

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
		2012
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>SUPERIOR HEALTH LINENS 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>01/01/2006</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>SUPERIOR HEALTH LINENS</u> <u>629 S VERMONT ST</u> <u>PALATINE, IL 60067</u>	2b Employer Identification Number (EIN) <u>83-0499184</u> 2c Sponsor's telephone number <u>630-593-5091</u> 2d Business code (see instructions) <u>812320</u>

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2013</u>	<u>WILLIAM WITOWSKI</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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		5 457
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	414
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	6
d Subtotal. Add lines 6a , 6b , and 6c	6d	420
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	420
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	50
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
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 Characteristics 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 Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>SUPERIOR HEALTH LINENS 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUPERIOR HEALTH LINENS</u>	D Employer Identification Number (EIN) <u>83-0499184</u>	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

30-0219031

(b) Enter name and EIN or address of person who provided you disclosure 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	NONE	12226	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>SUPERIOR HEALTH LINENS 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SUPERIOR HEALTH LINENS</u>	D Employer Identification Number (EIN) <u>83-0499184</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED BALANCED LIFESTAGE FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY, N.A.</u>		
c EIN-PN <u>39-6771933-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12379</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED GROW BAL LIFESTAGE FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY, N.A.</u>		
c EIN-PN <u>39-6771934-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>102290</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED CONSERV GROW LIFESTAGE</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY, N.A.</u>		
c EIN-PN <u>39-6771935-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6466</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MONEY MARKET COMMON TRUST FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY, N.A.</u>		
c EIN-PN <u>52-7241044-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>175798</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED CONSERVATIVE BALANCED LI</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY, N.A.</u>		
c EIN-PN <u>39-6771932-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>139</u>
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
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
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)	1553	662
(2) Participant contributions	1b(2)	7090	
(3) Other.....	1b(3)	75	149
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)	8512	3968
(9) Value of interest in common/collective trusts.....	1c(9)	203828	298043
(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)	435851	617783
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	656909	920605

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	3400	3054
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3400	3054

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	653509	917551
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	72494	
(B) Participants	2a(1)(B)	141327	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		213821
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)	283	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		283
(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)	5335	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5335
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9608
(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)		67317
c Other income.....	2c		1108
d Total income. Add all income amounts in column (b) and enter total.....	2d		297472

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21897	
(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)		21897
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)	11118	
(4) Other	2i(4)	415	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11533
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		33430

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		264042
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: WIPFLI

(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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a	X		142824
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

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)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>SUPERIOR HEALTH LINENS 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUPERIOR HEALTH LINENS</u>	D Employer Identification Number (EIN) <u>83-0499184</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>30-0219031</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2012
v. 120126

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 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, 2012 and 2011

Superior Health Linens 401(k) Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2012 and 2011

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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 financial statements of Superior Health Linens 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph; however, we were not able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 Associated Trust Company N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we were not able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplementary Schedule H, Line 4i Schedule of Assets (Held at End of Year) is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

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 trustee, 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.

The image shows a handwritten signature in dark ink that reads "Wipfli LLP". The signature is written in a cursive, flowing style.

Wipfli LLP
10000 Innovation Drive, Suite 250
Milwaukee, Wisconsin

October 15, 2013

Superior Health Linens 401(k) Plan

Statements of Net Assets Available for Benefits

December 31, 2012 and 2011

	2012	2011
Assets:		
Investments, at fair value	\$ 915,826	\$ 639,679
Receivables:		
Participant contributions	-	7,090
Sponsor contributions	662	1,553
Other contributions	149	75
Notes receivable from participants	3,968	8,512
Total receivables	4,779	17,230
Total assets	920,605	656,909
Liability:		
Accrued expenses	3,054	3,400
NET ASSETS AVAILABLE FOR BENEFITS	\$ 917,551	\$ 653,509

Superior Health Linens 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2012 and 2011

	2012	2011
Additions (reductions):		
Investment income:		
Interest and dividends	\$ 5,335	\$ 3,402
Net appreciation (depreciation) in fair value of investments	76,925	(16,857)
Total investment income (loss)	82,260	(13,455)
Interest on notes receivable from participants	283	222
Contributions:		
Participants	141,327	121,181
Sponsor	72,494	61,615
Rollovers	-	31,293
Other	1,108	232
Total contributions	214,929	214,321
Total additions	297,472	201,088
Deductions:		
Benefits paid to participants	21,897	87,257
Administrative expenses	11,533	9,179
Total deductions	33,430	96,436
Net increase	264,042	104,652
Net assets available for benefits at beginning of year	653,509	548,857
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	\$ 917,551	\$ 653,509

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"). Associated Trust Company, N.A. is 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 record keeper.

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 approximately \$70,000 and \$60,000 in 2012 and 2011, respectively. There were no Sponsor discretionary matching, profit-sharing or qualified non-elective contributions in 2012 or 2011.

