

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) ☐ a one-participant plan ☐ a foreign plan 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 Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II Basic Plan Information —enter all requested information																															
1a Name of plan ECONOMY LINEN & TOWEL SERVICE, INC. TEAMSTERS LOCAL #957 PENSION PLAN 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ECONOMY LINEN & TOWEL SERVICE, INC. 80 MEAD STREET DAYTON, OH 45402 3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td>003</td> </tr> <tr> <td>1c Effective date of plan</td> <td>01/01/1993</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td>31-0512911</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>937-222-4625</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>812330</td> </tr> <tr> <td>3b Administrator's EIN</td> <td></td> </tr> <tr> <td>3c Administrator's telephone number</td> <td></td> </tr> </table> <table border="1"> <tr> <td>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.</td> <td>4b EIN</td> </tr> <tr> <td>a Sponsor's name</td> <td>4c PN</td> </tr> <tr> <td>5a Total number of participants at the beginning of the plan year</td> <td>5a 28</td> </tr> <tr> <td>b Total number of participants at the end of the plan year</td> <td>5b 27</td> </tr> <tr> <td>c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)</td> <td>5c</td> </tr> <tr> <td>d(1) Total number of active participants at the beginning of the plan year.....</td> <td>5d(1) 11</td> </tr> <tr> <td>d(2) Total number of active participants at the end of the plan year.....</td> <td>5d(2) 9</td> </tr> <tr> <td>e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....</td> <td>5e 0</td> </tr> </table>	1b Three-digit plan number (PN) ►	003	1c Effective date of plan	01/01/1993	2b Employer Identification Number (EIN)	31-0512911	2c Sponsor's telephone number	937-222-4625	2d Business code (see instructions)	812330	3b Administrator's EIN		3c Administrator's telephone number		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.	4b EIN	a Sponsor's name	4c PN	5a Total number of participants at the beginning of the plan year	5a 28	b Total number of participants at the end of the plan year	5b 27	c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c	d(1) Total number of active participants at the beginning of the plan year.....	5d(1) 11	d(2) Total number of active participants at the end of the plan year.....	5d(2) 9	e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e 0
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b Total number of participants at the end of the plan year	5b 27																														
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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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	06/25/2015	BRUCE R. FELDMAN
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	662830	866974
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	662830	866974
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	192328	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	58521	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		250849
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	26493	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	20212	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		46705
i Net income (loss) (subtract line 8h from line 8c)	8i		204144
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1I 3D 3H
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	☒	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	☒	
c Was the plan covered by a fidelity bond?	10c	☒	800000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	☒	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	☒	
f Has the plan failed to provide any benefit when due under the plan?	10f	☒	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	☒	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Part VI Pension Funding Compliance

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☒ Yes ☐ No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 **11a** 0
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
- a** 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

b Enter the minimum required contribution for this plan year.....	12b	
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	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	☐ Yes ☐ No ☐ N/A	

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
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14a Name of trust	14b Trust's EIN

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ Round off amounts to nearest dollar.
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan ECONOMY LINEN & TOWEL SERVICE, INC. TEAMSTERS LOCAL #957 PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ECONOMY LINEN & TOWEL SERVICE, INC.	D Employer Identification Number (EIN) 31-0512911

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014			
2 Assets:			
a Market value	2a	662786	
b Actuarial value	2b	662786	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	5	258839	258839
b For terminated vested participants.....	12	145540	145540
c For active participants.....	11	249952	249952
d Total.....	28	654331	654331
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	6.57%	
6 Target normal cost	6	7500	

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

SIGN HERE		04/30/2015
Signature of actuary		Date
BETH K. SCHEFFEY, EA, MSPA		14-07850
Type or print name of actuary		Most recent enrollment number
THE RETIREMENT PLAN COMPANY		615-986-5500
Firm name		Telephone number (including area code)
1620 WESTGATE CIRCLE, SUITE 170 BRENTWOOD, TN 37027		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4508
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	4508
10 Interest on line 9 using prior year's actual return of <u>12.42</u> %	0	560
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		15010
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.39</u> %		959
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		15969
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	5068

