

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>AS AMERICA, INC. PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/2007</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>11/01/2007</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>11/01/2007</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>AS AMERICA, INC.</u> <u>1 CENTENNIAL AVENUE</u> <u>PISCATAWAY, NJ 08855</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>26-0887443</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>732-980-3165</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>327100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>26-0887443</u>	2c Sponsor's telephone number <u>732-980-3165</u>	2d Business code (see instructions) <u>327100</u>	
2b Employer Identification Number (EIN) <u>26-0887443</u>					
2c Sponsor's telephone number <u>732-980-3165</u>					
2d Business code (see instructions) <u>327100</u>					

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.	10/15/2012	THERESA ARENA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") AS AMERICA, INC. 1 CENTENNIAL AVENUE PISCATAWAY, NJ 08855	3b Administrator's EIN 26-0887443 3c Administrator's telephone number 732-980-3165
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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
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5 Total number of participants at the beginning of the plan year	5	2095
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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	99
b Retired or separated participants receiving benefits.....	6b	709
c Other retired or separated participants entitled to future benefits.....	6c	1078
d Subtotal. Add lines 6a , 6b , and 6c	6d	1886
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	108
f Total. Add lines 6d and 6e	6f	1994
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	13

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

A Name of plan AS AMERICA, INC. PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 AS AMERICA, INC.	D Employer Identification Number (EIN) 26-0887443	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	430266		01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
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For 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 reasonable cause is established.

A Name of plan <u>AS AMERICA, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AS AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>26-0887443</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>
2	Assets:
a	Market value 2a <u>35817299</u>
b	Actuarial value 2b <u>35817299</u>
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>793</u> <u>34130419</u>
b	For terminated vested participants 3b <u>1152</u> <u>15348086</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>31928</u>
(2)	Vested benefits 3c(2) <u>2803475</u>
(3)	Total active 3c(3) <u>152</u> <u>2835403</u>
d	Total 3d <u>2097</u> <u>52313908</u>
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 <u>52313908</u>
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b <u>52313908</u>
5	Effective interest rate 5 <u>6.27 %</u>
6	Target normal cost 6 <u>84710</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/02/2012</u>
Signature of actuary	Date
<u>JOHN MAGILL</u>	<u>11-07676</u>
Type or print name of actuary	Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>	<u>203-852-1100</u>
Firm name	Telephone number (including area code)
<u>45 GLOVER AVENUE</u> <u>NORWALK, CT 06850-1203</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2011
v.012611

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 (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>14.16</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.67</u> % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance.....		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	68.46 %
15	Adjusted funding target attainment percentage.....	15	68.46 %
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	63.72 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	68.46 %

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
04/14/2011	762233				
07/14/2011	762233				
10/14/2011	762233				
01/13/2012	514521				
09/12/2012	460594				
			Totals ▶	18(b)	3261814
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions 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 3112605
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	84710	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	16496609	3027757	
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 (lines 31a - 31b + 32a + 32b - 33)...	34	3112467	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	3112467	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3112605	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	138	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☒ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>AS AMERICA, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AS AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>26-0887443</u>

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)..... ☒ 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

VANGUARD 100 VANGUARD BLVD
MALVERN, PA 19355

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

PIMCO 840 NEWPORT CENTER DR
SUITE 100
NEW PORT BEACH, CA 92660

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

THORNBURG

85-0301299

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

IRONBRIDGE

36-4255832

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

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

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

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

HEWITT ASSOCIATES LLC

36-2235791

(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?
11 50	NONE	172776	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO BANK

94-1347393

(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?
21 50	TRUSTREE	34665	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 ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

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

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

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

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: ROBERT EAKER	b EIN: 36-2235791
c Position: ENROLLED ACTUARY	
d Address: 45 GLOVER AVENUE NORWALK, CT 06850	e Telephone: 203-852-1100

Explanation: AS A RESULT OF AN INTERNAL CHANGE IN ASSIGNMENTS AT HEWITT ASSOCIATES, THE ENROLLED ACTUARY HAS CHANGED FROM ROBERT EAKER TO JOHN MAGILL.

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2011 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>AS AMERICA, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AS AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>26-0887443</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL US PROPERTY SEPARATE ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE CO

c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM INVESTMENT FUND G

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A

c EIN-PN <u>41-6292499-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>317948</u>
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan AS AMERICA, INC. PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 AS AMERICA, INC.	D Employer Identification Number (EIN) 26-0887443	

Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1184700	975115
(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)	300289	0
(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)		
(9) Value of interest in common/collective trusts	1c(9)	0	317948
(10) Value of interest in pooled separate accounts	1c(10)	1385538	0
(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)	32970797	34647298
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	35841324	35940361

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	35841324	35940361
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3261814	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3261814
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	165	
(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)		
(F) Other	2b(1)(F)	1300	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1465
(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)	856189	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		856189
(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)		
(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)		281924
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4401392

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3876502	
(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)		3876502
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	207441	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	218412	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		425853
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4302355

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		99037
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CROWE HORWATH LLP

(2) EIN: 35-0921680

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>AS AMERICA, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AS AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>26-0887443</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-3880930</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	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 or other authority 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. 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): _____

- 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: 70% Investment-Grade Debt: 30% High-Yield Debt: 0% Real Estate: 0% Other: 0%

- 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):

**AS AMERICA, INC.
PENSION PLAN**

FINANCIAL STATEMENTS
December 31, 2011 and 2010

AS AMERICA, INC.
PENSION PLAN

FINANCIAL STATEMENTS
December 31, 2011 and 2010

CONTENTS

REPORT OF INDEPENDENT AUDITORS	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	2
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	3
STATEMENTS OF ACCUMULATED PLAN BENEFITS	4
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS	5
NOTES TO FINANCIAL STATEMENTS	6
SUPPLEMENTAL SCHEDULES	
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)	14
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS.....	15

REPORT OF INDEPENDENT AUDITORS

The Plan Administrator
AS America, Inc.
Pension Plan
Piscataway, New Jersey

We were engaged to audit the statements of net assets available for benefits and accumulated plan benefits of the AS America Pension Plan as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits and accumulated plan benefits for the years then ended and the supplemental schedules, as listed in the accompanying contents page. 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 3, which was certified by Trust Company of Illinois, Principal Life Insurance Company, and Wells Fargo Bank, N.A., the custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Trust Company of Illinois and Principal Life Insurance Company executed investment transactions from January 1, 2010 to December 31, 2010 and that Wells Fargo Bank, N.A. holds the Plan's investment assets as of December 31, 2011 and 2010 and executed investment transactions from December 15, 2010 to December 31, 2011. The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2011 and 2010 that the information provided to the plan administrator by the custodians 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 as a whole. The information included in the supplemental schedules is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America, 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.

