

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	<div>☐ a multiemployer plan;</div> <div>☒ a single-employer plan;</div> <div>☐ a multiple-employer plan; or</div> <div>☐ a DFE (specify) ____</div>
B This return/report is:	<div>☐ the first return/report;</div> <div>☐ the final return/report;</div> <div>☐ an amended return/report;</div> <div>☐ a short plan year return/report (less than 12 months).</div>
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	<div>☒ Form 5558;</div> <div>☐ automatic extension;</div> <div>☐ the DFVC program;</div> <div>☐ special extension (enter description)</div>

Part II	Basic Plan Information—enter all requested information	
1a Name of plan ALLIANT FOODSERVICE, INC. PENSION PLAN	1b Three-digit plan number (PN) ▶	013
	1c Effective date of plan 04/17/1995	
	2b Employer Identification Number (EIN) 36-3642294	2c Sponsor's telephone number 847-720-8000
	2d Business code (see instructions) 424400	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) U.S. FOODSERVICE, INC. 9399 HIGGINS ROAD, SUITE 500 ROSEMONT, IL 60018		

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.	09/29/2010	GARY M. HANSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2010	GARY M. HANSEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") U.S. FOODSERVICE, INC. 9399 HIGGINS ROAD, SUITE 500 ROSEMONT, IL 60018	3b Administrator's EIN 36-3642294 3c Administrator's telephone number 847-720-8000
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	7180
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	4149
b Retired or separated participants receiving benefits.....	6b	145
c Other retired or separated participants entitled to future benefits.....	6c	2541
d Subtotal. Add lines 6a , 6b , and 6c	6d	6835
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	50
f Total. Add lines 6d and 6e	6f	6885
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	64

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1C 1G 3H

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☒ G (Financial Transaction Schedules)
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan ALLIANT FOODSERVICE, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	013
C Plan sponsor's name as shown on line 2a of Form 5500. U.S. FOODSERVICE, INC.	D Employer Identification Number (EIN) 36-3642294	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1414660	65099	GAC8346	212	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 5095000**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 4870000**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 266000(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** -30000

▶ REALIZED GAIN/LOSS -7,500 ANNUAL ADJUSTMENT -22,500

(6) Total additions **7c(6)** 236000**d** Total of balance and additions (add **b** and **c(6)**). **7d** 5106000**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)** 11000(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 11000**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 5095000

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<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>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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 ALLIANT FOODSERVICE, INC. PENSION PLAN	B Three-digit plan number (PN) 013
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF U.S. FOODSERVICE, INC.	D Employer Identification Number (EIN) 36-3642294

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 2009		
2 Assets:		
a Market value	2a	115000246
b Actuarial value	2b	126500271
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 135	5982959
b For terminated vested participants	3b 2514	39487363
c For active participants:		
(1) Non-vested benefits	3c(1)	526654
(2) Vested benefits	3c(2)	88370388
(3) Total active	3c(3) 4531	88897042
d Total	3d 7180	134367364
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	8.14 %
6 Target normal cost	6	2023909

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.

<div>SIGN HERE</div>	<div>09/13/2010</div> <div>Signature of actuary</div> <div>VANESSA SOSKIND</div> <div>Type or print name of actuary</div> <div>MERCER</div> <div>Firm name</div> <div>3031 N. ROCKY POINT DR. WS, STE 700 TAMPA, FL 33607-5808</div> <div>Address of the firm</div>	<div>Date</div> <div>08-06307</div> <div>Most recent enrollment number</div> <div>813-207-6333</div> <div>Telephone number (including area code)</div>
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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 (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>-17.97</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		12911859
b Interest on (a) using prior year's effective rate of <u>6.19</u> %		799244
c Total available at beginning of current plan year to add to prefunding balance		13711103
d Portion of (c) to be added to prefunding balance.....		13711103
12 Reduction in balances due to elections or deemed elections.....		0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	13711103

