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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SUPERIOR HEALTH LINENS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

SUPERIOR HEALTH LINENS

629 S VERMONT ST
PALATINE, IL 60067

2b Employer Identification Number (EIN)
83-0499184

2c Sponsor's telephone number
847-202-3805

2d Business code (see instructions)
812320

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	WILLIAM WITOWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	WILLIAM WITOWSKI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
SUPERIOR HEALTH LINENS

629 S VERMONT ST
PALATINE, IL 60067

3b Administrator's EIN
83-0499184

3c Administrator's telephone number
847-202-3805

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	615
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**	415
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	14
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	433
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	433
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	53
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
SUPERIOR HEALTH LINENS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SUPERIOR HEALTH LINENS

D Employer Identification Number (EIN)
83-0499184

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

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

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

ASSOCIATED TRUST COMPANY, NA

30-0219031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 24 28 37 38 50 51 64 70	NA	5248	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

DAILYACCESS CORPORATION

63-1156117

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 37 50 59 64 70	NA	202	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

RELIANCE TRUST COMPANY

58-1428634

(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?
19 62 21 25	NA	0	Yes [X] No [ ]	Yes [X] No [ ]	0	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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
SUPERIOR HEALTH LINENS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SUPERIOR HEALTH LINENS

D Employer Identification Number (EIN)
83-0499184

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSOCIATED BALANCED LIFESTAGE FUND

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.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)
39-6771933-001	C	5839

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSOCIATED GROW BAL LIFESTAGE FUND

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.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)
39-6771934-001	C	54124

a Name of MTIA, CCT, PSA, or 103-12 IE: ASSOCIATED CONSERV GROW LIFESTAGE

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.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)
39-6771935-001	C	1629

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET COMMON TRUST FUND

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.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)
52-7241044-001	C	142236

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
SUPERIOR HEALTH LINENS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SUPERIOR HEALTH LINENS

D Employer Identification Number (EIN)
83-0499184

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6706	1553
(2) Participant contributions	1b(2)	13393	7090
(3) Other	1b(3)	0	75
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	7738	8512
(9) Value of interest in common/collective trusts	1c(9)		203828
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	521020	435851
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	548857	656909
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		3400
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	3400
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	548857	653509

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)	61615	
(B) Participants	2a(1)(B)	121181	
(C) Others (including rollovers)	2a(1)(C)	31293	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		214089
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	222	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		222
(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)	3402	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3402
(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)		-1335
	(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)		-15522
c	Other income	2c		232
d	Total income. Add all **income** amounts in column (b) and enter total	2d		201088
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	87257	
	(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)		87257
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)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)	8621	
	(4) Other	2i(4)	558	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		9179
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		96436
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		104652
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: WIPFLI LLP **(2)** EIN: 39-0758449

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		121115
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		250000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**	X		

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.

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

A Name of plan
SUPERIOR HEALTH LINENS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SUPERIOR HEALTH LINENS

D Employer Identification Number (EIN)
83-0499184

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 30-0219031

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

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

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Superior Health Linens 401(k) Plan

Batavia, Illinois

Financial Statements and Supplemental Schedules

Years Ended December 31, 2011 and 2010

Superior Health Linens 401(k) Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2011 and 2010

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WIPFLi

Independent Auditor's Report

Plan Administrator and Participants
Superior Health Linens 401(k) Plan
Batavia, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits of Superior Health Linens 401(k) Plan as of December 31, 2011 and 2010, the related statements of changes in net assets available for benefits for the years then ended, and the supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions. 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 6, which was certified by Reliance Trust Company, (for the year ended December 31, 2010 and the period from January 1, 2011 to January 25, 2011), and Associated Trust Company, N.A. (for the period from January 26, 2011 to December 31, 2011), the trustees 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 the trustees held the Plan's investment assets and executed investment transactions. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustees 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 financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements, but are 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 trustees, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Wipfli LLP

Wipfli LLP
10000 Innovation Drive, Suite 250
Milwaukee, Wisconsin 53226

October 12, 2012

Superior Health Linens 401(k) Plan

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

	2011	2010
Assets:		
Investments, at fair value	$ 639,679	$ 521,020
Receivables:		
Participant contributions	7,090	13,393
Sponsor contributions	1,553	6,706
Other contributions	75	-
Notes receivable from participants	8,512	7,738
Total receivables	17,230	27,837
Total assets	656,909	548,857
Liability:		
Accrued expenses	3,400	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 653,509	$ 548,857

See accompanying notes to financial statements.

