### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ctions to the Form 550	0-SF.	
Part I		Identification Information				
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012
	turn/report is for:	X a single-employer plan     ∴ the first extensions of the first extension extension extension extension extensions of the first extension e		lan (not multiemployer)		a one-participant plan
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mg	onths)	
C Check I	box if filing under:	X Form 5558	automatic extension			DFVC program
		special extension (enter descri	ption)			
Part II	Basic Plan Info	rmation—enter all requested info	ormation			
1a Name					1b	Three-digit
AMERICAN	SANITARY PARTITIO	N CORP. DEFINED BENEFIT PEN	ISION PLAN			plan number (PN) 003
					10	(PN) ▶ 003  Effective date of plan
					10	01/01/1984
2a Plan s	ponsor's name and ad	dress; include room or suite numbe	r (employer, if for a single	-employer plan)	2b	Employer Identification Number
AMERICAN	SANITARY PARTITIO	ON CORP				(EIN) 11-1967147
					2c	Sponsor's telephone number
P.O.BOX 9 OCOEE, FL					24	Business code (see instructions)
•					Zu	332900
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's EIN
					30	Administrator's talanhana numbar
					30	Administrator's telephone number
4 If the r	name and/or EIN of the	e plan sponsor has changed since t	ne last return/report filed f	or this plan, enter the	4b	EIN
	•	mber from the last return/report.			4-	
a Sponse		at the best and a set the other con-			4c	
		at the beginning of the plan year			5a	66
		at the end of the plan year			5b	32
		account balances as of the end of the	, ,	•	5c	
<b>6a</b> Were	all of the plan's assets	s during the plan year invested in el	igible assets? (See instruc	ctions.)		X Yes No
<b>b</b> Are yo	ou claiming a waiver of	f the annual examination and report	of an independent qualific	ed public accountant (IQI	PA)	
		? (See instructions on waiver eligibil				
		ther line 6a or line 6b, the plan ca				
		or incomplete filing of this return				
	, , ,	her penalties set forth in the instruct nd signed by an enrolled actuary, as	•			0, 11
	true, correct, and com				,	as and access, and another
OLON	Filed with authorized	valid electronic signature.	10/09/2013	RONALD BIRKENMAI	ED	
SIGN HERE						
	Signature of plan a	valid electronic signature.	Date 10/09/2013			gning as plan administrator
SIGN HERE				RONALD BIRKENMAI		<del> </del>
Prenarer's	Signature of emplo	yer/plan sponsor name, if applicable) and address; inc	Date			gning as employer or plan sponsor parer's telephone number (optional)
i iepaiei S	name (including infil f	iamo, ii appiioabie) and address, ind	sade room or suite numbe	ο (οριιοπαι)	ı ıet	arei a telephone number (optional)

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Da	rt III   Financial Information										
<u>га</u>	Plan Assets and Liabilities		(a) Deginning of Voc				/b) En	٦ - ٤ ٧	/oo#		
		7-	(a) Beginning of Yea		+		(b) En	a or i		c	
_ <u>a</u>	Total plan assets  Total plan liabilities	7a 7b	210110	10					56395	O	
	Net plan assets (subtract line 7b from line 7a)	76 7c	218110	10					56395	6	
		76		10			(1-)	T-4-		0	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(a)	Tota			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	16988	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								6	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	172806	6							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	5897	2							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	78703	8	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1	61715	2	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	Part IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1G 1A	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions			
Par	t V Compliance Questions										
10					Yes	No					
a	During the plan year:  Was there a failure to transmit to the plan any participant contribute.	tione withi	n the time period described in		162	NO		АП	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					250	0000
d				10d		X				200	000
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100							
·	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			_					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i											
Par	VI Pension Funding Compliance										
11											
11:	Enter the amount from Schedule SB line 39					11a		· ·   [	1	Ш	0
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	ŢΓ	Yes	¥	No
12	· · · · · ·	•		, UI SE	oudii v	JUZ UI	LINIOA!	··   L	. 03	٨	. 10
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter the Day	ne date o	f the le		ling	
———	you completed line 12a, complete lines 3, 9, and 10 of Schedule			u I		⊔ay		<u>. 18</u>	ul		
	Enter the minimum required contribution for this plan year	•	•			12b					
	= are minimum required continuation for this plant year										

	Form 5500-SF 2012	Page <b>3</b> - 1					
С	Enter the amount contributed by the employer to the plan for this plan year.		12	C			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	- ·	120	d			
е	Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		X	Ye	es No	)	
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year	138	3			
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	red to another plan, or brought under	the contr	ol		Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the pla	n(s) to			_	
1	3c(1) Name of plan(s):		13c(2)	EIN	N(s)	13c(3	) PN(s)
Part	VIII Trust Information (optional)					•	
14a 1	Name of trust		14b	Tru	ıst's EIN		

### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2012

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								an attachme	ent to Form	5500 or	5500-	SF.							
Fo	r calendar	pla	n year 201:	2 or	fiscal plan y	ear beg	inning (	01/01/2012				and end	ding	12/31/2	2012	2			
					rest dollar.														
•	Caution:	Ар	enalty of \$	1,00	0 will be ass	sessed f	or late filing	of this report	unless reas	onable ca	ause is	establis	hed.						
A AN	Name of p	lan SAN	ITARY PA	RTIT	TION CORF	P. DEFIN	IED BENEFI	T PENSION I	PLAN		В	Three-d	•	r (PN)	•	•	0	03	
С	Plan snon	sor's	s name as	shov	vn on line 2	a of For	m 5500 or 55	500-SF			D	Employe	r Ide	ntification	n Nui	mber (	FIN)		
					ION CORP		0000 01 00	300 01				1967147		i i i i i i i i i i i i i i i i i i i			•,		
Ε	Type of pla	n:	X Single		Multiple-A	Mult	tiple-B	F	Prior year pla	n size: 🔀	× 100	or fewer		101-500		More t	han 500		
Р	art I	Bas	sic Infor	mat	ion														
1			aluation da			Month	01	Day 01	Year	2012									
2	Assets:																		
	<b>a</b> Marke	et va	lue											2a					2181108
	<b>b</b> Actua	rial	value											2b					2181108
3	Funding	tar	get/particip	oant (	count break	down:				(1) N	lumbe	r of partic	cipar	nts		(2)	Funding	Target	
	<b>a</b> For re	tire	d participa	nts a	nd benefici	aries rec	eiving paym	ent	. 3a					0					0
	<b>b</b> For te	ermi	nated vest	ed pa	articipants				. 3b					34					49478
	<b>C</b> For a	ctive	participar	nts:															
	(1)	N	on-vested	bene	efits				. 3c(1)										0
	(2)	V	ested bene	efits.					. 3c(2)										1994511
	(3)	Т	otal active						3c(3)					36					1994511
	<b>d</b> Total								. 3d					70					2043989
4	If the plant	an is	s in at-risk	statu	s, check the	e box an	nd complete I	lines (a) and (	(b)										
	<b>a</b> Fundi	ng t	arget disre	gard	ling prescrib	ed at-ris	sk assumptio	ons						4a					
								arding transiti d disregardin						4b					
5	Effective	e int	erest rate.											5					6.99 %
6	Target i	norn	nal cost											6					0
Sta	To the best of accordance	f my vith a	pplicable law	e infor and re	mation supplie	y opinion, e	each other assun	mpanying schedu nption is reasonab											
	SIGN HERE														0	)2/25/2	013		
					Signa	ture of a	actuary				_					Date			
AN	DREW BE	HNŁ	KE, EA, MS	SPA	-		·									11-076	343		
					Type or pi	int name	e of actuary				_			Most rece	ent e	nrollm	ent num	ber	
MIE	WEST PE	NS	ION ACTU	IARIE	ES, INC.		·								2	248-53	9-5000		
			MILE ROA			irm nan	ne				_	-	ГеІер	hone nu				ea code)	
FA	RMINGTC	NΗ	ILLS, MI 4	8334	1														
					Add	ress of t	he firm				_								
If th	e actuary h	nas	not fully ref	flecte	ed any requ	lation or	ruling promi	ulgated under	the statute	in comple	etina t	his sched	dule.	check th	e bo	x and	see		П
	uctions				, .ogu		g p. 0///			Joinpic	9	501100	,						Ш

Page Z
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Pa	rt II	Begin	ning of Year	Carryov	er Prefunding Baland	es							
							(a) (	Carryover balance		(b) i	Prefundii	ng balance	
7		Ū	0 , ,		cable adjustments (line 13 f				2709				0
8			•	•	funding requirement (line 35				373				0
9									2336				0
10	Interest	on line 9	using prior year's	s actual re	turn of2.80%				-65				
11	Prior ye	ar's exce	ess contributions t	o be adde	d to prefunding balance:								
	<b>a</b> Prese	ent value	of excess contrib	utions (line	e 38a from prior year)								0
					interest rate of5.89 %								0
C Total available at beginning of current plan year to add to prefunding balance										0			
	d Portion of (c) to be added to prefunding balance												
12	Other re	eductions	s in balances due	to election	s or deemed elections								0
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)												
Pa	art III	Fun	ding Percenta	ages									
14	Funding	g target a	ttainment percent	age							14	106.59	%
			g target attainmen		9						15	88.87	%
16					s of determining whether car						16	96.81	%
17	If the cu	ırrent val	ue of the assets o	f the plan	is less than 70 percent of the	funding tar	get, enter s	such percentage			17		%
Pá	Part IV Contributions and Liquidity Shortfalls												
18	18 Contributions made to the plan for the plan year by employer(s) and employees:												
(M	(a) Dat M-DD-Y		( <b>b)</b> Amount pa employer(		(c) Amount paid by employees	<b>(a)</b> D (MM-DD-		(b) Amount pa employer(		(4	Amoul emplo	nt paid by byees	
											ı		
						Totals ►	18(b)		0	18(c)			0
19			-		tructions for small plan with								
	_			•	nimum required contributions				19a				
	b Contributions made to avoid restrictions adjusted to valuation date												
					uired contribution for current y	ear adjusted	to valuation	n date	19c				
20			outions and liquidit										
			_		the prior year?						<u> </u>	Yes    N	
			•	•	y installments for the current	•	-	manner?	Г		X	Yes N	lo
	C If line	20a is "	Yes," see instructi	ons and co	omplete the following table a Liquidity shortfall as of e			n vear					
		(1) 19	st		(2) 2nd	or quarter	(3)	3rd			(4) 4th	]	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Target	et Normal Cost					
21		ınt rate:		<u> </u>						
	<b>a</b> Seg	ment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment 7.52 %		N/A, fu	ıll yield	curve	e used
	<b>b</b> App	licable month (	enter code)		1	21b				0
22	Weigh	ted average ret	irement age			. 22				62
23	Mortal	ity table(s) (se	e instructions)	escribed - combined Pre	escribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		•	·	cuarial assumptions for the current	•				ł Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required atta	chment			Yes	× No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachment		X	Yes	No
27		•	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0
29				d unpaid minimum required contrib		29				
30	Remai	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29).		. 30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	t normal cost a	nd excess assets (see instruct	ions):		,				
	<b>a</b> Targ	et normal cost	(line 6)			. 31a				0
	<b>b</b> Exce	ess assets, if ap	oplicable, but not greater than	line 31a		. 31b				0
32	Amorti	zation installme	ents:		Outstanding Bala	ance	I	nstallm	ent	
	a Net	shortfall amortiz	zation installment			0				0
						0				0
33				ter the date of the ruling letter gra) and the waived amount		33				
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	. 34				0
				Carryover balance	Prefunding bala	ince	To	otal bal	ance	
35			use to offset funding							0
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36				0
37	Contrib (line 1	outions allocate 9c)	ed toward minimum required o	ontribution for current year adjuste	ed to valuation date	37				
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)						
	<b>a</b> Tota	l (excess, if any	y, of line 37 over line 36)			. 38a				0
	<b>b</b> Port	ion included in	line 38a attributable to use of	prefunding and funding standard of	carryover balances	. 38b				0
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39				0
40			· · · · · · · · · · · · · · · · · · ·	S		. 40				0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	) (See Instructions	)				
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:						
	<b>a</b> Sche	edule elected					2 plus 7 yea	ars	15	years
	<b>b</b> Eligi	ble plan year(s	) for which the election in line	41a was made		200	8 2009	2010		2011
42	Amoun	nt of acceleratio	n adjustment			42				
43	Excess	s installment ac	celeration amount to be carrie	d over to future plan years		43				