Part III Funding percentages		
14 Funding target attainment percentage.....	14	83.94 %
15 Adjusted funding target attainment percentage.....	15	83.94 %
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	80.19 %
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
04/14/2009	1070000				
07/14/2009	1070000				
10/14/2009	1070000				
01/14/2010	1070000				
03/16/2010	1317000				
08/25/2010	7000000				
			Totals ►	18(b)	12597000
				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 contribution 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	11418506
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 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
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 60
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 eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	2023909
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	16019244	3193190
b Waiver amortization installment		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 (item 31 + item 32a + item 32b – item 33).....	34	5217099
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	5217099
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	11418506
38 Interest-adjusted excess contributions for current year (see instructions).....	38	6201407
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan ALLIANT FOODSERVICE, INC. PENSION PLAN				B Three-digit plan number (PN) ▶ 013	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 U.S. FOODSERVICE, INC.				D Employer Identification Number (EIN) 36-3642294	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: USF MASTER DEFINED BEN PEN TRUST					
b Name of sponsor of entity listed in (a): US FOODSERVICE, INC.					
c EIN-PN 36-3642294-200		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131432000	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-	

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

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

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

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

<div>SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>Financial Transaction Schedules</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A Name of plan: ALLIANT FOODSERVICE, INC. PENSION PLAN	B Three-digit plan number (PN) ► 013
C Plan sponsor's name as shown on line 2a of Form 5500 U.S. FOODSERVICE, INC.	D Employer Identification Number (EIN): 36-3642294

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible				
	Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.				
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest		(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price
US FOODSERVICE MASTER TRUST		PLAN PARTICIPATES IN MASTER TRUST		INTEREST CORRECTION FOR RECORDKEEPING TRANSFERS BETWEEN PLANS IN THE MASTER TRUST		
(e) Selling price	(f) Lease rental	(g) Transaction expenses		(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
						-3546

(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price
US FOODSERVICE MASTER TRUST		PLAN PARTICIPATES IN MASTER TRUST	PBGC PREMIUMS INCORRECTLY ALLOCATED ACROSS PLANS THAT PARTICIPATE IN THE MASTER TRUST		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
					-196253

(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest		(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price					
(e) Selling price		(f) Lease rental		(g) Transaction expenses		(h) Cost of asset		(i) Current value of asset		(j) Net gain (or loss) on each transaction	

(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest		(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price					
(e) Selling price		(f) Lease rental		(g) Transaction expenses		(h) Cost of asset		(i) Current value of asset		(j) Net gain (or loss) on each transaction	

(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest		(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price					
(e) Selling price		(f) Lease rental		(g) Transaction expenses		(h) Cost of asset		(i) Current value of asset		(j) Net gain (or loss) on each transaction	

(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest		(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan ALLIANT FOODSERVICE, INC. PENSION PLAN	B Three-digit plan number (PN) ►	013
C Plan sponsor's name as shown on line 2a of Form 5500 U.S. FOODSERVICE, INC.	D Employer Identification Number (EIN) 36-3642294	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13208000	9387000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	97093000	131432000
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	4870000	5095000
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	115171000	145914000

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	115171000	145914000
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	12597000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		12597000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	236000	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		236000
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		28521000
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		41354000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9667000	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9667000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	337000	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	33000	
(4) Other	2i(4)	574000	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		944000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10611000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		30743000
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	X		199799
e Was this plan covered by a fidelity bond?.....	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>ALLIANT FOODSERVICE, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>013</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>U.S. FOODSERVICE, INC.</u>	D Employer Identification Number (EIN) <u>36-3642294</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-3046063</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>177</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	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 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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 0% Investment-Grade Debt: 0% High-Yield Debt: 0% Real Estate: 0% Other: 100%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Financial Statements and Report of Independent
Certified Public Accountants

Alliant Foodservice, Inc. Pension Plan

December 31, 2009 and 2008

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Report of Independent Certified Public Accountants

U.S. Foodservice, Inc. Retirement Administration Committee
Alliant Foodservice, Inc. Pension Plan