Superior Health Linens 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2011 and 2010

	2011	2010
Additions (reductions):		
Investment income:		
Interest and dividends	$ 3,402	$ 4,376
Net appreciation (depreciation) in fair value of investments	(16,857)	42,090
Total investment income (loss)	(13,455)	46,466
Interest on notes receivable from participants	222	27
Contributions:		
Participant	121,181	94,685
Sponsor	61,615	55,433
Rollover	31,293	-
Other	232	483
Total contributions	214,321	150,601
Total additions	201,088	197,094
Deductions:		
Benefits paid to participants	87,257	2,500
Administrative expenses	9,179	5,198
Total deductions	96,436	7,698
Net increase	104,652	189,396
Net assets available for benefits at beginning of year	548,857	359,461
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 653,509	$ 548,857

See accompanying notes to financial statements.

Superior Health Linens 401(k) Plan

Notes to Financial Statements

Note 1 Description of the Plan

The following description of Superior Health Linens 401(k) Plan (the "Plan") provides only general information. Participants should refer to the summary plan description for a complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

General

The Plan is a participant directed defined contribution plan sponsored by Superior Health Linens ("Sponsor"). Effective January 2011, Associated Trust Company N.A became the trustee and custodian of the Plan. Prior to January 2011, Reliance Trust Company was the trustee and custodian of the Plan. The plan is administered by the Sponsor, with Associated Trust Company, N.A. ("Trustee") also serving as the Plan's recordkeeper.

Eligibility

Employees of the Sponsor who have completed six months of service and attained the age of 21 are eligible to participate in the Plan. Eligible employees may enter the Plan on January 1, April 1, July 1, or October 1, coinciding with or immediately following the attainment of these qualification requirements.

Contributions

Participants may elect to defer from 1% of their eligible compensation, as defined by the Plan, up to the maximum contribution limits allowed by the Internal Revenue Code ("IRC"). The Plan allows participants to roll over distributions from other retirement plans.

The Sponsor makes safe harbor matching contributions equal to 100% of the participant's deferral up to 3% of their compensation, plus 50% of the participant's deferral between 3% and 5% of their compensation. The Sponsor may also make discretionary matching, profit-sharing and/or qualified non-elective contributions. Sponsor safe harbor matching contributions were $61,615 and $55,433 in 2011 and 2010, respectively. There were no Sponsor discretionary matching, profit-sharing or qualified non-elective contributions in 2011 or 2010.

Note 1 Description of the Plan (Continued)

Funding

Participant contributions and Sponsor safe harbor matching contributions are remitted to the Plan as soon as practical after the participant contributions have been withheld from the participant's wages. The Sponsor's other contributions, if any, may be remitted to the Plan annually.

Investment Options

The Plan is intended to satisfy the requirements under Section 404(c) of ERISA and therefore provides that participants may choose to direct their contributions and account balances among the Plan's investment alternatives. All investments are participant directed.

Notes Receivable from Participants

Participants may borrow from their account balance not to exceed the lesser of $50,000 or one-half of the participant's vested account balance. Interest rates and repayment schedules are determined by the Plan Sponsor and ranged from 4.25% to 5.25% at December 31, 2011. Principal and interest are paid through payroll deductions.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Sponsor's contributions, and allocations of Plan earnings thereon. Allocations of the Sponsor's discretionary contributions are based on participant earnings, as defined in the Plan. The benefit to which a participant is entitled is the participant's vested account balance.

Vesting

Participants are immediately vested in their deferral contributions and the Sponsor's safe harbor matching, discretionary matching and qualified non-elective contributions plus actual earnings thereon. Vesting in the Sponsor's discretionary profit sharing contributions, plus actual earnings thereon, is based on the number of years of continuous service with 20% vesting in each year, and are fully vested after five years.

Note 1 Description of the Plan (Continued)

Forfeitures

Forfeitures of nonvested amounts are used to reduce Sponsor contributions or offset administrative expenses. No forfeitures were used to reduce Sponsor contributions or offset administrative expenses in 2011 or 2010. There were no unallocated forfeitures as of December 31, 2011 or 2010.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant or a designated beneficiary may elect to receive either a lump-sum payment equal to the value of the participant's account, receive the benefits in installments, or purchase an annuity contract. For termination of service due to other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution. Under certain circumstances participants may qualify to receive a hardship distribution (less applicable income taxes and penalties) from their account balance.