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public

Pension Benefil Guaranty Corporation	► Complete all entries in accord	anna wish sha incéruas	ions to the Form 5500	285	Inst	pection
	entification Information	ance with the instruct	ions to the rolli 5500	<i>7-</i> 3F.		
For calendar plan year 2012 or fisca		1/01/2012	and ending	J	12/31/201	2.
A This return/report is for:	a single-employer plan	a multiple-employer pla	ın (not multiemployer)		a one-particip	ant plan
B This return/report is:		the final return/report		Programme William		
C Check box if filing under:	Form 5558	automatic extension	report (less than 12 mo	onths)	DFVC program	m
L	special extension (enter description					
_	nation—enter all requested informa	ition		1h Ti	hree-digit	
1a Name of plan AMERICAN SANITARY F	PARTITION CORP.			pl	an number	003
DEFINED BENEFIT PEN	ISION PLAN			1c E	ffective date of 1/01/1984	plan
2a Plan sponsor's name and addre AMERICAN SANITARY E	ess; include room or suite number (er	mployer, if for a single-e	employer plan)		mployer Identifi IN) 11–196	ication Number 7147
					ponsor's teleph 407) 656-	
P. O. BOX 99		ET.	34761		usiness code (s 32900	see instructions)
OCOEE  3a Plan administrator's name and	address XSame as Plan Sponsor N			3b Ad	dministrator's E	EIN
4 If the name and/or EIN of the paname, EIN, and the plan numb	olan sponsor has changed since the l per from the last return/report.	ast return/report filed fo	r this plan, enter the	4b E	IN	-0611
a Sponsor's name				4c P	N	
	the beginning of the plan year			-		66
	the end of the plan year			5b		32
complete this item)	count balances as of the end of the p	***************************************				[F]: [F]
b Are you claiming a waiver of the under 29 CFR 2520.104-46?	during the plan year invested in eligib he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cann	an independent qualifie and conditions.)	d public accountant (IQ	(PA)		X Yes No
Caution: A penalty for the late or	incomplete filing of this return/rep	ort will be assessed i	unless reasonable cau	use is es	stablished.	
Under populties of perjury and other	er penalties set forth in the instruction I signed by an enrolled actuary, as we etc.	s. I declare that I have	examined this return/re	port, incl	uding, if applica	able, a Schedule knowledge and
SIGN Konale	Della Comment	9/27/13	RONALD BIRKEN	MAIER		
HERE Signature of plan ad	ministrator	Date , ,	Enter name of individ	lual signi	ing as plan adr	ministrator
	umace	9/27/18	RONALD BIRKEN			
HERE Signature of employ		Date	Enter name of individ	dual signi	ing as employe	er or plan sponsor
Preparer's name (including firm na	me, if applicable) and address; include					number (optional)