Part III Funding Percentages		
14 Funding target attainment percentage	14	100.51 %
15 Adjusted funding target attainment percentage	15	101.29 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.45 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/09/2014	12511				
07/10/2014	9939				
10/20/2014	9939				
01/14/2015	9939				
04/17/2015	150000				
			Totals ►	18(b)	192328
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	178840
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 2
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	7500	
b Excess assets, if applicable, but not greater than line 31a	31b	3387	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	4113	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	4113	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	178840	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	174727	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2014**This Form is Open to Public
Inspection**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan ECONOMY LINEN & TOWEL SERVICE, INC. TEAMSTERS LOCAL #957 PENSION PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ECONOMY LINEN & TOWEL SERVICE, INC.		D Employer Identification Number (EIN) 31-0512911
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2014</u>			
2 Assets:			
a Market value		2a	662,786
b Actuarial value		2b	662,786
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	5	258,839	258,839
b For terminated vested participants.....	12	145,540	145,540
c For active participants.....	11	249,952	249,952
d Total.....	28	654,331	654,331
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	6.57 %	
6 Target normal cost	6	7,500	

Statement by Enrolled Actuary

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

SIGN HERE		4-30-2015
BETH K. SCHEFFEY, EA, MSPA		Date
Type or print name of actuary		14-07850
THE RETIREMENT PLAN COMPANY		Most recent enrollment number
Firm name		(615) 986-5500
1620 WESTGATE CIRCLE, SUITE 170		Telephone number (including area code)
BRENTWOOD TN 37027		
Address of the firm		

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

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

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	4,508
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	4,508
10 Interest on line 9 using prior year's actual return of <u>12.42%</u>	0	560
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		15010
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.39%</u>		959
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		15969
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	5068

Part III Funding Percentages

14 Funding target attainment percentage	14	%
15 Adjusted funding target attainment percentage	15	101.29 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	83.45 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/09/2014	12,511				
07/10/2014	9,939				
10/20/2014	9,939				
01/14/2015	9,939				
04/17/2015	150,000				
Totals ▶			18(b)	192,328	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	178,840

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 2
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6).....	31a	7,500										
b Excess assets, if applicable, but not greater than line 31a	31b	3,387										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment.....</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment.....	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment.....	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0										
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	4,113										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35)	36	4,113										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	178,840										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	174,727										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0										
40 Unpaid minimum required contributions for all years.....	40	0										

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years.....	43		

Attachment to 2014 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name ECONOMY LINEN & TOWEL SERVICE, INC. TEAMSTERS LOCAL #957 PENSION PLAN **EIN:** 31-0512911
Plan Sponsor's Name ECONOMY LINEN & TOWEL SERVICE, INC. **PN:** 003

The weighted average retirement age is equal to the normal retirement age of _____.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.
All participants are assumed to retire on first of the month following attainment of normal retirement (earlier of age 60 and 20 years of service or age 65). The weighted average retirement age is 63.

Plan Name	ECONOMY LINEN & TOWEL SERVICE, INC. TEAMSTERS LOCAL #957 PENSION PLAN	ENPLAN	31-0512911
Plan Sponsor's Name	ECONOMY LINEN & TOWEL SERVICE, INC.	PN:	003

[illegible][illegible][illegible]

Attachment to 2014 Form 5500
Schedule SB, Part V - Statement of Plan Provisions

Plan Name : ECONOMY LINEN AND TOWEL SERVICE, INC. TEAMSTERS LOCAL #957 PENSION PLAN EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN & TOWEL SERVICE, INC. PN: 003