Crowe Horwath LLP
Crowe Horwath LLP

Oak Brook, Illinois
October 15, 2012

AS AMERICA, INC.
PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ASSETS		
Investments, at fair value as determined by quoted market prices (Note 3)		
Mutual funds	\$ 34,647,298	\$ 32,970,797
Investments, at estimated fair value (Note 3)		
Pooled separate account	-	1,385,538
Collective trust	<u>317,948</u>	<u>300,289</u>
Total investments	34,965,246	34,656,624
Receivables		
Employer contributions	<u>975,115</u>	<u>1,184,700</u>
Total assets	<u>35,940,361</u>	<u>35,841,324</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 35,940,361</u></u>	 <u><u>\$ 35,841,324</u></u>

See accompanying notes to financial statements.

AS AMERICA, INC.
PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Additions to net assets attributed to:		
Investment income		
Dividend and interest income	\$ 857,654	\$ 186,077
Net appreciation in fair value of investments	281,924	4,113,938
Contributions		
Employer contributions	<u>3,261,814</u>	<u>3,214,187</u>
Total additions	4,401,392	7,514,202
Deductions from net assets attributed to:		
Benefits paid to participants	3,876,502	3,633,108
Administrative expenses	<u>425,853</u>	<u>84,710</u>
Total deductions	<u>4,302,355</u>	<u>3,717,818</u>
Net increase prior to plan transfers	99,037	3,796,384
Plan transfers (Note 1)	<u>-</u>	<u>28,331,588</u>
Net Increase	99,037	32,127,972
Net assets available for benefits		
Beginning of period	<u>35,841,324</u>	<u>3,713,352</u>
End of period	<u>\$ 35,940,361</u>	<u>\$ 35,841,324</u>

See accompanying notes to financial statements.

AS AMERICA, INC.
PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Accumulated plan benefits		
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 39,545,500	\$ 34,997,036
Other participants	<u>26,553,969</u>	<u>23,597,311</u>
Total vested benefits	66,099,469	58,594,347
Nonvested benefits	<u>24,769</u>	<u>37,849</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 66,124,238</u>	<u>\$ 58,632,196</u>

See accompanying notes to financial statements.

AS AMERICA, INC.
PENSION PLAN
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
Years ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated plan benefits		
Beginning of year	\$ 58,632,196	\$ 8,969,676
Increase (decrease) during the year attributable to:		
Benefits paid	(3,867,502)	(3,633,108)
Increase for interest due to decrease in the discount period	3,006,040	2,171,461
Other changes	(323,578)	-
Change in actuarial assumptions	8,677,082	3,327,283
Plan merger	<u>-</u>	<u>47,796,884</u>
Actuarial present value of accumulated plan benefits		
End of year	<u>\$ 66,124,238</u>	<u>\$ 58,632,196</u>

See accompanying notes to financial statements.

AS AMERICA, INC.
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the AS America, Inc. Pension Plan ("the Plan") is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General: The Plan, established on October 31, 2007, is a defined benefit pension plan covering all hourly employees covered by the collectively bargaining agreements at the following facilities of AS America, Inc. ("the Company" or "the Employer"): the Tiffin, Ohio plant, the Paintsville, Kentucky plants and the Salem, Ohio plant. The Plan is subject to the Employee Retirement Income Security Act of 1974 ("ERISA"). The Trust Company of Illinois ("TCI") and Principal Life Insurance Company ("Principal") for 2010 and Wells Fargo Bank, N.A. ("Wells Fargo") beginning December 15, 2010 served as custodians of the Plan's assets. Effective January 1, 2010, the following Plans have been merged into the AS America, Inc. Hourly Pension Plan: a) Crane Plumbing, L.L.C. Non-Bargaining Employees' Retirement Plan; b) Crane Plumbing, L.L.C. Retirement Plan; and c) Crane Plumbing, L.L.C. Bargaining Employees' (Texas) Retirement Plan. At that time, assets totaling \$28,331,588 were transferred into the Plan.

Eligibility – AS America, Inc.: Effective May 5, 2007, future eligibility and future benefit accruals for the Salem, Ohio employees were frozen. Each participant who has satisfied the eligibility requirement as of May 5, 2007 shall continue to be a participant in the Plan subject to the terms and conditions of the Plan. Both the Tiffin, Ohio plant and the Paintsville, Kentucky plant locations were closed on December 21, 2007 and October 31, 2008, respectively.

Eligibility – former Crane Plumbing, L.L.C. Retirement Plan: Effective July 1, 2006, the Crane Plumbing, L.L.C. Retirement Plan (Retirement Plan) was frozen for new plan participation and future benefit accruals for the Nevada, Missouri location participants included in the Plan. Effective February 1, 2008, the Retirement Plan was frozen for new plan participation and future benefit accruals for the Mansfield, Ohio location participants included in the Retirement Plan. Both the Ferguson, Kentucky and Somerset, Pennsylvania locations were closed on February 15, 2006, and September 23, 2005, respectively.

Eligibility – former Crane Plumbing, L.L.C. Non-Bargaining Employees' Retirement Plan: Effective May 31, 2004, the Non-Bargaining Employees' Retirement Plan benefits were frozen and there are to be no new entrants to the Plan and no more benefits will accrue.