Part	III Financial Information				<u> </u>						
7 F	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year				
ат	otal plan assets	7a	2,181	,10	8		563,956				
bτ	otal plan liabilities	7b									
C N	let plan assets (subtract line 7b from line 7a)	7c	2,181	,10	8		563,956				
8 11	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:	0-(4)			ol						
-	1) Employers	8a(1)	- 40								
Second contract of the last of	2) Participants	8a(2)			0	A THE					
***************************************	3) Others (including rollovers)	8a(3)	169	,88	6						
}*********************	Other income (loss)	8b					169,886				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c									
	o provide benefits)	8d	1,728	,06	6						
	Certain deemed and/or corrective distributions (see instructions)	8e									
f A	Administrative service providers (salaries, fees, commissions)	8f									
***************************************	Other expenses	8g	58	97	2						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			<u> </u>		1,787,038				
	Net income (loss) (subtract line 8h from line 8c)	81					(1,617,152)				
	Transfers to (from) the plan (see instructions)	8j									
Part	Part IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1G 1A	feature co	des from the List of Plan Chara	acteris	tic Co	des in I	the instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	c Cod	es in th	ne instructions:				
					ÇASAZIN MANAHAMIN M						
Part	V Compliance Questions										
10	During the plan year:				Yes	No	Amount				
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)	uciary Cori	rection Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		Χ					
С	Was the plan covered by a fidelity bond?			10c	Х		250,000				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bo	nd, that was caused by fraud	10d		Х					
е	Ware any fees or commissions paid to any brokers, agents, or of	her person	s by an insurance carrier,								
-	insurance service or other organization that provides some or all	of the ben	efits under the plan? (See	10e		Х					
	instructions.)					Х					
T				10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount			10g		Δ					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	,		10h		įΧ					
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require 01-3	d notice or one of the	10i		X					
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requires 5500) and line 11a below)	ments? (If	'Yes," see instructions and con	nplete	Sche	dule SE	3 (Form X Yes No				
11a	Enter the amount from Schedule SB line 39					11a	0				
12	Is this a defined contribution plan subject to the minimum fundin	g requirem	ents of section 412 of the Cod	e or s	ection	302 of	ERISA? Yes No				
- manufacture (	(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below	w, as appli	cable.)								
а	If a waiver of the minimum funding standard for a prior year is be	eing amorti	zed in this plan year, see instru	octions	s, and	enter tl Day	he date of the letter ruling Year				
10	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedu	ule MB (Fo	orm 5500), and skip to line 13		***************************************						
	Enter the minimum required contribution for this plan year					12b					
	CHIEF THE HILLIGHT LONG OF CONTRIDUCTION AND PLANT JOHN MARCH	the second second second second									

	is the second of				
annungai annunida	Form 5500-SF 2012 Page <b>3 -</b>				
		T	<del></del>		***************************************
C	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes		0
Hadinday market	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	1		C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control			Yes 🕅 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to	***************************************		
1	3c(1) Name of plan(s):	13c(2) E	IN(s	)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
Kunnentenan	Name of trust	14b T	rust	s EIN	
		1			

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\*

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee

OMB No. 1210-0110

2012

Department of Labor Employee Benefits Security Administration	Retirement Income Security Act	of 1974 (ERR	ode (the Code). Inspection						
Pension Benefit Guaranty Corporation	File as an attachm	ent to Form	5500 or 5	500-SF.					
For calendar plan year 2012 or fiscal pla		01/2012		and ending		12/	31/2012		
Pound off amounts to nearest dol	lar.								
Caution: A penalty of \$1,000 will be	assessed for late filing of this report	unless reaso	nable cau	se is established.					
A Name of plan				B Three-digit			003		
¥			9	plan numbe	r (PN)				
American Sanitary Parti	tion Corporation Defin	ned Bene	fit Pe	nsion Plan					
C Plan sponsor's name as shown on lin	ne 2a of Form 5500 or 5500-SF			D Employer Ide	entificati	on Number	(EIN)		
				11 10071	47				
American Sanitary Parti	tion Corporation			11-19671			Tallacka		
E Type of plan: X Single Multiple	-A Multiple-B	Prior year pla	an size: 🏻	100 or fewer	101-50	0 More	than 500		
HEAT ACE ALL PARTIES.	Month 1 Day 1	Year	2012						
1 Enter the valuation date: 2 Assets:	Monar					AND CAR	A SECTION OF THE PROPERTY OF THE PERSON OF T		
					2a		2,181,108		
					2b		2,181,108		
3 Funding target/participant count br			(1) Nu	ımber of participa	ints	(2)	Funding Target		
a For retired participants and bene	eficiaries receiving payment	3a			0		0		
b For terminated vested participar	nts	3b			34	Water State of the	49,478		
C For active participants:				<b>化量加速率</b>					
		3c(1)					0		
							1,994,511		
(3) Total active		3c(3)			36		1,994,511		
					70		2,043,989		
4 If the plan is in at-risk status, chec	ck the box and complete lines (a) and	d (b)							
= II the plant is in action states, show	escribed at-risk assumptions				4a				
In my transfer affecting of right	accumptions but disregarding trans	sition rule for	plans that	have been in	4b				
at-risk status for fewer than f	five consecutive years and disregard	ling loading fa	actor				6.99		
5 Effective interest rate				,	5		0.55		
6 Target normal cost					6				
Statement by Enrolled Actuary		edulas atatamants	e and attachm	ents if any is complete	e and acc	ırate. Each pres	cribed assumption was applied in		
To the best of my knowledge, the information si accordance with applicable law and regulations combination offer my best estimate of anticipal	upplied in this schedule and accompanying sche s. In my opinion, each other assumption is reason ted experience/under the plan.	nable (taking into	account the e	xperience of the plan a	nd reason	able expectation	ns) and such other assumptions, in		
(2.4) 2.6) (3.6) (3.6) (3.6) (3.6)	11/1		40.						
SIGN	417		•			02/25/	2013		
HERE	Signature of actuary			_		Date	ĺ		
0.2	Signature of dotally					11-07	643		
Andrew Behnke, EA, MSPA	or print name of actuary				Most	recent enrol	lment number		
55					(	248) 53	9-5000		
Midwest Pension Actuari	Firm name			Tel	lephone	number (in	cluding area code)		
30.680 Twelve Mile Road	, and name								
Farmington Hills		8334		<del></del>					
	Address of the firm								
If the actuary has not fully reflected any	regulation or ruling promulgated und	der the statut	e in compl	eting this schedu	le, chec	k the box ar	nd see		

