	- line 10 + line 11d – line 12)				2709			0
Pa	art III	Fun	ding percenta	ages								
14	Funding	_									14	96.81 %
15	Adjuste	d funding	g target attainmen	t percentag	je						15	96.81 %
										16	100.83 %	
17	If the cu	ırrent val	ue of the assets o	f the plan i	s less than 70 percent of the	funding targe	et, enter si	uch percentage			17	%
Pá	art IV	Con	tributions an	d liquidi	ty shortfalls							
18	Contrib				ear by employer(s) and emp	loyees:						
(M	(a) Dat M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) Dat (MM-DD-Y		(b) Amount pa employer(s		(c) Amoui emplo	nt paid by byees
08	/05/2011			11204								
							_					
						Totals ►	18(b)		11204	18(c)		0
19	Discour	nted emp	loyer contribution:	s – see inst	ructions for small plan with	a valuation da	ite after th	e beginning of the	year:			
	a Cont	ributions	allocated toward	unpaid min	imum required contributions	from prior yea	ars		19a			0
	b Cont	ributions	made to avoid res	strictions ac	djusted to valuation date				19b			0
	C Conti	ributions a	allocated toward m	nimum requ	uired contribution for current y	ear adjusted to	valuation	date	19c			10831
20	Quarter	ly contrib	outions and liquidi	y shortfalls	:							
	a Did t	he plan h	ave a "funding sh	ortfall" for t	he prior year?							Yes 🗙 No
	b If 20a	a is "Yes,	" were required q	uarterly ins	tallments for the current yea	r made in a tir	mely manr	ner?		<u></u>		Yes No
	C If 20a	a is "Yes,	" see instructions	and compl	ete the following table as ap	plicable:						
					Liquidity shortfall as of er	of quarter of		-				
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	

Pa	rt V	Assumptio	ns used to determ	ine f	unding target and tar	get n	ormal cost				
21	Disco	ount rate:									
	a Se	egment rates:	1st segment: 2.94%		2nd segment: 5.82%		3rd segment: 6.46 %		N/A, full yield curve used		
	b At	pplicable month	(enter code)					21b	0		
22								22	62		
23		ality table(s) (see	_		escribed - combined	7	scribed - separate	Substitut			
Pa		Miscellane	_		<u> </u>		·				
				ed act	uarial assumptions for the co	irrent i	nlan year? If "Ves" see	instructions	regarding required		
			•		uariar assumptions for the co		•		· · · · · · · · · · · · · · · · · · ·		
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No		
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruct	tions regarding required	attachment	X Yes No		
27					nding rules, enter applicable			27			
Pa	rt VII	Reconcilia	ation of unpaid mi	nimu	ım required contribut	ions	for prior years				
28	Unpa	id minimum requ	uired contributions for all	l prior	years			28	0		
29					I unpaid minimum required o			29	0		
30	Rema	aining amount of	f unpaid minimum requir	ed con	ntributions (line 28 minus line	29)		30	0		
Pa	rt VIII	Minimum	required contribu	tion f	or current year						
31	Targe	et normal cost a	nd excess assets (see ir	nstruct	ions):						
	a Tai	rget normal cost	(line 6)					31a	0		
	b Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	0		
32	Amor	tization installme	ents:				Outstanding Bala	nce	Installment		
	a Ne	et shortfall amort	ization installment					69336	11204		
	b Wa	aiver amortizatio	on installment					0	0		
33					ter the date of the ruling lette			33			
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	11204		
		<u> </u>			Carryover balance		Prefunding balar	nce	Total balance		
35	Balan	nces elected for i	use to offset funding		·						
						373		0	373		
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36	10831		
37					ontribution for current year a			37	10831		
38	Prese	ent value of exce	ess contributions for curr	ent ye	ar (see instructions)			l.			
								38a	0		
	b Po	ortion included in	line 38a attributable to	use of	prefunding and funding star	ndard c	arryover balances	38b	0		
39					ear (excess, if any, of line 36			39	0		
40	Unpa	id minimum requ	uired contributions for al	lyears	i			40	0		
Pa	rt IX	Pension f	funding relief und	er Pe	nsion Relief Act of 20	010 (s	see instructions)				
41	If a sh	nortfall amortizati	ion base is being amorti	zed pu	irsuant to an alternative amo	ortizatio	on schedule:				
	a Sch	nedule elected							2 plus 7 years 15 years		
	b Elig	gible plan year(s)) for which the election i	n line 4	41a was made			2008	8 2009 2010 2011		
42	Amou	int of acceleratio	on adjustment					42	<u> </u>		
					d over to future plan years			43			