Administrative Expenses

Substantially all Plan administrative expenses are paid by the Sponsor.

Note 2 Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States ("GAAP").

Use of Estimates in Preparation of Financial Statements

The preparation of the accompanying financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from these estimates and are subject to change in the near term.

Note 2 Summary of Significant Accounting Policies (Continued)

Notes Receivable from Participants

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

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Statement of Changes in Net Assets Available for Benefits present the net change in the fair value of investments, which consists of the realized gains (losses) and the unrealized appreciation (depreciation) on those investments. Purchases and sales of investments are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Subsequent events have been evaluated through October 12, 2012, which is the date the financial statements were available to be issued.

Note 3 Fair Value Measurements

The framework for measuring fair value under GAAP provides a fair value hierarchy that prioritizes the inputs of valuation techniques used in measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Note 3 Fair Value Measurements (Continued)

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

Level 2 Inputs to the valuation methodology include:

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used in 2011 and 2010.

Mutual funds: Valued at quoted market prices which represent net asset value ("NAV") of shares held by the plan at year end.

Common/Collective trust funds: Valued as determined by the issuer of the common trust fund based on the fair value of the underlying investments. Bank common trust funds with underlying investments in contracts are valued at the fair value of the underlying investments in fully benefit responsive investment contracts and adjusted by the issuer to contract value. The funds can be redeemed on a daily basis at their NAV. None of the Plan's investments had unfunded commitments.

Note 3 Fair Value Measurements (Continued)

The fair values of common collective trusts are primarily based on quoted market prices for the underlying securities or similar instruments. The fair values are classified within Level 2 of the valuation hierarchy since the NAV of the common collective trusts itself is not publically quoted, but the values are not dependent on the input of any significant judgments or assumptions by management.

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at:

December 31, 2011	Level 1	Level 2	Level 3	Total
Equity mutual funds	$ 401,556	$ -	$ -	$ 401,556
Fixed income mutual funds	34,296	-	-	34,296
Equity common trust funds	-	61,591	-	61,591
Fixed income common trust funds	-	142,236	-	142,236
Total assets at fair value	$ 435,852	$ 203,827	$ -	$ 639,679

December 31, 2010	Level 1	Level 2	Level 3	Total
Equity mutual funds	$ 340,649	$ -	$ -	$ 340,649
Fixed income mutual funds	180,371	-	-	180,371
Total assets at fair value	$ 521,020	$ -	$ -	$ 521,020

Note 3 Fair Value Measurements (Continued)

During 2011 and 2010, the Plan's investments (including investments purchased, sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

	2011	2010
Mutual funds	$ (15,522)	$ 42,090
Common/collective trusts	(1,335)	-
Total appreciation (depreciation)	$ (16,857)	$ 42,090

Note 4 Investments

Investments representing 5% of the Plan's net assets, as of December 31 are as follows:

Description	2011	2010
American Funds Money Market Fund	**	$ 155,069
Alliance Bernstein International Growth Fund Inc	**	$ 43,376
American AM Cap Fund	**	$ 63,495
Columbia Acorn Fund	**	$ 54,194
Oppenheimer Small and Mid Cap Value Fund	**	$ 64,009
Oppenheimer Global Allocation Fund	**	$ 37,783
Oppenheimer Value Fund	**	$ 29,699
Growth Balanced Lifestage Fund	$ 54,124	**
American Funds Europacific Growth Fund	$ 48,531	**
Goldman Sachs Growth Opportunity	$ 112,251	**
Harbor Capital Appreciation Fund	$ 100,248	**
Vanguard Mid Cap Index	$ 75,837	**
Associated Money Market Fund	$ 142,236	**
Vanguard Short Term Inv Grade Fund	$ 34,296	**

** Investment is less than 5% of the Plan's net assets at December 31.

Superior Health Linens 401(k) Plan

Notes to Financial Statements

Note 5 Non Exempt Party-in-Interest Transactions

The Sponsor remitted participant and Sponsor contributions of $183,580 and $123,436 related to the plan years ended December 31, 2011 and 2010, respectively, to the Trustee later than required by the U.S. Department of Labor Regulation 2510.3-102. The Sponsor filed Form 5330 with the Internal Revenue Service ("IRS") and paid the required excise tax on the transactions. In addition, participant accounts were credited with the amount of investment income that would have been earned had the participant contribution been remitted on a timely basis.