	2		
Page	-/	ets.	
rauc	2		

Schedule SB (F	orm 5500) 2012	2
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K	- II Pogin	ning of Voor C	`armov	er Prefunding Balanc	es							
Pa	rt II Begin	illig of rear c	arryov	or retailering Batterie		(a) C	arryover balance		(b) P	refundi	ng balanc	9
7	Balance at begin	ning of prior year a	after appli	cable adjustments (line 13 fro	m prior		2,7	09				0
8	Portion elected for	or use to offset pric	or year's fo	unding requirement (line 35 f	rom			73				0
9	Amount remainin	g (line 7 minus line	e 8)				2,3					0
10	Interest on line 9	using prior year's	actual ret	urn of <u>(2.80)</u> %			4×85×3×3×3×3	V.78403	Payer Various R	81.893		
11	Prior year's exce	ss contributions to	be added	to prefunding balance:								
	a Present value	of excess contribut				_				0		
	b Interest on (a) as otherwise	using prior year's provided (see inst	except			2000				0		
	C Total available	at beginning of curr	ent plan ye	ear to add to prefunding baland	e		mia Production					0
				lance								0
12	Other reductions	in balances due to	elections	s or deemed elections				0				
13	Balance at begin	ning of current yea	ar (line 9 +	· line 10 + line 11'd - line 12)			2,2	71				0
Pá	art III Fund	ding Percenta	ges									
										14	106.5	
15	Adjusted funding	target attainment	percentac	ge						15	88.8	37 %
16	Prior year's fund	ing percentage for	purposes	of determining whether carr		i		• • • • • • • • • • • • • • • • • • • •		16	96.8	31 %
current year's funding requirement										17		%
2753 (255)		tributions and										
10				ear by employer(s) and emp	loyees:							
10	(a) Date	(b) Amount pa	id by	(c) Amount paid by	(a) D	Date	(b) Amount paid	by	(0	(c) Amount paid by employees		
(M	IM-DD-YYYY)	employer(	s)	employees	(MM-DD	-	employer(s)			Citip	loyooo	
14.54	STATE OF THE STATE				Totals ▶	18(b)		0	18(c)			0
19	Discounted emp	lover contributions	- see ins	structions for small plan with	a valuation	date after th	ne beginning of the y	ear:				
	a Contributions	allocated toward u	ınpaid mir	nimum required contributions	from prior	years		9а				(
	b Contributions	made to avoid res	trictions a	djusted to valuation date				9b				
8	C Contributions	allocated toward mi	nimum rec	juired contribution for current y	ear adjusted	d to valuation	n date	9c	712 PLXI			post 5 City or hi
20	Quarterly contrib	outions and liquidit	y shortfall	s:								
a Did the plan have a "funding shortfall" for the prior year?								• • • • • • • • • • • • • • • • • • • •		X Yes	No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a tir							manner?				X Yes [	No
	C If line 20a is "	Yes." see instructi	ons and c	omplete the following table a	s applicabl	e:						
	3 11 1110 200 10			Liquidity shortfall as of e	nd of quart	er of this pla				(4)	lth	
	(1) 1	st		(2) 2nd		(3)	3rd			(4)	rul	

Pa	rt V Accumption	ne Used to Determine F	unding Target and Targe	t Normal Cost		Section were serviced and the section of the sectio
-		ils used to Determine i	anding ranger and range	′		
<b>Z</b> 1	a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85, %	3rd segment: 7.52 %		N/A, full yield curve used
	b Applicable month (				21b	0
22					22	62
-	Mortality table(s) (se	[7]		scribed - separate	Substitut	е .
TO ARREST NO	t VI Miscellane					0
24	Has a change been r	nade in the non-prescribed actu	arial assumptions for the current			
25	Has a method chang	e been made for the current pla	n year? If "Yes," see instructions	regarding required attacl	nment	Yes X No
26	Is the plan required to	provide a Schedule of Active F	Participants? If "Yes," see instruc	tions regarding required a	attachment	X Yes No
27	If the plan is subject t	to alternative funding rules, ente	r applicable code and see instruc	tions regarding	27	
Pa	rt VII Reconcili	ation of Unpaid Minimu	m Required Contribution	s For Prior Years		
28	Unpaid minimum req	uired contributions for all prior y	ears		28	0
29	Discounted employer	contributions allocated toward	utions from prior years	29	0	
30	Remaining amount o	f unpaid minimum required conf	ributions (line 28 minus line 29)		30	0
		Required Contribution				
31	Target normal cost a	and excess assets (see instruction	ons):			
					31a	0
	b Excess assets, if a	oplicable, but not greater than li	ne 31a		31b	0
32	Amortization installm	nce	Installment			
-					q	0
					O	0
33	If a waiver has been (Month	approved for this plan year ent	er the date of the ruling letter gra ) and the waived amount	nting the approval	33	
34			/prefunding balances (lines 31a		34	0
	Total landing to quite	T	Carryover balance	Prefunding balar	nce	Total balance
35	Balances elected for requirement	use to offset funding		0	0	0
36	Additional cash requ	irement (line 34 minus line 35) .			36	0
37	Contributions allocat	ted toward minimum required co	ntribution for current year adjuste	ed to valuation date	37	0
38	Present value of exc	ess contributions for current yea	ar (see instructions)			
	a Total (excess, if ar	ny, of line 37 over line 36)			38a	0
	b Portion included in	n line 38a attributable to use of p	refunding and funding standard	carryover balances	38b	0
39	Unpaid minimum red	quired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39	0
40	Unnaid minimum red	quired contributions for all years			40	0
Pa	rt IX Pension	Funding Relief Under F	ension Relief Act of 201	(See Instructions	)	
41	If an election was m	ade to use PRA 2010 funding re	lief for this plan:			7 - 7
	a Schedule elected					2 plus 7 years 15 years
	b Eligible plan year	(s) for which the election in line	11a was made		20	08 2009 2010 2011
42					42	
43	Excess installment a	acceleration amount to be carrie	d over to future plan years		43	