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 sections 6057(b) and 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

2011

This Form is Open to Public Inspection

	y complete an entries in accord	ance with	the manachona to the rolling	0-01.	
	rt I Annual Report Identification Information	1/01/00			10/21/2011
For		1/01/20	11 and ending		12/31/2011
Α٦			employer plan (not multiemployer)		a one-participant plan
В			turn/report		
	an amended return/report	a short plar	n year return/report (less than 12 m	onths)	
C	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	n)			_
Pa	rt II Basic Plan Information—enter all requested informa	tion			
100000		ition		1h	Three-digit
	Name of plan AMERICAN SANITARY PARTITION CORP.			110	plan number
					(PN) 003
	DEFINED BENEFIT PENSION PLAN			1c	Effective date of plan
				01-	01/01/1984
	Plan sponsor's name and address; include room or suite number (en AMERICAN SANITARY PARTITION CORP	nployer, if i	or a single-employer plan)	20	Employer Identification Number (EIN) 11-1967147
				2c	Sponsor's telephone number (407) 656-0611
	P. O. BOX 99			24	
	OCOEE		FL 34761	20	Business code (see instructions) 332900
	Plan administrator's name and address (if same as plan sponsor, en	ter "Same"		3b	Administrator's EIN
	SAME				
				3c	Administrator's telephone number (407) 656-0611
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/re	eport filed for this plan, enter the	4b	EIN
2	name, EIN, and the plan number from the last return/report. Sponsor's name		2-10	4c	PN
5a	Total number of participants at the beginning of the plan year			5a	68
	Total number of participants at the end of the plan year		The second secon	5b	66
b				50	80
С	Number of participants with account balances as of the end of the p complete this item)	ian year (d	enned benefit plans do not	5c	
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No
b	Are you claiming a waiver of the annual examination and report of a	an indepen	dent qualified public accountant (IQ	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condition	ons.)		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-9	SF and must instead use Form 55	00.	
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a	Total plan assets	7a	2,425,68		2,181,108
b	Total plan liabilities	7b	180,00	00	
С	Net plan assets (subtract line 7b from line 7a)	7c	2,245,68	33	2,181,108
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a	Contributions received or receivable from:		11 0/	24	
	(1) Employers	8a(1)	11,20	74	
	(2) Participants	. 8a(2)		_	
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	(39,53	3)	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			(28,329)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	12,2	09	
е	Certain deemed and/or corrective distributions (see instructions)	8e	Contract County or contract that the state of the state of		
f	Administrative service providers (salaries, fees, commissions)		A COLOR OF THE SECOND CONTRACTOR OF THE SECOND COLOR OF THE SECOND		
g	Other expenses	8g	24,0	37	
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			36,246
:	Net income (loss) (subtract line 8h from line 8c)	8i			(64,575)
I ;	Transfers to (from) the plan (see instructions)				
J	Transiers to (norm) the plan (see instructions)	8j			5 5500 SE (2044)

5500-		

HERE

Signature of employer/plan sponsor

Page	2	_	Γ

Part IV	Plan	Chara	cteris	tics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