Eligibility – former Crane Plumbing, L.L.C. Bargaining Employees' (Texas) Retirement Plan: Effective August 1, 2005, the Crane Plumbing, L.L.C. Bargaining Employees' (Texas) Retirement Plan was frozen for future eligibility and future benefit accruals.

Pension Benefits – AS America, Inc.: For eligible employees of the Tiffin, Ohio and Paintsville Kentucky plants, upon normal retirement at age 65, participants are entitled to receive a monthly benefit based on years of service and average monthly earnings. For eligible employees of the Salem, Ohio plant, benefits are based on the benefits earned at May 5, 2007 when all benefits were frozen.

Pension Benefits – former Crane Plumbing, L.L.C. Retirement Plan: Upon normal retirement at age 65, participants are entitled to receive a monthly benefit based on years of service. Participants receive between \$15.00 and \$24.00 per month for every year of service, with a maximum of 35 years of service.

Pension Benefits – former Crane Plumbing, L.L.C. Non-Bargaining Employees' Retirement Plan: Upon normal retirement at age 65, participants are entitled to receive a monthly benefit equal to the following formula: The sum of (1) participants' monthly accrued benefit determined under the terms of the Crane Plumbing, L.L.C. Non-Bargaining Employees' Retirement Plan on December 31, 1988 and (2) for each plan year beginning on or after January 1, 1989, an amount equal to one and one quarter of one percent (1.25%) of his or her average monthly compensation for such plan year.

(Continued)

AS AMERICA, INC.
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Pension Benefits – former Crane Plumbing, L.L.C. Bargaining Employees' (Texas) Retirement Plan: Upon normal retirement at age 65, participants are entitled to receive a monthly benefit based on years of service. Participants receive between \$14.00 and \$25.00 per month for every year of service.

Benefits Payments: A participant may elect to have the retirement benefit paid in accordance with any one of the optional methods of payment under the Plan's group annuity contract, which are as follows:

- A straight-life annuity for the lifetime of the participant without death benefits.
- A life annuity with a period certain (5, 10, or 20 years) for the lifetime of the participant, and if the death of the participant occurs prior to the end of the period certain, the balance of the remaining period certain are paid to the named beneficiary.
- A survivorship annuity for the lifetime of the participant and, upon death, a survivorship percentage of either 50%, 66 2/3%, 75% or 100% of such annuity for the lifetime of the named beneficiary.

Death Benefits: If a vested participant dies before pension benefits have commenced, the participant's beneficiary shall receive a percentage of the monthly retirement benefit which would have been received if the participant had retired on the day coinciding with the date of his or her death with a qualified joint survivor pension.

Early Retirement: A participant may elect to receive early retirement benefits at the completion of 10 years of vesting service and attainment of age 55. The amount of early retirement benefit is determined using the participant's accrued benefit at the normal retirement date reduced by a percentage for each year the early retirement date precedes the participant's normal retirement date.

Vesting: Participants are fully vested after five years of continuous service. Participants who attain the age of 65 or meet the requirements for early retirement become fully vested as well. Vesting service is determined on an elapsed time basis.

Investment Management Expenses: Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements have been prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. 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 (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

(Continued)

AS AMERICA, INC.
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Mutual funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Collective Trusts: The fair values of participation units held in the collective trust, are based on the net asset values reported by the fund managers as of the financial statement dates and recent transaction prices (Level 2 inputs). The investment objective of the collective trust held by the Plan is to maintain a constant net asset value of \$1 per unit by investing in short term fixed income securities. However, there is no guarantee the fund will maintain a net asset value of \$1 per unit. The collective trust held directly by the Plan provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

Pooled separate accounts: In 2010, due to illiquidity of the underlying assets of the Property Account, which consist primarily of commercial real estate, Principal has imposed a freeze upon all withdrawals from the Separate Account other than distributions upon death and disability. The duration of the blackout period for such withdrawals is uncertain; however, Principal has reported that the backlog of withdrawal requests will eventually be processed, as funds become available, in accordance with the order in which the requests have been received. While the fair value of the Plan's interest in the Property Account has been determined based upon the net asset value of the Property Account, this fair value measurement is reported as including Level 3 inputs because of the nature of the redemption restrictions. This account was distributed to the plan on January 4th 2011. As of that date the plan no longer invests in the US Property Account or any other investment that is considered a Level 3 input.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 fair value measurement at the reporting date.

(Continued)

AS AMERICA, INC.
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements at December 31, 2011 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments:			
Mutual Funds			
Bond Fund	\$ 10,349,032	\$ -	\$ -
Domestic Equity Fund	17,441,544	-	-
International	6,856,722	-	-
Collective Trust			
Stable Value Fund	-	317,948	-

Fair Value Measurements at December 31, 2010 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments:			
Mutual Funds			
Bond Fund	\$ 9,970,407	\$ -	\$ -
Domestic Equity Fund	16,367,747	-	-
International	6,632,643	-	-
Collective Trust			
Stable Value Fund	-	300,289	-
Pooled Separate Account			
US Property Separate Account	-	-	1,385,538

There were no significant transfers between Level 1 and Level 2 during 2011 and 2010.

The table below presents a reconciliation of all investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the year ended December 31, 2011, including the reporting classifications for the applicable gains and losses included in the 2010 statement of changes in net assets available for benefits.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)	
	Pooled Separate Account
Balance, January 1, 2011	\$ 1,385,538
Net appreciation (depreciation) in fair value of investments	-
Plan Merger (See Note 1)	-
Sales	(1,385,538)
Balance, December 31, 2011	\$ -

(Continued)

AS AMERICA, INC.
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)
	Pooled Separate Account
Balance, January 1, 2010	\$ -
Net appreciation (depreciation) in fair value of investments	190,379
Plan Merger (See Note 1)	1,194,786
Purchases, sales, issuances and settlements (net)	<u>373</u>
Balance, December 31, 2010	<u>\$ 1,385,538</u>

Use of Estimates: The preparation of the Plan's financial statements in conformity with US GAAP requires the plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the actuarial present value of accumulated plan benefits as of the benefit information date; the changes in net assets available for benefits and actuarial present value of accumulated plan benefits during the reporting period; and, when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates. The actuarial present value of accumulated plan benefits is particularly subject to change in the near term.