# Schedule SB, line 26 - Schedule of Active Participant Data

# YEARS OF CREDITED SERVICE

& Up Avg. Comp			0		0	T	0	T	0	0		0		0	0	T	0	1	0	0	
40 & Up	No. C	$\dashv$	0	+	0	$\dagger$	0	$\dagger$	0	0	+	0		0	0	1	0		1	0	
35 To 39	Avg. Comp		0		0		0		0	0		0		0	0		0		0	0	
35	No.		0		0	1	0		0	0		0		=	0		0		0	0	
30 To 34 Avg.		0		0		0		0	0		0		0	0		0		0	0		
30.1	No.		0		0		0		0	0		0		0	0		0		0	0	
25 To 29	Avg. Comp		0		0		0		0	0		0		0	0		0		0	0	
25 T	No.		0		0		0		0	0		0		1	1		0		0	1	
24	Avg. Comp		0		0		0		0	0		0		0	0		0		0	0	
20 To 24	No.		0		0		0		0	1		0		1	0		0		0	0	
61	Avg. Comp		0		0		0		0	0		0		0	0		0		0	0	
15 To 19	No.	_	0		0		0		0	0		0		0	0		2		0	0	
14	Avg. Comp		0		0		0		0	0		0		0	0		0		0	0	
10 To 14	No.		0		0		3		0	1		7		0	0		1		0	0	
60	Avg.		0		0		0		0	0		0		0	0		0		0	0	
5 To 9	No.	-	1		3		7		n	0		0		2	2		1		0	0	
0.4	Avg.		0		0		0		0	0		0		0	0		0		0	0	
1 To 4	Zo.	-	0		w		0		0	0		0		1	0		0		0	0	
Under 1	Avg.	1	0		0		0		0	0		0		0	0		0		0	0	
Unic	Z		e		0		0		0	0	1	0	1	0	0		0		0	0	
	Attained	780	Inder 25		25 to 29		30 to 34		35 to 39	40 to 44		45 to 49		50 to 54	55 to 59		60 to 64		65 to 69	70 & Up	

Name of plan: American Sanitary Partition Corporation DB Pension Plan Plan sponsor's name: American Sanitary Partition Corporation

Plan number: EIN:

003 11-1967147

### Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

**Options:** 

Male Nonannuitant:

2012 Nonannuitant Male

Use optional combined mortality table for small plans:

Yes

Female Nonannuitant:

2012 Nonannuitant Female

No

Male Annuitant:

2012 Annuitant Male

Lump sums use proposed regulations:

1st

1.99

0.00

Use discount rate transition:

Actuarial Equivalent Floor

Yes

Female Annuitant:

2012 Annuitant Female

Stability period:

plan year

Lookback months:

Probability of lump sum:

0.00%

Nonannuitant:

None

Use pre-retirement mortality:

Applicable months from valuation month:

Yes

Annuitant:

2012 Applicable

3rd 1st 2nd 1.98 5.07 6.19 Segment rates:

**High Quality Bond rates:** 

Current: Override: 4.47 0.00

2nd

3rd 5.26

0.00

Final rates:

N/A N/A N/A 1.98 5.07 6.19 7.52 5.54 6.85

Salary Scale

Override:

Male: 0.00% Female: 0.00%

Withdrawal

Male: None Female: None

Withdrawal-Select

Male: Female: None None

Early Retirement Rates

Male: Female:

None None

Subsidized Early Retirement Rates

Male: Female: None None Late Retirement Rates

Male: Female: None None

**Marriage Probability** 

Male: Female: 0.00% 0.00%

Expense loading:

0.00%

**Disability Rates** 

Male:

None

Female:

None

Male:

Mortality None

Setback 0

Female:

None

0

Setback

0

Name of Plan:

American Sanitary Partition Corporati

Plan Sponsor's EIN:

11-1967147

Plan Number:

003

### Schedule SB, Part V - Summary of Plan Provisions

**Eligibility Requirements** 

Service/Participation Requirements

Age (yrs):

21

Definition of years:

Hours worked

Age (months):

12

Continuing hours: **Excluded classes:** 

1,000

Subsidized Early

Wait (months): Two year eligibility:

No

Earnings

Total compensation excluding:

403(b)

Cafeteria

Other

Prior to participation 415 prior to participation

Retirement Age:

62 0

5

Normal

60

0 5

Early

Participation: Defined:

Service:

Date of event

Date of event

Benefit Reduction / Mortality table & setback

Male: Female: Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence None None

**Disability** 

0 0

Death

Rates - Male:

Rates - Female:

None None None None None None

Use Social Security Retirement Age:

No

**REACT Benefits Percentage:** 

50.00%

Vesting Schedule:

**Immediate** 

Pre-retirement death benefit

**Vesting Definition:** 

Hours Worked

Percentage of accrued benefit: Death Benefit Payment method:

100.00% **PVAB** 

Normal:

QJSA:

**Annuity** Life only Joint and contingent Percent 0.00% 50.00%

0 0

Years

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan:

American Sanitary Partition Corporation DB Pension Plan

Plan Sponsor's EIN:

11-1967147

Plan Number:

003

Plan Sponsor's Name:

American Sanitary Partition Corporation

#### Schedule SB, Part V - Summary of Plan Provisions

**Benefits** 

Pension Formula:

Benefit formula

Type of Formula:

Flat benefit

**Effective Date:** 

01/01/2008

Flat benefit non-integrated type:

Percent

Total percent of salary:

32.00%

Dollar amount:

None

Reduction based on:

Service

Benefit reduction for years less than:

25

Averaging

Accrued Benefit Average

Apply exclusion to accrued benefit:

No

Projection method: Based on:

Final Average

Annualize short compensation years:

Bankers rule

Highest:

Annualize short plan years:

Bankers rule

In the last:

5

Include compensations based

**Excluding:** 

99 0

on years of:

Participation

Accrual

Frozen:

Yes

Hours worked

Died

1000

Fractions based on:

N/A

**Terminated** Retired

Precision:

N/A

Accrual credit:

Definition of years:

Continuing

Disabled

1000

1000

Limit current credit

1000

1000

to:

N/A

Years based on:

Service

Cap/floor years:

0

Maximum past accrual years:

0.0000

Cap or floor:

Floor

Method:

Fractional

Accrual % per year:

0.00%

Apply 415 before accrual:

No

Name of Plan:

American Sanitary Partition Corporation DB Pension Plan

Plan Sponsor's EIN:

11-1967147

Plan Number:

003

American Sanitary Partition Corporation Plan Sponsor's Name:

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

## Single-Employer Defined Benefit Plan Actuarial Information

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

OMB No. 1210-0110

2012

This Form is Open to Public

Employee Benefits Security Administration	lu:	ternal Reven	ue Code (th			·=.= =:5/0/5/10/10/10/10		11	Inspectio	n
Pension Benefit Guaranty Corporation	File as	an attachme	ent to Form	5500 or 5	5500-S	F.				
For calendar plan year 2012 or fiscal pl			1/2012			and ending	9	12	2/31/201	.2
Round off amounts to nearest do	llar.			12 24	24					
Caution: A penalty of \$1,000 will be	assessed for late filing o	of this report	unless reasc	nable ca						
A Name of plan						Three-digit				003
•					SECONDO S	plan numb	er(PN)		(C) 60 (230)	
American Sanitary Parti	tion Corporatio	on Defin	ed Bene	fit Pe	ensid	on Plar	1		37 364 37	
C Plan sponsor's name as shown on li	ne 2a of Form 5500 or 55	00-SF			DE	mployer lo	lentificati	on Numb	er (EIN)	
							47			
American Sanitary Parti	tion Corporation	on				1-19671	.4.1		i compa	
E Type of plan: X Single Multiple	e-A Multiple-B	F	Prior year pla	an size: X	100 0	or fewer	101-50	0   M	ore than 500	
Part I   Basic Information  1 Enter the valuation date:	Month 1	Day 1	Year_	2012						and Character Stage and
2 Assets:	Morran					1.0		70 T		market day 7 kg
a Market value							2a			2,181,108
b Actuarial value		•••••					2b			2,181,108
3 Funding target/participant count b		γ		(1) N	lumber	of particip	ants		(2) Funding	
a For retired participants and ber	neficiaries receiving paym	ent	3a				0			0
b For terminated vested participa	ints		3b				34	VICTORIA DE LA	and any of the Control	49,478
C For active participants:						in E				
(1) Non-vested benefits		***************	3c(1)							0
(2) Vested benefits			3c(2)	On all a line		Mexicol .	355.1			1,994,511
(3) Total active			3c(3)				36			1,994,511
d Total							70	100 May 200		2,043,989
4 If the plan is in at-risk status, che	ck the box and complete	lines (a) and	(b)							
a Funding target disregarding pro	escribed at-risk assumption	ons		············			. 4a			
I w 12 4 4 flaction of riol	consumptions but disred	arding transi	tion rule for	plans that	t have	been in	4h			
at-risk status for fewer than	five consecutive years ar	id disregardi	ng loading is	20101			. 5			6.99
5 Effective interest rate							6			C
6 Target normal cost										
Statement by Enrolled Actuary  To the best of my knowledge, the information accordance with applicable law and regulation combination, offer my best estimate of anticipations.	supplied in this schedule and account in my opinion, each other assulated experience under the plan.	ompanying scheo mption is reason	dules, statements able (taking into	and attachi account the	ments, if a	any, is comple ce of the plan	ete and accu and reason	ırate, Each ı able expect	prescribed assur ations) and such	nption was applied in other assumptions, in
SIGN HERE	419			ě					5/2013	
	Signature of actuary							D	ate	
Andrew Behnke, EA, MSPA								11-	07643	
	e or print name of actuary	,					Most	recent er	rollment nur	nber
Midwest Pension Actuari	150								539-500	
	Firm name					Te	elephone	number	(including a	rea code)
30.680 Twelve Mile Road	,									
Farmington Hills		MI 48	8334							
	Address of the firm									П
If the actuary has not fully reflected an	y regulation or ruling pron	nulgated und	ler the statut	e in comp	pleting	this sched	ule, chec	k the box	and see	