 1G 1A
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions						
0	During the plan year:		Yes	No		Amount	
а	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		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	/	Х			
С	Was the plan covered by a fidelity bond?	10c	Х			25	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		Х			
art	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					X Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code				u - Arrest Santi de	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mon	nth					
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	401-	<u> </u>		
	Enter the minimum required contribution for this plan year			12b			
c d	Enter the amount contributed by the employer to the plan for this plan year	of a	···	12c 12d			
0	negative amount)		_		☐ Yes ☐	√ No Γ	T N/A
						1	1
art				П	Yes X N		
ısa	Has a resolution to terminate the plan been adopted in any plan year?				103 21 11		1
b	If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ontrol			
	of the PBGC?					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to				
1	3c(1) Name of plan(s):		13	c(2) E	IN(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole car	use is	estab	lished.		
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this red schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true, correct, and complete.	urn/re	port, ir	ncludir	ng, if applica	able, a Sch knowledge	edule and
	Level Bullenm 5/1/12 PONALD BIL	KENI	MAIE	R			
SIG					ıs plan adm	inistrator	
910	61/ Billing PONALD BTI						

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

Single-Employer Defined Benefit Plan Actuarial Information

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation					IIIspection
	File as an attachme				
For calendar plan year 2011 or fiscal pl	an year beginning 01/0	1/2011	and ending		12/31/2011
Round off amounts to nearest do					
Caution: A penalty of \$1,000 will be	e assessed for late filing of this report ι	ınless reaso	nable cause is established		
A Name of plan			B Three-digit		17 - V
			plan numbe	er (PN)	▶ 003
			LANGE CONTRACTOR	an solonis	neveligikanakanakan
American Sanitary Parti		ed Bene			
C Plan sponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF		D Employer Ide	entificati	on Number (EIN)
			11 10671	4.77	
American Sanitary Parti			11-19671	4 /	
E Type of plan: X Single Multiple	e-A Multiple-B	Prior year pla	n size: X 100 or fewer	101-50	0 More than 500
Part I Basic Information					
1 Enter the valuation date:	Month 1 Day 1	Year	2011_		
2 Assets:					
a Market value				2a	2,241,473
b Actuarial value				2b	2,241,473
3 Funding target/participant count b	reakdown:	, , , , , , ,	(1) Number of participa	nts	(2) Funding Target
	peneficiaries receiving payment	3a	, , , , , , , , , , , , , , , , , , ,	0	0
	ipants			25	46,502
C For active participants:				A CONTRACT	
1. 1/19m		3c(1)			0
					2,265,799
				41	2,265,799
			<u> </u>	66	2,312,301
4 If the plan is in at-risk status, chec	ck the box and complete lines (a) and ((b)			enamente esta esta esta esta esta esta esta es
a Funding target disregarding	prescribed at-risk assumptions			4a	
b Funding target reflecting at-ri	isk assumptions, but disregarding trans	sition rule fo	r plans that have been in	4b	
at-risk status for fewer than t	five consecutive years and disregarding	g loading fa	ctor	-	5 00 0
•				5	5.89 %
6 Target normal cost				6	0
Statement by Enrolled Actuary					
To the best of my knowledge, the information s	supplied in this schedule and accompanying schedu s. In my opinion, each other assumption is reasonal	iles, statements ble (taking into a	and attachments, if any, is complete account the experience of the plan a	and accur nd reasona	ate. Each prescribed assumption was applied in ble expectations) and such other assumptions, in
combination, offer my best estimate of anticipa	ted experience under the plan.				
SIGN 4/4					
HERE TO					03/07/2012
	Signature of actuary	<u> </u>			Date
					11-07643
Andrew Behnke, EA, MSPA				Most re	ecent enrollment number
	or print name of actuary				248) 539-5000
Midwest Pension Actuari					number (including area code)
30680 Twelve Mile Road	Firm name		1 61	ephone	number (including area code)
Farmington Hills	MI 48	334			
	Address of the firm				
If the actuary has not fully reflected any instructions	regulation or ruling promulgated unde	r the statute	in completing this schedule	e, check	
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the	instruction	ns for Form 5500 or 5500-	SF.	Schedule SB (Form 5500) 2011
and the state of t					v.012611