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their accrued benefits as of the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances, such as retirement, death, and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, withdrawal, or retirement) between the valuation date and the expected date of payment.

The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

(Continued)

AS AMERICA, INC.
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The significant actuarial assumptions used in determining the actuarial present value of accumulated plan benefits at December 31, 2011 and 2010 are as follows:

A. Assumed interest rate upon benefit settlement:	4.2% and 5.3% for 2011 and 2010 respectively																								
B. Average retirement age:	Age 65 except for participants from the former Crane Plumbing, L.L.C. Non-Bargaining Employees' Retirement Plan																								
	<table><tr><th><u>Age</u></th><th><u>Rate</u></th></tr><tr><td>55</td><td>5%</td></tr><tr><td>56</td><td>3%</td></tr><tr><td>57</td><td>3%</td></tr><tr><td>58</td><td>3%</td></tr><tr><td>59</td><td>3%</td></tr><tr><td>60</td><td>5%</td></tr><tr><td>61</td><td>3%</td></tr><tr><td>62</td><td>7%</td></tr><tr><td>63</td><td>3%</td></tr><tr><td>64</td><td>3%</td></tr><tr><td>65</td><td>100%</td></tr></table>	<u>Age</u>	<u>Rate</u>	55	5%	56	3%	57	3%	58	3%	59	3%	60	5%	61	3%	62	7%	63	3%	64	3%	65	100%
<u>Age</u>	<u>Rate</u>																								
55	5%																								
56	3%																								
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60	5%																								
61	3%																								
62	7%																								
63	3%																								
64	3%																								
65	100%																								
C. Mortality:																									
Pre- and post-retirement	2012 IRS static for 2011 2011 IRS static for 2010																								

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

Contributions and Funding Policy: Employer contributions must adhere to or exceed the minimum funding requirements under ERISA, as determined by the Plan's actuary. The Company's contributions to the Plan for the periods ended December 31, 2011 and 2010 satisfied the minimum funding requirements of ERISA.

Administrative Expenses: In 2010 plan fees are paid by the Plan to Trust Company of Illinois ("TCI") and The Principal Financial Corporation for custodial services. In 2011 Plan fees are paid to Wells Fargo Trust Company for custodial services. In addition, in 2011 expenses incurred for other services, such as lawyers, actuaries, and accountants, and premiums paid to the Pension Benefit Guaranty Corporation ("PBGC") are paid by the Plan. Expenses paid by the Plan were \$425,853 and \$84,710 in 2011 and 2010, respectively.

Risks and Uncertainties: Contributions to the Plan are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and demographics. Due to uncertainties inherent in the estimations and assumption process, it is at least reasonably possible that changes in estimates and assumptions in the near term could be material to the financial statements.

(Continued)

AS AMERICA, INC.
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The Plan provides for investment in various securities that are exposed to various risks, such as interest rate, market, liquidity, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the fair values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Payment of Benefits: Benefit payments to participants are recorded upon distribution.

NOTE 3 - INVESTMENTS – UNAUDITED INFORMATION

For 2010, The Trust Company of Illinois and Principal Life Insurance Company and for 2011 and 2010, Wells Fargo Bank, N.A., held investment assets and executed investment transactions therein, and substantially all information pertaining to the Plan's investments included in the financial statements has been certified by them. This information has not been audited by independent accountants.

The following table presents the fair values of investments. Investments that represent 5% or more of the Plan's net assets at December 31, 2011 and 2010 are separately identified.

<u>Description</u>	<u>2011</u>	<u>2010</u>
Mutual Funds:		
Ironbridge Frontegra SMID Fund	\$ 3,488,392	\$ 3,255,380
PIMCO Long Duration Total Return Fund	10,349,032	9,970,407
Thornburg International Value Fund	6,856,722	6,632,643
Vanguard Institutional Index Fund	13,953,152	13,112,367

During the year ended December 31, 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the period) appreciated in value by \$281,924 and \$4,113,938, respectively as follows:

<u>Description</u>	<u>2011</u>	<u>2010</u>
Mutual Funds	\$ 281,924	\$ 731,295
Pooled Separate Account	<u>-</u>	<u>3,382,643</u>
	<u>\$ 281,924</u>	<u>\$4,113,938</u>

The custodians have certified that there was \$857,654 and \$186,077 of dividend and interest income in 2011 and 2010, respectively.

(Continued)

AS AMERICA, INC.
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

NOTE 4 - TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated February 24, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

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

Certain professional fees for the administration and audit of the Plan were paid by the Company. During 2010, the Plan paid administrative expenses to Principal Global Investors, a related entity to Principle, and TCI. Principle Life Insurance Company was a custodian during 2010 and TCI was a custodian during 2010. During 2011, the plan paid administrative fees to Wells Fargo Trust Company, the custodian, and Hewitt Associates LLC, the actuary.

All pooled separate accounts held by the plan were issued by Principal and the Wells Fargo collective trust held by the plan are party-in-interest transactions as Principal was the custodian during 2010 and Wells Fargo is the custodian of the Plan during 2011 and 2010.

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan, subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

NOTE 7 - SUBSEQUENT EVENT

Plan management has evaluated subsequent events for recognition and disclosure through October 15, 2012, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

AS AMERICA, INC.
PENSION PLAN
Schedule H line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2011

Name of Plan Sponsor: AS America, Inc.
Employer Identification Number: 26-0887443
Three Digit Plan Number: 002

(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
	<u>Investments:</u>			
*	Wells Fargo Bank, N.A.	Short Term Investment Fund G	\$ 317,948	\$ 317,948
	Ironbridge Funds, Inc.	Frontegra SMID Fund	3,661,283	3,488,392
	PIMCO	Long Duration Total Return Fund	9,442,168	10,349,032
	Thornburg	International Value Fund	7,778,795	6,856,722
	Vanguard	Institutional Index Fund	13,953,152	<u>13,953,152</u>
				<u>\$34,965,246</u>

See Report of Independent Auditors.

