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

2014

This Form is Open to Public Inspection

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 multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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
ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1989

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
ECONOMY LINEN AND TOWEL SERVICE, INC.

80 MEAD STREET
DAYTON, OH 45402

2b Employer Identification Number (EIN)
31-0512911

2c Plan Sponsor's telephone number
937-222-4625

2d Business code (see instructions)
812330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	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
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 [X] Same as Plan Sponsor	**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

5	Total number of participants at the beginning of the plan year	**5**	102
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	45
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	46
b	Retired or separated participants receiving benefits	**6b**	29
c	Other retired or separated participants entitled to future benefits	**6c**	28
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	103
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	105
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	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:
1B 3D 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [ ] **H** (Financial Information)

(2) [X] **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)

Part III	**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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 AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ECONOMY LINEN AND TOWEL SERVICE, INC.

D Employer Identification Number (EIN)
31-0512911

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 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**	737663
b Actuarial value	**2b**	737663

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	29	376852	376852
b For terminated vested participants	28	246727	246727
c For active participants	45	133191	146024
d Total	102	756770	769603

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**	6.43%
6 Target normal cost	**6**	27701

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

05/06/2015
Date

BETH K. SCHEFFEY, EA, MSPA
Type or print name of actuary

14-07850
Most recent enrollment number

THE RETIREMENT PLAN COMPANY
Firm name

615-986-5500
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	12794
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	12794
10	Interest on line 9 using prior year's actual return of 8.82%	0	1128
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2712
	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 6.26 %		170
	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		2882
	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	13922

Part III Funding Percentages

14	Funding target attainment percentage	14	94.04 %
15	Adjusted funding target attainment percentage	15	94.04 %
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	85.61 %
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	19226				
07/10/2014	17434				
10/20/2014	17434				
01/14/2015	17434				
			Totals ► 18(b)	71528	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	68710

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	66

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**	27701
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	45862	38894
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**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	66595

	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**	66595
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	68710

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	2115
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 I (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

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

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

A Name of plan
ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ECONOMY LINEN AND TOWEL SERVICE, INC.

D Employer Identification Number (EIN)
31-0512911

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

			(a) Beginning of Year	(b) End of Year
1	**Plan Assets and Liabilities:**			
a	Total plan assets	1a	737709	805757
b	Total plan liabilities	1b		
c	Net plan assets (subtract line 1b from line 1a)	1c	737709	805757
2	**Income, Expenses, and Transfers for this Plan Year:**		(a) Amount	(b) Total
a	Contributions received or receivable:			
	(1) Employers	2a(1)	71528	
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
c	Other income	2c	62664	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		134192
e	Benefits paid (including direct rollovers)	2e	41080	
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Administrative service providers (salaries, fees, and commissions)	2h	25064	
i	Other expenses	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		66144
k	Net income (loss) (subtract line 2j from line 2d)	2k		68048
l	Transfers to (from) the plan (see instructions)	2l		

3 **Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
a	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
c	Real estate (other than employer real property)	3c		X	
d	Employer securities	3d		X	
e	Participant loans	3e		X	

			Yes	No	Amount
3f	Loans (other than to participants)	3f		X	
g	Tangible personal property	3g		X	

Part II Compliance Questions

4 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e	X		800000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c 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 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

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

A Name of plan
ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ECONOMY LINEN AND TOWEL SERVICE, INC.

D Employer Identification Number (EIN)
31-0512911

Part I Distributions

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

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

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

EIN(s): 31-1317107

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** 0

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete 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):

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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 AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: ECONOMY LINEN AND TOWEL SERVICE, INC.

D Employer Identification Number (EIN): 31-0512911

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2014

2 Assets:

a Market value	2a	737,663
b Actuarial value	2b	737,663

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	29	376,852	376,852
b For terminated vested participants	28	246,727	246,727
c For active participants	45	133,191	146,024
d Total	102	756,770	769,603

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	6.43 %
6 Target normal cost	6	27,701

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

Beth Scheffey
Signature of actuary

5-6-2015
Date

BETH K. SCHEFFEY, EA, MSPA
Type or print name of actuary

14-07850
Most recent enrollment number

THE RETIREMENT PLAN COMPANY
Firm name

(615) 986-5500
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	12,794
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	12,794
10	Interest on line 9 using prior year's actual return of 8.82%	0	1128
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2712
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 6.26%		170
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		2882
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	13922

Part III Funding Percentages

14	Funding target attainment percentage	14	94.04 %
15	Adjusted funding target attainment percentage	15	94.04 %
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	85.61 %
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	19,226				
07/10/2014	17,434				
10/20/2014	17,434				
01/14/2015	17,434				
			Totals ► 18(b)	71,528	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	68,998

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.99 %	6.32 %	6.99 %	

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	66

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**		27,701
b Excess assets, if applicable, but not greater than line 31a	**31b**		0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		45,862	38,894
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**		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**		66,595

	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**	66,595
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	68,998
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2,403
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 19 - Discounted Employer Contributions

Plan Name ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON **EIN:** 31-0512911
Plan Sponsor's Name ECONOMY LINEN AND TOWEL SERVICE, INC. **PN:** 002

Date of Contributon	Amount	Year Applied	Effective Interest Rate	Interest Adjusted Contribution:
04/09/2014	19,226	2014	5.74	18,940
07/10/2014	17,434	2014	5.74	16,935
10/20/2014	17,434	2014	10.74	16,668
01/15/2015	17,434	2014	5.74	16,455

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

Plan Name ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND **EIN:** 310512911
Plan Sponsor's Name ECONOMY LINEN AND TOWEL SERVICE, INC. **PN:** 002

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.
The assumed retirement age is the first of the month following attainment of age 65 and 5 years of participation, or the valuation date if later. Including late retirements, the weighted average retirement age is 66.