	2		
Page	-/	ets.	
rauc	2		

Schedule SB (F	orm 5500) 2012	2
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K	- II Pogin	ning of Voor C	`armov	er Prefunding Balanc	es							
Pa	rt II Begin	illig of rear c	arryov	or retailering Batterie		(a) C	arryover balance		(b) P	refundi	ng balanc	9
7	Balance at begin	ning of prior year a	after appli	cable adjustments (line 13 fro	m prior		2,7	09				0
8	Portion elected for	or use to offset pric	or year's fo	unding requirement (line 35 f	rom			73				0
9	Amount remainin	g (line 7 minus line	e 8)				2,3					0
10	Interest on line 9	using prior year's	actual ret	urn of <u>(2.80)</u> %			4×85×3×3×3×3	V.78403	Payer Various R	81.893		
11	Prior year's exce	ss contributions to	be added	to prefunding balance:								
	a Present value	of excess contribut				_				0		
	b Interest on (a) as otherwise	using prior year's provided (see inst	except			2000				0		
	C Total available	at beginning of curr	ent plan ye	ear to add to prefunding baland	e		mia Production					0
				lance								0
12	Other reductions	in balances due to	elections	s or deemed elections				0				
13	Balance at begin	ning of current yea	ar (line 9 +	· line 10 + line 11'd - line 12)			2,2	71				0
Pá	art III Fund	ding Percenta	ges									
										14	106.5	
15	Adjusted funding	target attainment	percentac	ge						15	88.8	37 %
16	Prior year's fund	ing percentage for	purposes	of determining whether carr		i		• • • • • • • • • • • • • • • • • • • •		16	96.8	31 %
current year's funding requirement										17		%
2753 (255)		tributions and										
10				ear by employer(s) and emp	loyees:							
10	(a) Date	(b) Amount pa	id by	(c) Amount paid by	(a) D	Date	(b) Amount paid	by	(0	(c) Amount paid by employees		
(M	IM-DD-YYYY)	employer(	s)	employees	(MM-DD	-	employer(s)			Citip	loyooo	
14.54	STATE OF THE STATE				Totals ▶	18(b)		0	18(c)			0
19	Discounted emp	lover contributions	- see ins	structions for small plan with	a valuation	date after th	ne beginning of the y	ear:				
	a Contributions	allocated toward u	ınpaid mir	nimum required contributions	from prior	years		9а				(
	b Contributions	made to avoid res	trictions a	djusted to valuation date				9b				
8	C Contributions	allocated toward mi	nimum rec	uired contribution for current y	ear adjusted	d to valuation	n date	9c	712 PLXI			post 5 City or hi
20	Quarterly contrib	outions and liquidit	y shortfall	s:								
a Did the plan have a "funding shortfall" for the prior year?								• • • • • • • • • • • • • • • • • • • •		X Yes	No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a tir							manner?				X Yes [	No
	C If line 20a is "	Yes." see instructi	ons and c	omplete the following table a	s applicabl	e:						
	3 11 1110 200 10			Liquidity shortfall as of e	nd of quart	er of this pla				(4)	lth	
	(1) 1	st		(2) 2nd		(3)	3rd			(4)	rul	

Pa	rt V Accumption	ne Used to Determine F	unding Target and Targe	t Normal Cost		Section were serviced and the section of the sectio
-		ils used to Determine i	anding ranger and range	′		
<b>Z</b> 1	a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85, %	3rd segment: 7.52 %		N/A, full yield curve used
	b Applicable month (				21b	0
22					22	62
-	Mortality table(s) (se			scribed - separate	Substitut	е .
TO ARREST NO	t VI Miscellane					0
24	Has a change been r	nade in the non-prescribed actu	arial assumptions for the current			
25	Has a method chang	e been made for the current pla	n year? If "Yes," see instructions	regarding required attacl	nment	Yes X No
26	Is the plan required to	provide a Schedule of Active F	Participants? If "Yes," see instruc	tions regarding required a	attachment	X Yes No
27	If the plan is subject t	to alternative funding rules, ente	r applicable code and see instruc	tions regarding	27	
Pa	rt VII Reconcili	ation of Unpaid Minimu	m Required Contribution	s For Prior Years		
28	Unpaid minimum req	uired contributions for all prior y	ears		28	0
29	Discounted employer	contributions allocated toward	utions from prior years	29	0	
30	Remaining amount o	f unpaid minimum required conf	ributions (line 28 minus line 29)		30	0
		Required Contribution				
31	Target normal cost a	and excess assets (see instruction	ons):			
					31a	0
	b Excess assets, if a	oplicable, but not greater than li	ne 31a		31b	0
32	Amortization installm	nce	Installment			
-					q	0
					O	0
33	If a waiver has been (Month	approved for this plan year ent	er the date of the ruling letter gra ) and the waived amount	nting the approval	33	
34			/prefunding balances (lines 31a		34	0
	Total landing to quite	T	Carryover balance	Prefunding balar	nce	Total balance
35	Balances elected for requirement	use to offset funding		0	0	0
36	Additional cash requ	irement (line 34 minus line 35) .			36	0
37	Contributions allocat	ted toward minimum required co	ntribution for current year adjuste	ed to valuation date	37	0
38	Present value of exc	ess contributions for current yea	ar (see instructions)			
	a Total (excess, if ar	ny, of line 37 over line 36)			38a	0
	b Portion included in	n line 38a attributable to use of p	refunding and funding standard	carryover balances	38b	0
39	Unpaid minimum red	quired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39	0
40	Unnaid minimum red	quired contributions for all years			40	0
Pa	rt IX Pension	Funding Relief Under F	ension Relief Act of 201	(See Instructions	)	
41	If an election was m	ade to use PRA 2010 funding re	lief for this plan:			7 - 7
	a Schedule elected					2 plus 7 years 15 years
	b Eligible plan year	(s) for which the election in line	11a was made		20	08 2009 2010 2011
42					42	
43	Excess installment a	acceleration amount to be carrie	d over to future plan years		43	