AS AMERICA, INC.
PENSION PLAN
Schedule H line 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2011

Name of Plan Sponsor: AS America, Inc.
Employer Identification Number: 26-0887443
Three Digit Plan Number: 002

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate & Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Included with Transactions	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Net Gain or (Loss)
<u>Category (iii): A series of transactions in excess of 5% of the current value of Plan assets:</u>								
Wells Fargo	Short Term Investment Fund G	\$ 7,212,447	\$ -	\$ -	\$ -	\$ 7,212,447	\$ 7,212,447	\$ -
-		- 7,194,788		-	-	7,194,788	7,194,788	-
Ironbridge	Frontegra SMID Fund	1,101,769	-	-	-	1,101,769	1,101,769	-
		- 708,155		-	-	685,158	708,155	22,997
PIMCO	Long Duration Total Return Fund	3,099,486	-	-	-		3,099,486	3,099,486
-		- 3,644,519		-	-	3,370,424	3,644,519	274,095
Thornburg	International Value Fund	2,459,515	-	-	-	2,459,515	2,459,515	-
			1,220,473	-	-	1,236,971	1,220,473	(16,498)
Vanguard	Institutional Index Fund	3,261,093	-	-	-	3,261,093	3,261,093	-
		- 2,363,167		-	-	2,325,060	2,363,167	38,107

See report of independent auditors.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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For 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 reasonable cause is established.

A Name of plan AS AMERICA, INC. PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AS AMERICA, INC.	D Employer Identification Number (EIN) 26-0887443	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>			
2 Assets:			
a Market value	2a		35,817,299
b Actuarial value	2b		35,817,299
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	793	34,130,419
b For terminated vested participants.....	3b	1,152	15,348,086
c For active participants:			
(1) Non-vested benefits.....	3c(1)		31,928
(2) Vested benefits.....	3c(2)		2,803,475
(3) Total active.....	3c(3)	152	2,835,403
d Total.....	3d	2,097	52,313,908
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		52,313,908
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		52,313,908
5 Effective interest rate	5		6.27 %
6 Target normal cost	6		84,710

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	 Signature of actuary	<u>10/02/2012</u> Date
JOHN MAGILL Type or print name of actuary		11-07676 Most recent enrollment number
HEWITT ASSOCIATES LLC Firm name		(203) 852-1100 Telephone number (including area code)
45 GLOVER AVENUE NORWALK CT 06850-1203 Address of the firm		

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

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

Schedule SB (Form 5500) 2011
v.012611

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 (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>14.16</u> %.....		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.67</u> % except as otherwise provided (see instructions).....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	68.46 %
15 Adjusted funding target attainment percentage	15	68.46 %
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	63.72 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	68.46 %

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
04/14/2011	762,233				
07/14/2011	762,233				
10/14/2011	762,233				
01/13/2012	514,521				
09/12/2012	460,594				
Totals •			18(b)	3,261,814	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions 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	3,112,605

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 3.78 %	2nd segment: 6.31 %	3rd segment: 6.57 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....	21b		4
22 Weighted average retirement age	22		64
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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	84,710	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	16,496,609	3,027,757	
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 (lines 31a - 31b + 32a + 32b - 33)...	34	3,112,467	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	3,112,467	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	3,112,605	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	138	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☒ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☒ 2010 ☐ 2011
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Schedule SB, line 4—Additional Information for Plans in At-Risk Status

The at-risk assumption for payment form is Life Annuity, the optional payment form that results in the highest present value.

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2011

Date	Amount	Interest Rate	Interest Adjusted Contribution
April 14, 2011	\$ 762,233	6.27%	\$ 749,264
July 14, 2011	762,233	6.27%	737,990
October 14, 2011	762,233	6.27%	726,764
January 13, 2012	514,521	6.27%	483,197
September 12, 2012	<u>460,594</u>	6.27%	<u>415,390</u>
Total Contribution	\$ 3,261,814		\$ 3,112,605

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	Legacy Non-Bargaining			Legacy Ferguson Nevada Plan			(h) Product [(a) × (b) × (c) × (d)] + [(a) × (e) × (f) × (g)]
	(b) Rate	(c) Weight	(d) Number of Participants	(b) Rate	(c) Weight	(d) Number of Participants	
55	5.00%	1.0000	46	N/A	N/A	N/A	126.50
56	3.00%	0.9500	46	N/A	N/A	N/A	73.42
57	3.00%	0.9215	46	N/A	N/A	N/A	72.49
58	3.00%	0.8939	46	N/A	N/A	N/A	71.54
59	3.00%	0.8670	46	N/A	N/A	N/A	70.59
60	5.00%	0.8410	46	N/A	N/A	N/A	116.06
61	3.00%	0.7990	46	N/A	N/A	N/A	67.26
62	7.00%	0.7750	46	N/A	N/A	N/A	154.72
63	3.00%	0.7208	46	N/A	N/A	N/A	62.66
64	3.00%	0.6991	46	N/A	N/A	N/A	61.75
65	100.00%	0.6782	46	100%	1.0000	106	8917.70
Total Weights							9,794.69
Total Participants							152
Weighted Average							64.44
Rounded to Age							64

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

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

Interest Rates	Based on segment rates with a 4 month lookback (as of September 2010).
1st Segment Rate	3.78%.
2nd Segment Rate	6.31%.
3rd Segment Rate	6.57%.
Optional Payment Form Election Percentage	It is assumed that all participants (not already in payment status) elect Normal Form of Payment.
Retirement Age	
Terminated Vested Participants	Age 65.
Active Participants (legacy Ferguson/Nevada)	Later of age 65 or 5 years of vesting service.
Active Participants (legacy Non-Bargaining)	See Table 1 for sample rates.
Mortality Rates	
Healthy and Disabled	2011 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Withdrawal Rates	
Legacy Ferguson/Nevada	See Table 2 for sample rates.
Legacy Non-Bargaining	See Table 3 for sample rates.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are 3 years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$195,000.