Attachment to 2014 Form 5500
Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - 31A0501 **EIN:** 31-0512911
Plan Sponsor's Name ECONOMY LINEN AND TOWEL SERVICE, INC. **PN:** 002

Attained Age	YEARS OF CREDITED SERVICE								
	Under 1	Average		1 to 4	Average		5 to 9	Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25				3					
25 to 29				1					
30 to 34				3			2		
35 to 39				1			1		
40 to 44				2			2		
45 to 49				4					
50 to 54				4			2		
55 to 59							6		
60 to 64							1		
65 to 69							1		
70 & up									

Attained Age	YEARS OF CREDITED SERVICE								
	10 to 14	Average		15 to 19	Average		20 to 24	Average	
	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	1			1					
45 to 49									
50 to 54	2								
55 to 59	1			2			2		
60 to 64	1								
65 to 69									
70 & up				1					

Attained Age	YEARS OF CREDITED SERVICE											
	25 to 29	Average		30 to 34	Average		35 to 39	Average		40 & up	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	1											
50 to 54												
55 to 59												
60 to 64												
65 to 69												
70 & up												

Attachment to 2014 Form 5500
Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - PLAN 001 **EIN:** 31-0512911
Plan Sponsor's Name ECONOMY LINEN AND TOWEL SERVICE, INC. **PN:** 002

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	4,463	01/01/2008	1	4,463
Shortfall	78,282	01/01/2009	2	40,094
Shortfall	-26,309	01/01/2010	3	-9,200
Shortfall	26,547	01/01/2011	4	7,129
Shortfall	95,923	01/01/2012	5	21,097
Shortfall	-110,486	01/01/2013	6	-20,914
Shortfall	-22,558	01/01/2014	7	-3,775

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

Plan Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PN: 002

Pension Plan Specifications

Effective Date	10/1/1989
Valuation Date	1/1/2014
Monthly Pension Formula	$8 multiplied by Years of Service (maximum 40 years)
Compensation	Total pay
Final Average Compensation	N/A
Eligibility requirements	1 Year of Service and Employee subject to requirements in document
Entry date	January 1 or July 1 following attainment of eligibility requirements
Normal Retirement Age	1st of month after the later of Age 65 and 5th anniversary of date of participation
Early Retirement Age	Age 60 and 10 Years of Service
Early Retirement Benefit	Normal Retirement Benefit reduced by 0.5% for each month in which the Early Retirement Date precedes the Normal Retirement Date
Normal Form of Payment	Life annuity
Additional Optional Forms of Payment	Life annuity with period certain; Joint and survivor annuity
Vesting Schedule	Vesting accrues according to the following schedule:

Years	Vesting Percent
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)
Death Benefit	Pre-retirement Survivor Annuity (for married participants)
Actuarial Equivalence	1994 GAR Mortality and 6.0% interest

Attachment to 2014 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PN: 002

Actuarial Methods and Assumptions

Measurement Date	01/01
Pre-Retirement Mortality	2014 PPA Optional Combined Small Plans Mortality Table for males and females
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 following age 65 or valuation date, whichever is later
Pre-Retirement Turnover Rates	Terminations for active participants occur according to the T-9 Table (sample rates are below):

Age	Rate
25	17.2%
35	13.7%
45	8.4%
55	1.7%
65	0.0%

Form of Payment	Life Annuity
Cost Method	Unit Credit
Assets	Actuarial value of assets equals market value of assets.
Expense Load	Expense load of $15,000 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 $1,000.

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. PLANT PENSION FUND EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PN: 002

Pension Plan Specifications

Effective Date	10/1/1989
Valuation Date	1/1/2014
Monthly Pension Formula	$8 multiplied by Years of Service (maximum 40 years)
Compensation	Total pay
Final Average Compensation	N/A
Eligibility requirements	1 Year of Service and Employee subject to requirements in document
Entry date	January 1 or July 1 following attainment of eligibility requirements
Normal Retirement Age	1st of month after the later of Age 65 and 5th anniversary of date of participation
Early Retirement Age	Age 60 and 10 Years of Service
Early Retirement Benefit	Normal Retirement Benefit reduced by 0.5% for each month in which the Early Retirement Date precedes the Normal Retirement Date
Normal Form of Payment	Life annuity
Additional Optional Forms of Payment	Life annuity with period certain; Joint and survivor annuity
Vesting Schedule	Vesting accrues according to the following schedule:

Years	Vesting Percent
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)
Death Benefit	Pre-retirement Survivor Annuity (for married participants)
Actuarial Equivalence	1994 GAR Mortality and 6.0% interest

Attachment to 2014 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PN: 002

Actuarial Methods and Assumptions

Measurement Date	01/01
Pre-Retirement Mortality	2014 PPA Optional Combined Small Plans Mortality Table for males and females
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 following age 65 or valuation date, whichever is later
Pre-Retirement Turnover Rates	Terminations for active participants occur according to the T-9 Table (sample rates are below):

Age	Rate
25	17.2%
35	13.7%
45	8.4%
55	1.7%
65	0.0%

Form of Payment	Life Annuity
Cost Method	Unit Credit
Assets	Actuarial value of assets equals market value of assets.
Expense Load	Expense load of $15,000 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 $1,000.

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. PLANT PENSION FUND EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PN: 002

Pension Plan Specifications

Effective Date	10/1/1989
Valuation Date	1/1/2014
Monthly Pension Formula	$8 multiplied by Years of Service (maximum 40 years)
Compensation	Total pay
Final Average Compensation	N/A
Eligibility requirements	1 Year of Service and Employee subject to requirements in document
Entry date	January 1 or July 1 following attainment of eligibility requirements
Normal Retirement Age	1st of month after the later of Age 65 and 5th anniversary of date of participation
Early Retirement Age	Age 60 and 10 Years of Service
Early Retirement Benefit	Normal Retirement Benefit reduced by 0.5% for each month in which the Early Retirement Date precedes the Normal Retirement Date
Normal Form of Payment	Life annuity
Additional Optional Forms of Payment	Life annuity with period certain; Joint and survivor annuity
Vesting Schedule	Vesting accrues according to the following schedule:

Years	Vesting Percent
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)
Death Benefit	Pre-retirement Survivor Annuity (for married participants)
Actuarial Equivalence	1994 GAR Mortality and 6.0% interest

Attachment to 2014 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PN: 002

Actuarial Methods and Assumptions

Measurement Date	01/01
Pre-Retirement Mortality	2014 PPA Optional Combined Small Plans Mortality Table for males and females
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 following age 65 or valuation date, whichever is later
Pre-Retirement Turnover Rates	Terminations for active participants occur according to the T-9 Table (sample rates are below):

Age	Rate
25	17.2%
35	13.7%
45	8.4%
55	1.7%
65	0.0%

Form of Payment	Life Annuity
Cost Method	Unit Credit
Assets	Actuarial value of assets equals market value of assets.
Expense Load	Expense load of $15,000 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 $1,000.

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, line 19 - Discounted Employer Contributions

Plan Name ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND **EIN:** 31-0512911
Plan Sponsor's Name ECONOMY LINEN AND TOWEL SERVICE, INC. **PN:** 002

Date of Contributon	Amount	Year Applied	Effective Interest Rate	Interest Adjusted Contribution:
04/09/2014	19,226	2014	6.43	18,907
07/10/2014	17,434	2014	6.43	16,878
10/20/2014	17,434	2014	11.43	16,581
01/15/2015	17,434	2014	6.43	16,344

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

Plan Name ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND **EIN:** 31-0512911
Plan Sponsor's Name ECONOMY LINEN AND TOWEL SERVICE, INC. **PN:** 002

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.

The assumed retirement age is the first of the month following attainment of age 65 and 5 years of participation, or the valuation date if later. Including late retirements, the weighted average retirement age is 66.

Attachment to 2014 Form 5500
Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND **EIN:** 31-0512911
Plan Sponsor's Name ECONOMY LINEN AND TOWEL SERVICE, INC. **PN:** 002

Attained Age	YEARS OF CREDITED SERVICE								
	Under 1	Average		1 to 4	Average		5 to 9	Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25				3					
25 to 29				1					
30 to 34				3			2		
35 to 39				1			1		
40 to 44				2			2		
45 to 49				4					
50 to 54				4			2		
55 to 59							6		
60 to 64							1		
65 to 69							1		
70 & up									

Attained Age	YEARS OF CREDITED SERVICE								
	10 to 14	Average		15 to 19	Average		20 to 24	Average	
	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	1			1					
45 to 49									
50 to 54	2								
55 to 59	1			2			2		
60 to 64	1								
65 to 69									
70 & up				1					

Attained Age	YEARS OF CREDITED SERVICE											
	25 to 29	Average		30 to 34	Average		35 to 39	Average		40 & up	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	1											
50 to 54												
55 to 59												
60 to 64												
65 to 69												
70 & up												

Attachment to 2014 Form 5500
Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND **EIN:** 31-0512911
Plan Sponsor's Name ECONOMY LINEN AND TOWEL SERVICE, INC. **PN:** 002

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	4,463	01/01/2008	1	4,463
Shortfall	78,282	01/01/2009	2	40,094
Shortfall	-26,309	01/01/2010	3	-9,200
Shortfall	26,547	01/01/2011	4	7,129
Shortfall	95,923	01/01/2012	5	21,097
Shortfall	-110,486	01/01/2013	6	-20,914
Shortfall	-22,558	01/01/2014	7	-3,775