Superior Health Linens 401(k) Plan

Notes to Financial Statements

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, are or would 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. There was one note outstanding on December 31, 2012 at 5.25%. 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.

Superior Health Linens 401(k) Plan

Notes to Financial Statements

Note 1 Description of the Plan (Continued)

Forfeitures

Forfeitures of unvested amounts are used to reduce Sponsor contributions or offset administrative expenses. No forfeitures were used to reduce Sponsor contributions or offset administrative expenses in 2012 or 2011. There were no unallocated forfeitures as of December 31, 2012 or 2011.

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.

Superior Health Linens 401(k) Plan

Notes to Financial Statements

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. Net appreciation (depreciation) includes gains and losses on investments bought and sold as well as held during the year. 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 15, 2013, 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:

Superior Health Linens 401(k) Plan

Notes to Financial Statements

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 2012 and 2011.

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 at NAV as determined by the issuer of the common trust fund based on the fair value of the underlying investments less its liabilities. The funds can be redeemed on a daily basis at their NAV. None of the Plan's investments had unfunded commitments.

Superior Health Linens 401(k) Plan

Notes to Financial Statements

Note 3 Fair Value Measurements (Continued)

The fair values of the underlying investments of the 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, 2012	Level 1	Level 2	Level 3	Total
Equity mutual funds	\$ 522,484	\$ -	\$ -	\$ 522,484
Fixed income mutual funds	95,299	-	-	95,299
Equity common trust funds	-	122,106	-	122,106
Fixed income common trust funds	-	175,937	-	175,937
Total assets at fair value	\$ 617,783	\$ 298,043	\$ -	\$ 915,826

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

Superior Health Linens 401(k) Plan

Notes to Financial Statements

Note 3 Fair Value Measurements (Continued)

During 2012 and 2011, the Plan's investments (including investments purchased, sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

	2012	2011
Mutual funds	\$ 67,319	\$ (15,522)
Common/collective trusts	9,606	(1,335)
Total appreciation (depreciation)	\$ 76,925	\$ (16,857)

Note 4 Investments

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

Description	2012	2011
Growth Balanced Lifestage Fund	\$ 102,290	\$ 54,124
American Funds Europacific Growth Fund	\$ 71,526	\$ 48,531
Goldman Sachs Growth Opportunity	\$ 156,377	\$ 112,251
Harbor Capital Appreciation Fund	\$ 134,543	\$ 100,248
Vanguard Mid Cap Index	\$ 103,683	\$ 75,837
Associated Money Market Fund	\$ 175,798	\$ 142,236
Vanguard Short Term Inv Grade Fund	\$ 95,299	\$ 34,296

Superior Health Linens 401(k) Plan

Notes to Financial Statements

Note 5 Non-Exempt Prohibited Transactions

The Sponsor remitted participant and Sponsor contributions of \$142,824 and \$121,115 related to the plan years ended December 31, 2012 and 2011, 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 Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules are 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 on page 14, 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.

Superior Health Linens 401(k) Plan

Notes to Financial Statements

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. Plan management believes that the Plan is no longer subject to income tax examinations for years prior to 2009.

Note 9 Party-In-Interest Transactions

Transactions involving funds administered by Associated Trust Company, N.A. 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, 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.

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, 2012

(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	**	\$ 175,798
* Associated Bank Company, N.A.	Conservative Balance Lifestage Fund	**	139
* Associated Bank Company, N.A.	Balanced Lifestage Fund	**	12,379
* Associated Bank Company, N.A.	Growth Balanced Lifestage Fund	**	102,290
* Associated Bank Company, N.A.	Conservative Growth Lifestage Fund	**	6,466
* Associated Bank Company, N.A.	Growth Lifestage Fund	**	970
Mutual funds			
ING Retirement Funds	Davis New York Venture Fund	**	38,474
Dodge and Cox Funds	Dodge and Cox International Stock Fund	**	163
American Funds	American Funds Europacific Growth Fund	**	71,526
Goldman Sachs Funds	Goldman Sachs Growth Opportunity	**	156,377
Harbor Funds	Harbor Capital Appreciation Fund	**	134,543
Janus Funds	Perkins Mid Cap Value Fund	**	455
Royce Funds	Royce Fund Special Equity	**	4,505
Vanguard Funds	Vanguard Mid Cap Index	**	103,683
Vanguard Funds	Vanguard 500 Index Fund	**	9,672
Vanguard Funds	Vanguard Short Term Inv Grade Fund	**	95,299
Wasatch Funds	Wasatch Small Cap Growth Fund	**	3,087
Total investments (held at end of year)			\$ 915,826
* Notes receivable from participants	5.25%	\$0	\$ 3,968

* Denotes a party-in-interest.