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Valuation of Plan Assets	Equal to the fair market value of assets on the valuation date.
Trustee Expenses Included in Target Normal Cost	Equal to the prior year actual administrative expenses paid from Trust.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2011.

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Table 1

**Legacy Non-Bargaining Plan
Retirement Rates**

Age	Rate
55	5%
56-59	3%
60	5%
61	3%
62	7%
63-64	3%
65	100%

Table 2

**Legacy Ferguson/Nevada Plan
Termination Rates**

Age	Rate
20	10.0%
25	8.6%
30	7.1%
35	5.7%
40	4.3%
45	2.9%
50	1.4%
55	0.0%

Table 3

**Legacy Non-Bargaining Plan
Termination Rates**

Age	Rate
25	9.7%
30	9.3%
35	8.7%
40	7.8%
45	6.4%
50	4.2%
55	1.5%
60	0.1%

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

On December 31, 2009 the AS America, Inc. Hourly Employees Pension Plan (“AS Hourly Plan”), the Crane Plumbing, L.L.C. Ferguson/Nevada Retirement Plan (“Ferguson/Nevada Plan”), the Crane Plumbing, L.L.C. Bargaining Employees’ (Texas) Pension Plan (“Texas Plan”), and the Crane Plumbing, L.L.C. Non-Bargaining Employees’ Retirement Plan (“Non-Bargaining Plan”) merged, forming the AS America Inc. Pension Plan. This section summarizes the plan provisions of each legacy plan.

Overview of Legacy Plans

Legacy Plan	Plant	Eligibility Freeze Date	Benefit Accrual Freeze Date	Remaining Active Participants
AS Hourly Plan	Tiffin	May 5, 2007	N/A	0
	Paintsville	N/A	N/A	0
	Salem ¹	N/A	N/A	131
Ferguson/Nevada Plan	Ferguson	N/A	N/A	0
	Nevada	July 1, 2006	July 1, 2006	61
	Artesian	February 1, 2008	February 1, 2008	45
	Somerset	N/A	N/A	0
Texas Plan	Hearne	August 1, 2005	August 1, 2005	0
Non-Bargaining Plan	Ferguson	June 1, 2004	June 1, 2004	8
	Nevada	June 1, 2004	June 1, 2004	9
	Artesian	June 1, 2004	June 1, 2004	22
	Somerset	June 1, 2004	June 1, 2004	7

¹ Salem participants only benefit upon plant shutdown.

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Summary of Plan Provisions (Legacy AS Hourly Plan)

Participation

Immediate entry for all hourly employees covered by the collective bargaining agreement and employed prior to May 5, 2007. Currently, there are no active participants at the Paintsville or Tiffin locations.

Benefit Service

Paintsville and Tiffin Participants:

- (a) Employment with the company on or after October 31, 2007; or
- (b) Employment with a specified employer on or after October 31, 2007, if such employment is designated by the company as being in its interest, but only for the period covered by such designation.

Salem Participants: None.

Eligibility for Benefits

Normal

Age 65.

Unreduced Early

Age 62 with 10 years of service or age 58 with 30 years of service (Paintsville and Tiffin participants only).

Those who meet the rule of 75/80 upon a plant shutdown (all participants).

Reduced Early

Age 55 with 10 years of service (Paintsville and Tiffin participants only).

Postponed

Actual retirement subsequent to normal retirement eligibility

Vested

Five years of service.

Amount of Benefits

Normal

Tiffin Participants: \$3.00 x Months of Benefit Service.

Paintsville Participants: \$2.50 x Months of Benefit Service.

Salem Participants: No Normal Retirement Benefit.

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Amount of Benefits (continued)

Unreduced Early

Tiffin: AS Hourly Accrued Benefit + American Standard Normal Retirement Benefit x $\frac{1}{3}$ x 1% x Months until Age 65.

Paintsville: AS Hourly Accrued Benefit + American Standard Normal Retirement Benefit x $\frac{1}{4}$ x 1% x Months until Age 65.

Salem (only upon plant closure): American Standard Normal Retirement Benefit x $\frac{1}{2}$ x 1% x Months until Age 65.

The American Standard Normal Retirement Benefit is the normal retirement benefit calculated as of October 31, 2007, under the prior American Standard Pension Plan. These benefit amounts are listed by participant in the appendix of the AS America Inc. Pension Plan document.

Reduced Early

Tiffin: AS Hourly Accrued Benefit x $\frac{1}{3}$ x 1% x Months until Age 65.

Paintsville: AS Hourly Accrued Benefit x $\frac{1}{4}$ x 1% x Months until Age 65.

Salem: No Reduced Early Retirement Benefit.

Postponed

Calculated in the same manner as the normal retirement benefit continuing to credit service through the postponed retirement date. If a participant's retirement date is after the calendar year in which he/she attains age 70½, his/her accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he/she was not receiving any benefit under the plan.

Vested

Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.

Disability

The difference between the American Standard Accrued Benefit and the American Standard Disability Benefit. In addition, Tiffin and Paintsville participants receive the greater of the AS Hourly Accrued Benefit and \$225.

Death

50% of the participant's AS Hourly Accrued Benefit. No death benefit for Salem participants.

Normal Form of Payment

Single life annuity.

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Summary of Plan Provisions (Legacy Ferguson/Nevada Plan)

Participation

Earliest date that an employee becomes an Eligible Employee. "Eligible Employee" is any employee of the company (i) who is employed at Ferguson or Nevada Ceramics Plant and whose employment is governed by a collective bargaining agreement with the Glass, Molders, Pottery, Plastics & Allied Workers International Union, AFL-CIO, CLC and its local Union No. 334 or its Local Union 372; (ii) whose employment is governed by a collective bargaining agreement with the International Union of Electronic and Electrical Salaried Machine and Furniture workers, AFL-CIO, and its Local Union No. 719-Mansfield, Ohio; or (iii) effective April 1, 1998, employees whose employment is governed by a collective bargaining agreement with the Glass, Molders, Pottery, Plastics & Allied Workers International Union, AFL-CIO, CLC and its Local Union No. 313 (Somerset, Pennsylvania). "Eligible Employee" shall also include employees previously covered under the Ferguson Salaried Bargaining Agreement.