Note 6 Information Certified by the Plan's Trustee

The Plan Sponsor has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan's Trustees have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

a. Investments as disclosed in the Statements of Net Assets Available for Benefits.

b. Interest and dividends and net appreciation (depreciation) in fair value of investments as disclosed in the Statements of Changes in Net Assets Available for Benefits.

c. Investment information as disclosed in Note 4 and the investment as disclosed on page 13, except for notes receivable from participants.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

Note 7 Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their entire account balance.

Note 8 Income Tax Status

The IRS has determined by a letter dated October 29, 2001, that the prototype document on which the Plan is based is designed in accordance with the applicable sections of the IRC. Although the prototype document has been amended since the date of the determination letter, the Plan administrator believes the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Accordingly, the Plan administrator believes the Plan is exempt from federal and state income taxes. Plan management evaluates uncertain income tax positions taken by the Plan. The financial statements effects of a tax position are recognized when the position is more likely than not, based on the technical merits to be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions and there are currently no audits in progress. The Plan is no longer subject to income tax examinations for years prior to 2008.

Note 9 Party-In-Interest Transactions

Transactions involving funds administered by Associated Trust Company, the trustee and notes receivable from participants are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under ERISA regulations.

Note 10 Risk and Uncertainties

The Plan's investments are exposed to various risks, such as interest rate fluctuations, market volatility, and credit losses. Due to the level of risk associated with certain investments and overall market volatility, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

Supplemental Schedules

Superior Health Linens 401(k) Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN: 83-0499184 Plan Number: 001

December 31, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common/collective trusts				
*	Associated Bank Company, N.A.	Associated Money Market Fund	**	$ 142,236
*	Associated Bank Company, N.A.	Balanced Lifestage Fund	**	5,839
*	Associated Bank Company, N.A.	Growth Balanced Lifestage Fund	**	54,124
*	Associated Bank Company, N.A.	Conservative Growth Lifestage Fund	**	1,628
Mutual funds				
	ING Retirement Funds	Davis New York Venture Fund	**	30,372
	American Funds	American Funds Europacific Growth Fund	**	48,531
	Goldman Sachs Funds	Goldman Sachs Growth Opportunity	**	112,251
	Harbor Funds	Harbor Capital Appreciation Fund	**	100,248
	Janus Funds	Perkins Mid Cap Value Fund	**	6,989
	Royce Funds	Royce Fund Special Equity	**	11,171
	Vanguard Funds	Vanguard Mid Cap Index	**	75,837
	Vanguard Funds	Vanguard 500 Index Fund	**	6,313
	Vanguard Funds	Vanguard Short Term Inv Grade Fund	**	34,296
	Wasatch Funds	Wasatch Small Cap Growth Fund	**	9,844
	Total investments (held at end of year)			$ 639,679
*	Notes receivable from participants	***	$0	$ 8,512

* Denotes a party-in-interest.

** Cost information is not required for participant directed investments.

*** Notes receivable from participants maturing through September 2016, with interest rates ranging from 4.25% to 5.25%.

This schedule, with the exception of notes receivable from participants, has been derived from information certified as complete and accurate by Associated Trust Company, N.A.

See Independent Auditor's Report.

Superior Health Linens 401(k) Plan

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

EIN: 83-0499184 Plan Number: 001

December 31, 2011

Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if late participant note receivable repayments are included: (X)	$ -	$ 121,115	$ -	$ -

See Independent Auditor's Report.