Page Z = I	Page	2 -	ſ
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Part II Beginning of year	carryover and prefunding bala	nces							
	and procuring and		(a) C	arryover balance		(b) F	refund	ing balan	ce
100 to 10	after applicable adjustments (line 13 fro	7750		1,9	28				0
	ior year's funding requirement (line 35 fr			-	0				0
9 Amount remaining (line 7 minus lin	ne 8)			1,9	28				0
10 Interest on line 9 using prior year's	actual return of 40.50%			7	81				
11 Prior year's excess contributions to	o be added to prefunding balance:								frá s
a Present value of excess contril	butions (line 38 from prior year)							1	6,135
b Interest on (a) using prior year otherwise provided (see instruction)	b Interest on (a) using prior year's effective rate of6.54_% except as otherwise provided (see instructions)								1,055
C Total available at beginning of cu	ırrent plan year to add to prefunding balan	ce						1	7,190
d Portion of (c) to be added to pr	refunding balance			artiko aku.					0
12 Other reductions in balances due	to elections or deemed elections				0				0
13 Balance at beginning of current ye	ear (line 9 + line 10 + line 11d - line 12).			2,7	09				0
Part III Funding percenta	ages								
14 Funding target attainment percent	age						14	96.	81 %
15 Adjusted funding target attainment							15	96.	81 %
16 Prior year's funding percentage fo		over/prefun	ding balan	ces may be used to	reduce		16	100.	83 %
17 If the current value of the assets o	f the plan is less than 70 percent of the	funding targ	jet, enter si	uch percentage			17		%
Part IV Contributions and	d liquidity shortfalls								
18 Contributions made to the plan for	the plan year by employer(s) and employer	oyees:							
(a) Date (b) Amount pa (MM-DD-YYYY) employer((a) Da (MM-DD-		(b) Amount paid employer(s)	by	(0	•	int paid b loyees	у
08/05/2011	11,204								
				1000-100 III III II			-		
		Totals •	18(b)		004	18/c)			
			Maria Control of the Control		,204	10(0)			0
	s - see instructions for small plan with a				9a				. 0
	unpaid minimum required contributions			-	9b				. 0
	strictions adjusted to valuation date				9c			1	0,831
	inimum required contribution for current ye	ear adjusted	to valuation	rdate	30	77-97-7		_	0,031
20 Quarterly contributions and liquidi	ty snortralls: lortfall" for the prior year?							Yes	X No
								Yes	No No
	uarterly installments for the current year		uniciy man	Helf				1 163	
C If 20a is "Yes," see instructions	and complete the following table as app Liquidity shortfall as of en		of this pla	n vear					
(4) 1st	(2) 2nd	1		3rd			(4) 4	th	
(1) 1st	(2) 2.1.0		(0)	ora			(1)		