Accrual Service

Total of an employee's periods of service expressed as whole years and fractional parts of a year on the basis that 365 days equals 1 year. Rounded to 4 decimal places.

Eligibility for Benefits

Normal

Later of age 65 or the fifth anniversary of the date of participation.

Age 65 for employees of Artesian Limited Partnership hired prior to August 18, 1992 and at least 60 on August 18, 1992.

Age 65 for employees of Somerset Limited Partnership hired prior to April 1, 1998 and at least 60 on April 1, 1998.

Early

Age 60 and vested.

Postponed

Actual retirement subsequent to normal retirement eligibility.

Vested

Five years of service.

Disability

Ten years of service.

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Amount of Benefits

Normal

Payable as a single life annuity equal to the product of (a) and (b) below:

(a) An amount equal to:

For Ferguson/Nevada Employees

Prior to January 1, 1990	15.00
On or after February 1, 1990	16.00
On or after February 1, 1991	17.00
On or after February 1, 1992	17.50
On or after February 1, 1993	18.00
On or after February 1, 1994	18.50
On or after February 1, 1995	19.50
On or after February 1, 1996	20.50
On or after February 1, 1997	21.50
On or after January 31, 2001	22.00
On or after February 1, 2002	22.50
On or after February 1, 2003	23.00
On or after February 1, 2004	23.50
On or after February 1, 2005	24.00

For Artesian Employees

On or after August 18, 1992	16.00
On or after January 1, 1996	16.50
On or after January 1, 1997	17.00
On or after January 1, 1998	17.50

For Somerset Employees

Prior to April 1, 2001	19.50
On or after April 1, 2001	20.50
On or after April 1, 2002	21.00
On or after April 1, 2003	21.50
On or after April 1, 2004	22.00
On or after April 1, 2005	22.50

(b) Participant's accrual service at retirement not to exceed 35 years for Ferguson, Nevada, and Artesian employees. Service was frozen July 1, 2006 for Nevada employees and February 1, 2008 for Artesian employees.

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Amount of Benefits (continued)

Early

Equal to the accrued benefit at normal retirement multiplied by the factor shown below:

Number of Years Early Retirement Precedes Normal Retirement	Early Retirement Factor
1	.9333
2	.8667
3	.8000
4	.7333
5	.6667

Postponed

Calculated in the same manner as the normal retirement benefit continuing to credit average monthly compensation through the postponed retirement date. If a participant's retirement date is after the calendar year in which he attains age 70½, his accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he was not receiving any benefit under the plan.

Vested

Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.

Disability

Accrued benefit payable beginning the date of disability and continuing through the earlier of participant's date of retirement, date of death, or death participant is no longer totally and permanently disabled.

Death

50% of the benefit the participant would have been entitled to receive if he had terminated on the date of his death and commenced receiving the benefit as a joint and 50% survivor annuity on the date he would have first been eligible to receive a retirement benefit had he lived to that date.

Benefit commences on the later of participant's death or the participant's attainment of early retirement age and continues for the remaining lifetime of the surviving spouse.

Participant must be vested at the time of his death and continuously married for the one-year period ending on the date of death.

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Normal Form of Payment

- (a) Unmarried participants—single life annuity.
- (b) Married participants—joint and 50% survivor annuity actuarially equivalent to single life annuity.
- (c) Lumps sums less than \$1,000 are paid automatically to participants. Lumps sums greater than \$1,000 are not payable.

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Summary of Plan Provisions (Legacy Texas Plan)

Participation

Completion of one year of service.

An employee is eligible if he/she is represented by Glass, Pottery, Plastics and Allied Workers at Hearne, Texas.

No employee can become a participant after August 1, 2005.

Accrual Service

Credited from date of hire on the basis three hundred sixty-five days equals one year. No service is accrued after August 1, 2005.

Vesting Service

Credited only after November 1, 1985 on the basis three hundred sixty-five days equals one year

Eligibility for Benefits

Normal

Later of age 65 or the fifth anniversary of the date of participation.

Early

Age 55 with 10 years of service.

Postponed

Actual retirement subsequent to normal retirement eligibility

Vested

Five years of vesting service.

Disability

There are no disability benefits under this plan.

Amount of Benefits

Normal

Payable as a single life annuity equal to the product of (a) and (b) below:

(a) An amount equal to:

\$18.75 on or after May 1, 1996, but before May 2, 1997
\$21.50 on or after May 2, 1997, but before May 1, 1998
\$22.00 on or after May 1, 1998, but before May 1, 1999
\$22.50 on or after May 1, 1999, but before May 1, 2000
\$23.00 on or after May 1, 2000, but before May 1, 2001
\$23.50 on or after May 1, 2001, but before May 1, 2002
\$24.00 on or after May 1, 2002, but before May 1, 2003
\$24.50 on or after May 1, 2003, but before May 1, 2004
\$25.00 on or after May 1, 2004

(b) Accrual service on such date.

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Amount of Benefits (continued)

Early

Equal to the accrued benefit at normal retirement multiplied by the factor shown below:

Number of Years Early Retirement Precedes Normal Retirement	Early Retirement Factor
1	.9333
2	.8667
3	.8000
4	.7333
5	.6667
6	.6333
7	.6000
8	.5667
9	.5333
10	.5000

Postponed

Equal to the greater of (a) the accrued benefit calculated using the normal retirement formula but continuing to credit participant with accrual service through his/her postponed retirement date, or (b) the accrued benefit calculated at normal retirement multiplied by the factor shown below:

Number of Years Postponed Retirement Exceeds Normal Retirement	Postponed Retirement Factor
1	1.06
2	1.12
3	1.19
4	1.26
5	1.34
6	1.42
7	1.50
8	1.58
9	1.67
10	1.76

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Amount of Benefits (continued)

Vested

Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.