Attachment to Schedule H, Line 4i - Schedule of Assets Held at Year End

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/11 PAGE 4

SUPERIOR HEALTH LINENS 401K PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
CASH AND EQUIVALENTS							
	0	CASH	.00 .000	.00 .000		0	0.00
		TOTAL CASH AND EQUIVALENTS	.00	.00	.00	0	0.00
EQUITIES							
EQUITY COMMON TRUST FUNDS							
999999-34-5	329.077	BALANCED LIFESTAGE FUND	5,884.46 17.882	5,838.75 17.742	.90	130	2.23
999999-35-2	3,015.903	GROWTH BALANCED LIFESTAGE FUND	55,259.93 18.323	54,123.76 17.946	8.35	1,059	1.96
999999-37-8	89.408	CONSERVATIVE GROWTH LIFESTAGE FUND	1,740.08 19.462	1,628.97 18.219	.25	27	1.71
		TOTAL EQUITY COMMON TRUST FUNDS	62,884.47	61,591.48	9.50	1,216	1.98
EQUITY MUTUAL FUNDS							
239080-10-4	934.533	DAVIS NEW YORK VENTURE FD CL A	32,192.74 34.448	30,372.32 32.500	4.69	183	0.60
298706-82-1	1,381.481	AM FDS EUROPACIFIC GROWTH FD CL R6	56,505.54 40.902	48,531.43 35.130	7.49	1,015	2.09
38142Y-40-1	5,083.821	GOLDMAN SACHS GROWTH OPPORT INSTL	122,767.41 24.149	112,250.77 22.080	17.32	0	0.00
411511-50-4	2,716.737	HARBOR CAPITAL APPRECIATION FD	102,072.83 37.572	100,247.60 36.900	15.46	116	0.12
47103C-24-1	346.337	PERKINS MID CAP VALUE FUND CL I	8,263.71 23.860	6,989.08 20.180	1.08	73	1.05

Attachment to Schedule H, Line 4i - Schedule of Assets Held at Year End

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/11 PAGE 5

SUPERIOR HEALTH LINENS 401K PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
780905-78-2	567.046	ROYCE FD SPECIAL EQUITY	12,398.58 21.865	11,170.81 19.700	1.72	52	0.47
922908-44-7	2,695.942	VANGUARD MID CAP INDEX SIGNAL	83,452.96 30.955	75,836.85 28.130	11.70	1,027	1.35
922908-49-6	66.001	VANGUARD 500 INDEX FUND SIGNAL	6,716.94 101.770	6,313.00 95.650	.97	130	2.06
936772-10-2	260.353	WASATCH SMALL CAP GROWTH FD	10,819.28 41.556	9,843.95 37.810	1.52	0	0.00
		TOTAL EQUITY MUTUAL FUNDS	435,189.99	401,555.81	61.94	2,596	0.65
		TOTAL EQUITIES	498,074.46	463,147.29	71.44	3,812	0.82
		FIXED INCOME SECURITIES					
		FIXED INCOME COMMON TRUST FUNDS					
999999-19-6	96,616.833	MONEY MARKET FUND	142,147.16 1.471	142,236.38 1.472	21.94	0	0.00
		TOTAL FIXED INCOME COMMON TRUST FUNDS	142,147.16	142,236.38	21.94	0	0.00
		FIXED INCOME MUTUAL FUNDS					
922031-40-6	3,223.271	VANGUARD SHORT TERM INV GRADE FD 74.53	34,659.07 10.753	34,295.60 10.640	5.29	897	2.62
		TOTAL FIXED INCOME MUTUAL FUNDS	34,659.07	34,295.60	5.29	897	2.62
		TOTAL FIXED INCOME SECURITIES	176,806.23	176,531.98	27.23	897	0.51

Attachment to Schedule H, Line 4i - Schedule of Assets Held at Year End

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/11 PAGE 6

SUPERIOR HEALTH LINENS 401K PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
MISCELLANEOUS							
MS1029-78-9	8,511.730	MASTER LOAN	8,511.73 1.000	8,511.73 1.000	1.31	0	0.00
		TOTAL MISCELLANEOUS	8,511.73	8,511.73	1.31	0	0.00
		TOTAL ASSETS	683,392.42	648,191.00			
ACCRUED INCOME							
		INTEREST	74.53	74.53	.01		
		TOTAL ACCRUED INCOME	74.53	74.53	.01		
		TOTAL ASSETS PLUS ACCRUED INCOME	683,466.95	648,265.53			

Superior Health Linens 401(k) Plan

Batavia, Illinois

Financial Statements and Supplemental Schedules

Years Ended December 31, 2011 and 2010

Superior Health Linens 401(k) Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2011 and 2010

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Independent Auditor's Report

Plan Administrator and Participants
Superior Health Linens 401(k) Plan
Batavia, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits of Superior Health Linens 401(k) Plan as of December 31, 2011 and 2010, the related statements of changes in net assets available for benefits for the years then ended, and the supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions. 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 6, which was certified by Reliance Trust Company, (for the year ended December 31, 2010 and the period from January 1, 2011 to January 25, 2011), and Associated Trust Company, N.A. (for the period from January 26, 2011 to December 31, 2011), the trustees 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 the trustees held the Plan's investment assets and executed investment transactions. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustees 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 financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements, but are 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 trustees, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Wipfli LLP