Pa	rt V Assumption	ns used to determine fu	ınding target and target	normal cost			
21	Discount rate: a Segment rates:	1st segment: 2.94 %	2nd segment: 5 . 82 %	3rd segment: 6.46 %		N/A, full yield curve used	
	b Applicable month				21b	0	
22	Weighted average ret	irement age			22	62	
23	Mortality table(s) (see	e instructions) X Pres	scribed - combined Pre	escribed - separate	Substitut	e	
Pa	rt VI Miscellane	ous items		and the second s			
24	Has a change been m	nade in the non-prescribed actu	arial assumptions for the current				
25	Has a method change	been made for the current pla	n year? If "Yes," see instructions	regarding required attac	hment	Yes X No	
26	Is the plan required to	provide a Schedule of Active I	Participants? If "Yes," see instru	ctions regarding required	attachment	X Yes No	
27			ding rules, enter applicable code		27		
Pa	rt VII Reconcilia	ation of unpaid minimu	m required contributions	for prior years			
28			ears		28	0	
29	(line 19a)	contributions allocated toward	•••••	29	0		
30	Remaining amount of	unpaid minimum required con	tributions (line 28 minus line 29).		30	0	
Pa	rt VIII Minimum	required contribution f	or current year				
31		nd excess assets (see instructi					
					31a	0	
	b Excess assets, if a	applicable, but not greater than	31a		31b	0	
32	Amortization installment	ents:		Outstanding Bala		Installment	
	a Net shortfall amort	ization installment			69,336	11,204	
					q	0	
33	If a waiver has been a	approved for this plan year, ent Day Year	er the date of the ruling letter gra) and the waived amount	inting the approval	33		
34	Total funding requires	ment before reflecting carryove	r/prefunding balances (lines 31a		34	11,204	
-			Carryover balance	Prefunding bala	nce	Total balance	
35	Balances elected for requirement	use to offset funding	37	3	0	373	
36	Additional cash requi	rement (line 34 minus line 35).			36	10,831	
37	Contributions allocate (line 19c)	ed toward minimum required co	ontribution for current year adjust	ed to valuation date	37	10,831	
38		ess contributions for current ye					
T, ex					. 38a	0	
			prefunding and funding standard		. 38b	0	
39			ear (excess, if any, of line 36 ove		. 39	0	
40	Unpaid minimum req	uired contributions for all years			40		
200000000000000000000000000000000000000			ension Relief Act of 2010				
41	If a shortfall amortiza	tion base is being amortized pu	ursuant to an alternative amortiza	tion schedule:			
	a Schedule elected					2 plus 7 years 15 years	
	b Eligible plan year(s	s) for which the election in line	41a was made		200	08 2009 2010 2011	
42	2 Amount of acceleration	on adjustment			. 42		
D*9	C in stellmant o	cceleration amount to be carrie	d over to future plan years		43		

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates:

Effective:

5.89%

Late Quarterly:

10.89%

Effective Date

Amount

Contribution Year End Date

Discounted

08/05/2011

\$11,204

12/31/2011

\$10,831

Total:

\$11,204

\$10,831

Name of Plan: Plan Sponsor's EIN: American Sanitary Partition Corporati

Plan Number:

11-1967147

Plan Sponsor's Name:

American Sanitary Partition Corporation

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions: Options:

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

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

Yes

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

Female Annuitant: 2010 Annuitant Female Actuarial Equivalent Floor

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

Probability of lump sum: 1.00% Lookback months: 2

Use pre-retirement mortality: Yes Nonannuitant: None

Annuitant: 2010 Applicable

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

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

0.00

Salary Scale

Late Retirement Rates

0.00

0.00

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

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

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

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

Male:NoneDisability RatesFemale:NoneMale:None

Early Retirement Rates Female: None

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

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

bubsidized Early Retirement Rates Female: None 0

Male: None

Name of Plan: American Sanitary Partition Corporati

Plan Sponsor's EIN: 11-1967147

None

Override:

Female:

Plan Number: 003

Plan Sponsor's Name: American Sanitary Partition Corporation

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements

Service/Participation Requirements

Age (yrs):

21

Definition of years:

Hours worked

1,000

Age (months): Wait (months):

Two year eligibility:

0 12 No Continuing hours: Excluded classes:

Earnings

Total compensation excluding:

403(b) Cafeteria

Other

Prior to participation 415 prior to participation

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

Benefit Reduction / Mortality table & setback

Male:	
Female:	

Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence None None 0

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

Use Social Security Retirement Age:

Age: No

REACT Benefits Percentage:

50.00%

Vesting Schedule:

Immediate

Pre-retirement death benefit

: 4.