We were engaged to audit the financial statements and supplemental schedule of Alliant Foodservice, Inc. Pension Plan (the "Plan") as of December 31, 2009 and 2008, and for the years then ended, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes D and E, which were certified by The Northern Trust Company, the trustee of the Plan, and John Hancock Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee and custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodian as of December 31, 2009 and 2008, and for the years then ended, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee and custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Baltimore, Maryland
September 8, 2010

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FINANCIAL STATEMENTS

Alliant Foodservice, Inc. Pension Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	<u>2009</u>	<u>2008</u>
ASSETS		
Investments, at fair value		
Investment in the U.S. Foodservice, Inc. Master		
Defined Benefit Pension Trust	\$131,432,000	\$ 97,093,000
Guaranteed annuity contract	<u>5,095,000</u>	<u>4,870,000</u>
	136,527,000	101,963,000
 Employer contribution receivable	 <u>9,387,000</u>	 <u>13,208,000</u>
 Total assets	 145,914,000	 115,171,000
LIABILITIES	<u>-</u>	<u>-</u>
 Net assets available for benefits	 <u>\$145,914,000</u>	 <u>\$115,171,000</u>

The accompanying notes are an integral part of these financial statements.

Alliant Foodservice, Inc. Pension Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	<u>2009</u>	<u>2008</u>
Additions		
Additions to (reductions of) net assets attributed to:		
Investment income		
Dividend and interest income	\$ 236,000	\$ 302,000
Plan interest in U.S. Foodservice, Inc. Master Defined Benefit Pension Trust investment income (loss)	28,521,000	(22,459,000)
Employer contributions	<u>12,597,000</u>	<u>18,161,000</u>
Total additions (reductions)	41,354,000	(3,996,000)
Deductions		
Deductions from net assets attributed to:		
Benefits paid directly to participants	9,667,000	11,161,000
Administrative expenses	<u>944,000</u>	<u>1,001,000</u>
Total deductions	<u>10,611,000</u>	<u>12,162,000</u>
NET INCREASE (DECREASE)	30,743,000	(16,158,000)
Net assets available for benefits		
Beginning of year	<u>115,171,000</u>	<u>131,329,000</u>
End of year	<u>\$145,914,000</u>	<u>\$115,171,000</u>

The accompanying notes are an integral part of these financial statements.

Alliant Foodservice, Inc. Pension Plan
STATEMENTS OF ACCUMULATED PLAN BENEFITS

January 1,

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants with deferred benefits	\$ 42,408,000	\$ 31,171,000
Participants receiving benefits	6,344,000	6,166,000
Active participants	<u>92,483,000</u>	<u>108,950,000</u>
	141,235,000	146,287,000
Nonvested benefits	<u>549,000</u>	<u>853,000</u>
Total actuarial present value of accumulated plan benefits	<u>\$141,784,000</u>	<u>\$147,140,000</u>

The accompanying notes are an integral part of these financial statements.

Alliant Foodservice, Inc. Pension Plan

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

Years ended January 1,

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits, beginning of year	\$147,140,000	\$141,726,000
Change during the year attributable to:		
Benefits accumulated and losses	4,496,000	22,963,000
Increase in interest due to decrease in discount period	10,617,000	9,552,000
Benefits paid	(11,161,000)	(10,524,000)
Change in actuarial assumptions	<u>(9,308,000)</u>	<u>(16,577,000)</u>
NET (DECREASE) INCREASE	<u>(5,356,000)</u>	<u>5,414,000</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$141,784,000</u>	<u>\$147,140,000</u>

The accompanying notes are an integral part of these financial statements.