Pension Plan Specifications

Effective Date	1/1/1993						
Valuation Date	1/1/2014						
Monthly Pension Formula	Plan frozen as of 3/1/2008.						
Final Average Compensation	Plan frozen as of 3/1/2008. Previously Average of highest three years of Compensation.						
Eligibility requirements	Plan frozen to new entrants.						
Entry date	Plan frozen to new entrants.						
Normal Retirement Age	The 1st of the month after the earliest of (a.) Age 65, (b.) Age 60 and 20 Years of Service, or (c.) 30 Years of Service.						
Normal Form of Payment	Life Annuity.						
Early Retirement Age	The 1st of the month after the earliest of (a.) Age 55 and 10 Years of Service, or (b.) 20 Years of Service.						
Early Retirement Benefit	Actuarial Equivalent of Vested Accrued Benefit.						
Additional Optional Forms of	Life annuity with period certain; joint and survivor annuity.						
Vesting Schedule	Vesting accrues according to the following schedule <table><thead><tr><th><u>Years</u></th><th><u>Vesting Percent</u></th></tr></thead><tbody><tr><td>0-4</td><td>0%</td></tr><tr><td>5+</td><td>100%</td></tr></tbody></table>	<u>Years</u>	<u>Vesting Percent</u>	0-4	0%	5+	100%
<u>Years</u>	<u>Vesting Percent</u>						
0-4	0%						
5+	100%						
Maximum Salary	\$260,000 (limited by IRC section 401(a)(17))						
Maximum Benefit	\$210,000 (limited by IRC section 415)						
Actuarial Equivalence	Pre-retirement: No mortality and 6.0% interest; Post-Retirement: UP1984 mortality table and 6.0% interest						
Death Benefit	Pre-retirement Survivor Annuity (for married participants)						

Attachment to 2014 Form 5500
Schedule SB, Part V - Statement of Plan Provisions

Plan Name : ECONOMY LINEN AND TOWEL SERVICE, INC. TEAMSTERS LOCAL #957 PENSION PLAN EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN & TOWEL SERVICE, INC. PN: 003

Actuarial Methods and Assumptions

Measurement Date	01/01
Pre-Retirement Mortality	None
Post-Retirement Mortality	2014 PPA Optional Combined Small Plans Mortality Table for males and females
Increase in Compensation Levels	N/A
Retirement Age	1st of month after eligible for Normal Retirement.
Pre-Retirement Turnover Rates	None
Form of Payment	Life Annuity
Cost Method	Unit Credit
Assets	Actuarial value of assets equals market value of assets.
Expense Load	Expense load of \$7,500 is added to the normal cost. The expense load is assumed to equal the average of plan expenses for the prior two years rounded to the nearest \$500.

MAP-21 (as amended by HATFA) Interest Rates for Minimum Funding and AFTAP Purposes

Interest Rate: 1st Tier (Years 1-5)	4.99%
Interest Rate: 2nd Tier (Years 6-20)	6.32%
Interest Rate: 3rd Tier (Years 21+)	6.99%

Section 404 Interest Rates for Maximum Deductible Contributions

Interest Rates	IRS segmented rates with two month lookback
Interest Rate: 1st Tier (Years 1-5)	1.31%
Interest Rate: 2nd Tier (Years 6-20)	4.05%
Interest Rate: 3rd Tier (Years 21+)	5.05%

Attachment to 2014 Form 5500
Schedule SB, Part V - Statement of Plan Provisions

Plan Name : ECONOMY LINEN AND TOWEL SERVICE, INC. TEAMSTERS LOCAL #957 PENSION PLAN EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN & TOWEL SERVICE, INC. PN: 003

Pension Plan Specifications

Effective Date	1/1/1993						
Valuation Date	1/1/2014						
Monthly Pension Formula	Plan frozen as of 3/1/2008.						
Final Average Compensation	Plan frozen as of 3/1/2008. Previously Average of highest three years of Compensation.						
Eligibility requirements	Plan frozen to new entrants.						
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Maximum Benefit	\$210,000 (limited by IRC section 415)						
Actuarial Equivalence	Pre-retirement: No mortality and 6.0% interest; Post-Retirement: UP1984 mortality table and 6.0% interest						
Death Benefit	Pre-retirement Survivor Annuity (for married participants)						