Wipfli LLP
10000 Innovation Drive, Suite 250
Milwaukee, Wisconsin 53226

October 12, 2012

Superior Health Linens 401(k) Plan

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

	2011	2010
Assets:		
Investments, at fair value	$ 639,679	$ 521,020
Receivables:		
Participant contributions	7,090	13,393
Sponsor contributions	1,553	6,706
Other contributions	75	-
Notes receivable from participants	8,512	7,738
Total receivables	17,230	27,837
Total assets	656,909	548,857
Liability:		
Accrued expenses	3,400	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 653,509	$ 548,857

See accompanying notes to financial statements.

Superior Health Linens 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2011 and 2010

	2011	2010
Additions (reductions):		
Investment income:		
Interest and dividends	$ 3,402	$ 4,376
Net appreciation (depreciation) in fair value of investments	(16,857)	42,090
Total investment income (loss)	(13,455)	46,466
Interest on notes receivable from participants	222	27
Contributions:		
Participant	121,181	94,685
Sponsor	61,615	55,433
Rollover	31,293	-
Other	232	483
Total contributions	214,321	150,601
Total additions	201,088	197,094
Deductions:		
Benefits paid to participants	87,257	2,500
Administrative expenses	9,179	5,198
Total deductions	96,436	7,698
Net increase	104,652	189,396
Net assets available for benefits at beginning of year	548,857	359,461
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 653,509	$ 548,857

See accompanying notes to financial statements.

Superior Health Linens 401(k) Plan

Notes to Financial Statements

Note 1 Description of the Plan

The following description of Superior Health Linens 401(k) Plan (the "Plan") provides only general information. Participants should refer to the summary plan description for a complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

General

The Plan is a participant directed defined contribution plan sponsored by Superior Health Linens ("Sponsor"). Effective January 2011, Associated Trust Company N.A became the trustee and custodian of the Plan. Prior to January 2011, Reliance Trust Company was the trustee and custodian of the Plan. The plan is administered by the Sponsor, with Associated Trust Company, N.A. ("Trustee") also serving as the Plan's recordkeeper.

Eligibility

Employees of the Sponsor who have completed six months of service and attained the age of 21 are eligible to participate in the Plan. Eligible employees may enter the Plan on January 1, April 1, July 1, or October 1, coinciding with or immediately following the attainment of these qualification requirements.

Contributions

Participants may elect to defer from 1% of their eligible compensation, as defined by the Plan, up to the maximum contribution limits allowed by the Internal Revenue Code ("IRC"). The Plan allows participants to roll over distributions from other retirement plans.

The Sponsor makes safe harbor matching contributions equal to 100% of the participant's deferral up to 3% of their compensation, plus 50% of the participant's deferral between 3% and 5% of their compensation. The Sponsor may also make discretionary matching, profit-sharing and/or qualified non-elective contributions. Sponsor safe harbor matching contributions were $61,615 and $55,433 in 2011 and 2010, respectively. There were no Sponsor discretionary matching, profit-sharing or qualified non-elective contributions in 2011 or 2010.

Note 1 Description of the Plan (Continued)

Funding

Participant contributions and Sponsor safe harbor matching contributions are remitted to the Plan as soon as practical after the participant contributions have been withheld from the participant's wages. The Sponsor's other contributions, if any, may be remitted to the Plan annually.

Investment Options

The Plan is intended to satisfy the requirements under Section 404(c) of ERISA and therefore provides that participants may choose to direct their contributions and account balances among the Plan's investment alternatives. All investments are participant directed.

Notes Receivable from Participants

Participants may borrow from their account balance not to exceed the lesser of $50,000 or one-half of the participant's vested account balance. Interest rates and repayment schedules are determined by the Plan Sponsor and ranged from 4.25% to 5.25% at December 31, 2011. Principal and interest are paid through payroll deductions.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Sponsor's contributions, and allocations of Plan earnings thereon. Allocations of the Sponsor's discretionary contributions are based on participant earnings, as defined in the Plan. The benefit to which a participant is entitled is the participant's vested account balance.

Vesting

Participants are immediately vested in their deferral contributions and the Sponsor's safe harbor matching, discretionary matching and qualified non-elective contributions plus actual earnings thereon. Vesting in the Sponsor's discretionary profit sharing contributions, plus actual earnings thereon, is based on the number of years of continuous service with 20% vesting in each year, and are fully vested after five years.