Death

50% of the benefit the participant would have been entitled to receive if he/she had terminated on the date of his/her death and commenced receiving the benefit as a joint and 50% survivor annuity on the date he/she would have first been eligible to receive a retirement benefit had he/she lived to that date.

Participant must be vested at the time of his/her death and continuously married for the one-year period ending on the date of death.

Normal Form of Payment

- (a) Unmarried participants – single life annuity
- (b) Married participants – joint and 50% survivor annuity actuarially equivalent to single life annuity
- (c) Lumps sums less than \$1,000 are paid automatically to participants. Lumps sums greater than \$1,000 are not payable.

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Summary of Plan Provisions (Legacy Non-Bargaining Plan)

Participation

January 1 or July 1 following age 21 and completion of one year of service. No employee can become a participant after May 31, 2004.

Eligibility for Benefits

Normal

Later of age 65 or the fifth anniversary of the date of participation.

Early

Age 55 with 5 years of service. If the sum of age and service is greater than or equal to 65, age 50 with 5 years of service.

Postponed

Actual retirement subsequent to normal retirement eligibility

Vested

Five years of service. No service prior to age 18 is recognized for this purpose.

Disability

Effective January 1, 1989, no disability benefits are provided. Employees previously covered under the disability provisions of the plan prior to January 1, 1989 continue to be covered.

Amount of Benefits

Normal

Payable as a single life annuity equal to the sum of (a) and (b) below:

(a) The participant's monthly accrued benefit determined under the terms of the plan in effect on December 31, 1988;

(b) 1.25% of the employee's average monthly compensation for each plan year or portion of such plan year beginning on or after January 1, 1989 and May 31, 2004;

The participant will accrue no additional benefit beginning June 1, 2004.

Early

Equal to the accrued benefit at normal retirement reduced by 7% for each of the first 5 years and 6% for each additional year that the participant's early retirement date precedes his/her normal retirement date.

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Amount of Benefits (continued)

Postponed

Calculated in the same manner as the normal retirement benefit continuing to credit average monthly compensation through the postponed retirement date. If a participant's retirement date is after the calendar year in which he/she attains age 70½, his/her accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he/she was not receiving any benefit under the plan.

Vested

Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.

Death

50% of the benefit the participant would have been entitled to receive if he/she had terminated on the date of his/her death and commenced receiving the benefit as a joint and 50% survivor annuity on the date he/she would have first been eligible to receive a retirement benefit had he/she lived to that date.

Participant must be vested at the time of his/her death and continuously married for the one-year period ending on the date of death.

Normal Form of Payment

- (a) Unmarried participants—single life annuity
- (b) Married participants—joint and 50% survivor annuity actuarially equivalent to single life annuity
- (c) Lumps sums less than \$1,000 are paid automatically to participants. Lumps sums greater than \$1,000 are not payable.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

- As a result of an internal change in assignments at Hewitt Associates, the Enrolled Actuary has changed from Robert Eaker to John Magill.
- Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2011

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		2								
25-29		5	4							
30-34		6	6	2						
35-39		6	13	4		1				
40-44		5	4	5	5	1				
45-49		2	2	4	5	8	2	1		
50-54		1	4	4	7	2		2	1	
55-59		2	4		2	2	2	4	8	
60-64					3	1		4	4	
65-69			1							
70+									1	

N-152

Schedule SB Attachment (Form 5500)—2011 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$31,678	January 1, 2011	7	\$5,212
Shortfall	\$349,155	January 1, 2010	1	\$349,155
Shortfall ¹	\$4,999,772	January 1, 2010	7	\$0
Shortfall	\$5,352,799	January 1, 2009	5	\$1,151,438
Shortfall	\$5,763,205	January 1, 2008	4	\$1,521,952

¹ In the 2010 plan year, the plan sponsor elected to use the "2+7" amortization schedule, as allowed under the "Pension Relief Act of 2010". The amortization installment amount for years 2012 to 2018 will be \$872,631.

AS AMERICA, INC.
PENSION PLAN
Schedule H line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2011

Name of Plan Sponsor: AS America, Inc.
Employer Identification Number: 26-0887443
Three Digit Plan Number: 002

(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
<u>Investments:</u>				
*	Wells Fargo Bank, N.A.	Short Term Investment Fund G	\$ 317,948	\$ 317,948
	Ironbridge Funds, Inc.	Frontegra SMID Fund	3,661,283	3,488,392
	PIMCO	Long Duration Total Return Fund	9,442,168	10,349,032
	Thornburg	International Value Fund	7,778,795	6,856,722
	Vanguard	Institutional Index Fund	13,953,152	<u>13,953,152</u>
				<u>\$34,965,246</u>

See Report of Independent Auditors.

AS AMERICA, INC.
PENSION PLAN
Schedule H line 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2011

Name of Plan Sponsor: AS America, Inc.
Employer Identification Number: 26-0887443
Three Digit Plan Number: 002

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate & Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Included with Transactions	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Net Gain or (Loss)
<u>Category (iii): A series of transactions in excess of 5% of the current value of Plan assets:</u>								
Wells Fargo	Short Term Investment Fund G	\$ 7,212,447	\$ -	\$ -	\$ -	\$ 7,212,447	\$ 7,212,447	\$ -
-		- 7,194,788		-	-	7,194,788	7,194,788	-
Ironbridge	Frontegra SMID Fund	1,101,769	-	-	-	1,101,769	1,101,769	-
		- 708,155		-	-	685,158	708,155	22,997
PIMCO	Long Duration Total Return Fund	3,099,486	-	-	-		3,099,486	3,099,486
-		- 3,644,519		-	-	3,370,424	3,644,519	274,095
Thornburg	International Value Fund	2,459,515	-	-	-	2,459,515	2,459,515	-
			1,220,473	-	-	1,236,971	1,220,473	(16,498)
Vanguard	Institutional Index Fund	3,261,093	-	-	-	3,261,093	3,261,093	-
		- 2,363,167		-	-	2,325,060	2,363,167	38,107

See report of independent auditors.