Attachment to 2014 Form 5500
Schedule SB, Part V - Statement of Plan Provisions

Plan Name : ECONOMY LINEN AND TOWEL SERVICE, INC. TEAMSTERS LOCAL #957 PENSION PLAN EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN & TOWEL SERVICE, INC. PN: 003

Actuarial Methods and Assumptions

Measurement Date	01/01
Pre-Retirement Mortality	None
Post-Retirement Mortality	2014 PPA Optional Combined Small Plans Mortality Table for males and females
Increase in Compensation Levels	N/A
Retirement Age	1st of month after eligible for Normal Retirement.
Pre-Retirement Turnover Rates	None
Form of Payment	Life Annuity
Cost Method	Unit Credit
Assets	Actuarial value of assets equals market value of assets.
Expense Load	Expense load of \$7,500 is added to the normal cost. The expense load is assumed to equal the average of plan expenses for the prior two years rounded to the nearest \$500.

MAP-21 (as amended by HATFA) Interest Rates for Minimum Funding and AFTAP Purposes

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Attachment to 2014 Form 5500
Schedule SB, Part V - Statement of Plan Provisions

Plan Name : ECONOMY LINEN AND TOWEL SERVICE, INC. TEAMSTERS LOCAL #957 PENSION PLAN EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN & TOWEL SERVICE, INC. PN: 003

Pension Plan Specifications

Effective Date	1/1/1993						
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Monthly Pension Formula	Plan frozen as of 3/1/2008.						
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Actuarial Equivalence	Pre-retirement: No mortality and 6.0% interest; Post-Retirement: UP1984 mortality table and 6.0% interest						
Death Benefit	Pre-retirement Survivor Annuity (for married participants)						

Attachment to 2014 Form 5500
Schedule SB, Part V - Statement of Plan Provisions

Plan Name : ECONOMY LINEN AND TOWEL SERVICE, INC. TEAMSTERS LOCAL #957 PENSION PLAN EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN & TOWEL SERVICE, INC. PN: 003

Actuarial Methods and Assumptions

Measurement Date	01/01
Pre-Retirement Mortality	None
Post-Retirement Mortality	2014 PPA Optional Combined Small Plans Mortality Table for males and females
Increase in Compensation Levels	N/A
Retirement Age	1st of month after eligible for Normal Retirement.
Pre-Retirement Turnover Rates	None
Form of Payment	Life Annuity
Cost Method	Unit Credit
Assets	Actuarial value of assets equals market value of assets.
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Interest Rate: 2nd Tier (Years 6-20)	4.05%
Interest Rate: 3rd Tier (Years 21+)	5.05%

Plan Name	<u>ECONOMY LINEN & TOWEL SERVICE, INC. TEAMSTERS LOCAL #957</u>	EIN: <u>15-01542-911</u>
Plan Sponsor's Name	<u>ECONOMY LINEN & TOWEL SERVICE, INC.</u>	PN: <u>003</u>

[illegible]

Attachment to 2014 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name ECONOMY LINEN & TOWEL SERVICE, INC. TEAMSTERS LOCAL #957 PENSION PLAN **EIN:** 13-0512911
Plan Sponsor's Name ECONOMY LINEN & TOWEL SERVICE, INC. **PN:** 003

The weighted average retirement age is equal to the normal retirement age of _____.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

All participants are assumed to retire on first of the month following attainment of normal retirement (earlier of age 60 and 20 years of service or age 65). The weighted average retirement age is 63.

Plan Name	<u>ECONOMY LINEN & TOWEL SERVICE, INC. TEAMSTERS LOCAL</u>	FIN:	<u>7 PERIODIC PLAN</u>
Plan Sponsor's Name	<u>ECONOMY LINEN & TOWEL SERVICE, INC.</u>	PN:	<u>003</u>

Attained Age	YEARS OF CREDITED SERVICE											
	25 to 29			30 to 34			35 to 39			40 & up		
	Average			Average			Average			Average		
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 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												