Note 1 Description of the Plan (Continued)

Forfeitures

Forfeitures of nonvested amounts are used to reduce Sponsor contributions or offset administrative expenses. No forfeitures were used to reduce Sponsor contributions or offset administrative expenses in 2011 or 2010. There were no unallocated forfeitures as of December 31, 2011 or 2010.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant or a designated beneficiary may elect to receive either a lump-sum payment equal to the value of the participant's account, receive the benefits in installments, or purchase an annuity contract. For termination of service due to other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution. Under certain circumstances participants may qualify to receive a hardship distribution (less applicable income taxes and penalties) from their account balance.

Administrative Expenses

Substantially all Plan administrative expenses are paid by the Sponsor.

Note 2 Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States ("GAAP").

Use of Estimates in Preparation of Financial Statements

The preparation of the accompanying financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from these estimates and are subject to change in the near term.

Note 2 Summary of Significant Accounting Policies (Continued)

Notes Receivable from Participants

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

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Statement of Changes in Net Assets Available for Benefits present the net change in the fair value of investments, which consists of the realized gains (losses) and the unrealized appreciation (depreciation) on those investments. Purchases and sales of investments are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Subsequent events have been evaluated through October 12, 2012, which is the date the financial statements were available to be issued.

Note 3 Fair Value Measurements

The framework for measuring fair value under GAAP provides a fair value hierarchy that prioritizes the inputs of valuation techniques used in measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Note 3 Fair Value Measurements (Continued)

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

Level 2 Inputs to the valuation methodology include:

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used in 2011 and 2010.

Mutual funds: Valued at quoted market prices which represent net asset value ("NAV") of shares held by the plan at year end.

Common/Collective trust funds: Valued as determined by the issuer of the common trust fund based on the fair value of the underlying investments. Bank common trust funds with underlying investments in contracts are valued at the fair value of the underlying investments in fully benefit responsive investment contracts and adjusted by the issuer to contract value. The funds can be redeemed on a daily basis at their NAV. None of the Plan's investments had unfunded commitments.

Note 3 Fair Value Measurements (Continued)

The fair values of common collective trusts are primarily based on quoted market prices for the underlying securities or similar instruments. The fair values are classified within Level 2 of the valuation hierarchy since the NAV of the common collective trusts itself is not publically quoted, but the values are not dependent on the input of any significant judgments or assumptions by management.

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at:

December 31, 2011	Level 1	Level 2	Level 3	Total
Equity mutual funds	$ 401,556	$ -	$ -	$ 401,556
Fixed income mutual funds	34,296	-	-	34,296
Equity common trust funds	-	61,591	-	61,591
Fixed income common trust funds	-	142,236	-	142,236
Total assets at fair value	$ 435,852	$ 203,827	$ -	$ 639,679

December 31, 2010	Level 1	Level 2	Level 3	Total
Equity mutual funds	$ 340,649	$ -	$ -	$ 340,649
Fixed income mutual funds	180,371	-	-	180,371
Total assets at fair value	$ 521,020	$ -	$ -	$ 521,020

Note 3 Fair Value Measurements (Continued)

During 2011 and 2010, the Plan's investments (including investments purchased, sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

	2011	2010
Mutual funds	$ (15,522)	$ 42,090
Common/collective trusts	(1,335)	-
Total appreciation (depreciation)	$ (16,857)	$ 42,090

Note 4 Investments

Investments representing 5% of the Plan's net assets, as of December 31 are as follows:

Description	2011	2010
American Funds Money Market Fund	**	$ 155,069
Alliance Bernstein International Growth Fund Inc	**	$ 43,376
American AM Cap Fund	**	$ 63,495
Columbia Acorn Fund	**	$ 54,194
Oppenheimer Small and Mid Cap Value Fund	**	$ 64,009
Oppenheimer Global Allocation Fund	**	$ 37,783
Oppenheimer Value Fund	**	$ 29,699
Growth Balanced Lifestage Fund	$ 54,124	**
American Funds Europacific Growth Fund	$ 48,531	**
Goldman Sachs Growth Opportunity	$ 112,251	**
Harbor Capital Appreciation Fund	$ 100,248	**
Vanguard Mid Cap Index	$ 75,837	**
Associated Money Market Fund	$ 142,236	**
Vanguard Short Term Inv Grade Fund	$ 34,296	**