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

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, 2012

Participant Contributions Transferred				Total that Constitute Nonexempt Prohibited Transactions				
Late in Plan				Contributions		Total Fully		
Amount	Date	Date	Remitted	Check here if Late		Contributions	Pending	Corrected
				Participant Loan	Repayments are included	Corrected	Corrections in	Under VFCP
Withheld	Withheld	Withheld	Withheld			Outside VFCP	VFCP	and PTE-2002-51
\$ 142,824	Various*	Various*	Various*	X		\$ 142,824	\$ -	\$ -

* Participant contributions from 17 separate payrolls were submitted late during the time period from January 6, 2012 through December 31, 2012. The participant contributions were subsequently remitted at various times beginning March 21, 2012 through October 14, 2013.

2012 Form 5500 Line 4a - Schedule of Delinquent Participant Contributions

[illegible]

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/12

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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	631.079	BALANCED LIFESTAGE FUND	11,636.05 18.438	12,379.31 19.616	1.35	266	2.15
999999-35-2	5,066.449	GROWTH BALANCED LIFESTAGE FUND	95,291.00 18.808	102,290.03 20.189	11.12	1,985	1.94
999999-37-8	309.891	CONSERVATIVE GROWTH LIFESTAGE FUND	6,167.43 19.902	6,466.01 20.865	.70	114	1.77
999999-38-6	47.103	GROWTH LIFESTAGE FUND	946.91 20.103	970.44 20.602	.11	15	1.58
TOTAL EQUITY COMMON TRUST FUNDS			----- 114,041.39	----- 122,105.79	----- 13.27	----- 2,380	----- 1.95
EQUITY MUTUAL FUNDS							
239080-10-4	1,106.212	DAVIS NEW YORK VENTURE FD CL A	38,322.85 34.643	38,474.05 34.780	4.18	528	1.37
256206-10-3	4.714	DODGE AND COX FDS INTL STOCK FD	149.03 31.614	163.29 34.640	.02	3	2.16
298706-82-1	1,736.915	AM FDS EUROPACIFIC GROWTH FD CL R6	70,259.01 40.450	71,526.16 41.180	7.78	1,464	2.05
38142Y-40-1	6,328.488	GOLDMAN SACHS GROWTH OPPORT INSTL	153,697.19 24.287	156,376.94 24.710	17.00	0	0.00

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/12

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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
411511-50-4	3,164.219	HARBOR CAPITAL APPRECIATION FD	123,022.10 38.879	134,542.59 42.520	14.63	534	0.40
47103C-24-1	21.306	PERKINS MID CAP VALUE FUND CL I	471.80 22.144	454.67 21.340	.05	3	0.78
780905-78-2	213.187	ROYCE FD SPECIAL EQUITY	4,641.81 21.773	4,504.64 21.130	.49	91	2.03
922908-44-7	3,221.964	VANGUARD MID CAP INDEX SIGNAL	99,866.57 30.996	103,682.80 32.180	11.27	1,469	1.42
922908-49-6	89.129	VANGUARD 500 INDEX FUND SIGNAL	9,205.53 103.283	9,672.28 108.520	1.05	210	2.17
936772-10-2	74.759	WASATCH SMALL CAP GROWTH FD	3,104.66 41.529	3,086.80 41.290	.34	0	0.00
TOTAL EQUITY MUTUAL FUNDS			----- 502,740.55	----- 522,484.22	----- 56.80	----- 4,302	----- 0.82
TOTAL EQUITIES			----- 616,781.94	----- 644,590.01	----- 70.07	----- 6,682	----- 1.04
FIXED INCOME SECURITIES							
FIXED INCOME COMMON TRUST FUNDS							
999999-19-6	119,273.309	MONEY MARKET FUND	175,536.74 1.472	175,798.23 1.473	19.11	0	0.00
999999-33-7	7.988	CONSERVATIVE BALANCED LIFESTAGE FUND	135.41 16.952	138.95 17.394	.02	3	2.34
TOTAL FIXED INCOME COMMON TRUST FUNDS			----- 175,672.15	----- 175,937.18	----- 19.12	----- 3	----- 0.00

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/12

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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
FIXED INC MUT/ETF FD							
922031-40-6	8,799.545	VANGUARD SHORT TERM INV GRADE FD 148.43	95,100.68 10.807	95,299.07 10.830	10.36	1,762	1.85
TOTAL FIXED INCOME MUTUAL/ETF FUNDS			----- 95,100.68	----- 95,299.07	----- 10.36	----- 1,762	----- 1.85
TOTAL FIXED INCOME SECURITIES			----- 270,772.83	----- 271,236.25	----- 29.48	----- 1,765	----- 0.65
MISCELLANEOUS							
MS1029-78-9	3,968.210	MASTER LOAN	3,968.21 1.000	3,968.21 1.000	.43	0	0.00
TOTAL MISCELLANEOUS			----- 3,968.21	----- 3,968.21	----- .43	----- 0	----- 0.00
TOTAL ASSETS			891,522.98	919,794.47			
ACCRUED INCOME							
INTEREST			148.43	148.43	.02		
TOTAL ACCRUED INCOME			----- 148.43	----- 148.43	----- .02		
TOTAL ASSETS PLUS ACCRUED INCOME			891,671.41	919,942.90			