Vesting Definition:

Hours Worked

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

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

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan:

American Sanitary Partition Corporation DB Pension Plan

Plan Sponsor's EIN:

11-1967147

Plan Number:

003

Plan Sponsor's Name:

American Sanitary Partition Corporation

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula:

Benefit formula

Type of Formula:

Flat benefit

Effective Date:

01/01/2008

Flat benefit non-integrated type:

Percent

Total percent of salary: Dollar amount:

32.00%

None

Reduction based on:

Service

Benefit reduction for years less than:

25

Averaging

Projection method:

Accrued Benefit Average

Apply exclusion to accrued benefit:

No

Based on:

Final Average

Annualize short compensation years:

Bankers rule

Highest:

5

Annualize short plan years:

Bankers rule

In the last:

99

Include compensations based

Excluding:

0

on years of:

Participation

Accrual

Frozen:

Cease at valuation date

1000

Definition of years:

Hours worked

1000

Fractions based on:

N/A

Retired Terminated 1000 Precision:

N/A

Accrual credit:

Continuing Died

Disabled 1000 1000

Limit current credit

N/A

Years based on:

Service

Cap/floor years:

Maximum past accrual years:

0.0000

Cap or floor:

0

Method:

Fractional

Accrual % per year:

Floor 0.00%

Apply 415 before accrual:

No

Name of Plan:

American Sanitary Partition Corporation DB Pension Plan

Plan Sponsor's EIN:

11-1967147

Plan Number: Plan Sponsor's Name:

American Sanitary Partition Corporation

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

70 & Up	65 to 69		60 to 64		55 to 59		50 to 54		45 to 49		40 to 44		35 to 39		30 to 34		25 to 29		Under 25		Age	Attained	
0	0		0		0		0		0		0		0		0	П	0		0		No.		_
0	0		0		0		0		0		0		0		0		0		0			Avg.	Under 1
0	0		0		2		1		0	-	1		3		2	Г	7		3		Zo.		
0	0		0		0		0		0		0		0		0		0		0		Comp	Avg.	1 To 4
0	0		1		0		3		1		0		0		2		2		0		No.		45
0	0		0		0		0		0		0		0		0		0		0		Comp	Avg.	5 To 9
0	0		0		2		0		1	r	0		1		2		0		0		Z _o		10
0	0		0		0		0		0		0		0		0		0		0		Comp	Avg.	10 To 14
0	0		1		0		0		0		0		0		0		0		0		No.		15
0	0		0		0		0		0		0		0		0		0		0		Comp	Avg.	15 To 19
0	-		0		1		1		0		1		0		0		0		0		No.		20
0	0		0		0		0		0	- 1	0		0		0		0		0		Comp	Avg.	20 To 24
	0	F	0		0		1		0		0		0		0		0	T	0		S.		25
0	0		0		0		0		0		0		0		0		0		0		Comp	Avg.	25 To 29
0	0		0	T	0		0		0		0		0	T	0	T	0	T	0	T	Zo.		30
0	0		0		0		0		0		0		0		0		0		0		Comp		30 To 34
0	0	F	0	F	0	F	1	F	0	-	0	F	0	F	0	F	0	F	0	F	Zo.		မ
0	0		0		0		0		0		0	20-3	0		0		0		0		. Comp		35 To 39
0	-	F	1	F	0	F	0	F	0	-	0	F	0		0	F	0	T	0	F	No.		40
0	0		0		0		0				0		0		0		0		0		No. Comp	Avg.	40 & Up

Plan sponsor's name: Name of plan:

American Sanitary Partition Corporation DB Pension Plan American Sanitary Partition Corporation

Plan number: EIN:

003 11-1967147

American Sanitary Partition Corporation American Sanitary Partition Corporation DB Pension Plan Amortization Bases for Pension Protection Act Report Valuation as of 01/01/2011 for the Plan Year Ending 12/31/2011

Pension Protection Act

Type of Base		Effective <u>Date</u>	Interest <u>Rate</u>	Initial <u>Amount</u>	Initial <u>Amort</u>	Current Balance	Rem Amort	Payment
Shortfall		01/01/2011	2.94 / 5.82	69,336	7.00	69,336	7.00	11,204
Totals	Shortfall					69,336		11,204