** Investment is less than 5% of the Plan's net assets at December 31.

Superior Health Linens 401(k) Plan

Notes to Financial Statements

Note 5 Non Exempt Party-in-Interest Transactions

The Sponsor remitted participant and Sponsor contributions of $183,580 and $123,436 related to the plan years ended December 31, 2011 and 2010, respectively, to the Trustee later than required by the U.S. Department of Labor Regulation 2510.3-102. The Sponsor filed Form 5330 with the Internal Revenue Service ("IRS") and paid the required excise tax on the transactions. In addition, participant accounts were credited with the amount of investment income that would have been earned had the participant contribution been remitted on a timely basis.

Note 6 Information Certified by the Plan's Trustee

The Plan Sponsor has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan's Trustees have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

a. Investments as disclosed in the Statements of Net Assets Available for Benefits.

b. Interest and dividends and net appreciation (depreciation) in fair value of investments as disclosed in the Statements of Changes in Net Assets Available for Benefits.

c. Investment information as disclosed in Note 4 and the investment as disclosed on page 13, except for notes receivable from participants.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

Note 7 Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their entire account balance.

Note 8 Income Tax Status

The IRS has determined by a letter dated October 29, 2001, that the prototype document on which the Plan is based is designed in accordance with the applicable sections of the IRC. Although the prototype document has been amended since the date of the determination letter, the Plan administrator believes the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Accordingly, the Plan administrator believes the Plan is exempt from federal and state income taxes. Plan management evaluates uncertain income tax positions taken by the Plan. The financial statements effects of a tax position are recognized when the position is more likely than not, based on the technical merits to be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions and there are currently no audits in progress. The Plan is no longer subject to income tax examinations for years prior to 2008.

Note 9 Party-In-Interest Transactions

Transactions involving funds administered by Associated Trust Company, the trustee and notes receivable from participants are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under ERISA regulations.

Note 10 Risk and Uncertainties

The Plan's investments are exposed to various risks, such as interest rate fluctuations, market volatility, and credit losses. Due to the level of risk associated with certain investments and overall market volatility, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

Supplemental Schedules

Superior Health Linens 401(k) Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN: 83-0499184 Plan Number: 001

December 31, 2011

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common/collective trusts				
*	Associated Bank Company, N.A.	Associated Money Market Fund	**	$ 142,236
*	Associated Bank Company, N.A.	Balanced Lifestage Fund	**	5,839
*	Associated Bank Company, N.A.	Growth Balanced Lifestage Fund	**	54,124
*	Associated Bank Company, N.A.	Conservative Growth Lifestage Fund	**	1,628
Mutual funds				
	ING Retirement Funds	Davis New York Venture Fund	**	30,372
	American Funds	American Funds Europacific Growth Fund	**	48,531
	Goldman Sachs Funds	Goldman Sachs Growth Opportunity	**	112,251
	Harbor Funds	Harbor Capital Appreciation Fund	**	100,248
	Janus Funds	Perkins Mid Cap Value Fund	**	6,989
	Royce Funds	Royce Fund Special Equity	**	11,171
	Vanguard Funds	Vanguard Mid Cap Index	**	75,837
	Vanguard Funds	Vanguard 500 Index Fund	**	6,313
	Vanguard Funds	Vanguard Short Term Inv Grade Fund	**	34,296
	Wasatch Funds	Wasatch Small Cap Growth Fund	**	9,844
	Total investments (held at end of year)			$ 639,679
*	Notes receivable from participants	***	$0	$ 8,512

* Denotes a party-in-interest.

** Cost information is not required for participant directed investments.

*** Notes receivable from participants maturing through September 2016, with interest rates ranging from 4.25% to 5.25%.

This schedule, with the exception of notes receivable from participants, has been derived from information certified as complete and accurate by Associated Trust Company, N.A.

See Independent Auditor's Report.

Superior Health Linens 401(k) Plan

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

EIN: 83-0499184 Plan Number: 001

December 31, 2011

Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if late participant note receivable repayments are included: (X)	$ -	$ 121,115	$ -	$ -

See Independent Auditor's Report.

Attachment to 2011 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name SUPERIOR HEALTH LINENS 401(K) PLAN **EIN:** 83-0499184
Plan Sponsor's Name SUPERIOR HEALTH LINENS **PN:** 001

	Total that Constitute Nonexempt Prohibitied Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: [X]	0	121,115	0	0