Alliant Foodservice, Inc. Pension Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE A - DESCRIPTION OF THE PLAN

The following brief description of the Alliant Foodservice, Inc. Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering eligible employees of U.S. Foodservice, Inc. (the "Company"), who were formerly employed by Alliant Foodservice, Inc. The Plan is administered by the U.S. Foodservice Retirement Administration Committee and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

On December 31, 2002, all future benefit accruals under the Plan on behalf of non-collectively bargained participants ceased. Effective January 1, 2003, no employee who is not a member of a collective bargaining unit is eligible to become a participant in this Plan. Effective August 1, 2003, all future benefit accruals under the Plan ceased for participants who are members of General Drivers and Helpers Union Local 554. In addition, effective September 1, 2003, all future benefit accruals under the Plan ceased for participants who are members of Local 261 of the International Brotherhood of Teamsters, AFL-CIO, other than those participants who are members of Local 261 and who, as of April 1, 2003, are over the age of 55 and have at least 10 years of vesting service under the Plan.

Effective January 1, 2005, all future benefit accruals under the Plan ceased for participants who are members of the International Brotherhood of Teamsters, AFL-CIO Local 636, other than those participants who as of December 31, 2004, are over the age of 55 and have at least 10 years of service. In addition, effective April 1, 2005, all future benefit accruals under the Plan ceased for participants who are members of the Chauffeurs, Teamsters, Warehousemen and Helpers Local Union No. 135.

Trustee Agreement

The Plan operates under a trustee agreement with The Northern Trust Company (the "Trustee").

Alliant Foodservice, Inc. Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

NOTE A - DESCRIPTION OF THE PLAN - Continued

Pension Benefits and Vesting

Within 90 days of retirement or termination, participants may elect to receive the value of their accumulated plan benefits as a lump-sum distribution or in the form of an annuity as described by the Plan. Once the 90-day election period has expired, participants may elect to receive a lump-sum distribution only if they have reached age 55. Optional forms of payment are available if the participant has reached age 55 or was a participant before February 12, 1997.

Effective January 1, 2008, eligible employees with three years of vesting service, as defined by the Plan, are entitled to pension benefits upon retirement or termination. Prior to January 1, 2008, eligible employees with five years of vesting service, as defined by the Plan, were entitled to pension benefits upon retirement or termination. Benefits under the Plan are determined based upon a final pay formula. Generally, the final pay formula is calculated as a percentage of earnings multiplied by years of credited service with certain adjustments, as provided in the Plan.

Death and Disability Benefits

Under the provisions of the Plan, if an active or terminated vested participant dies after completing at least five years of vesting service, a reduced benefit is paid to the participant's eligible spouse. A participant who becomes totally disabled will continue to earn years of vesting and benefit service until the earliest of the date the participant ceases to be totally disabled, normal retirement date, or death. A participant who is totally disabled and has completed five years of vesting service may retire prior to the normal retirement date and receive a disability benefit based on benefit service through date of distribution and final average pay as computed as of the date the participant became totally disabled.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the Plan's significant accounting policies applied in the preparation of the accompanying financial statements follows.

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Alliant Foodservice, Inc. Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The fair value of the Plan's interest in the U.S. Foodservice, Inc. Master Defined Benefit Pension Trust ("Master Trust") is based upon the beginning of year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income less actual distributions and administrative expenses (see Note E).

The Plan's investment contract with John Hancock is valued at contract value, which approximates fair value.

Administrative Expenses

During 2009, the Company paid certain administrative expenses of the plan. During 2008, all expenses of the Plan were paid by the Plan.

Payment of Benefits

Payment of benefits is recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through September 8, 2010, the date the financial statements were available to be issued.

Alliant Foodservice, Inc. Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees and their beneficiaries. Benefits payable under retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by MERCER Human Resource Consulting, the Plan's actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and expected date of payment.

The significant actuarial assumptions used in the valuations as of January 1, 2009 and 2008 were:

- | | |
|--|--|
| a. Assumed Rate of Return | 7.50% compounded annually |
| b. Healthy and Disabled Mortality | Effective January 1, 2009:
2009 PPA separate static annuitant and non-annuitant mortality tables
Effective January 1, 2008:
2008 PPA separate static annuitant and non-annuitant mortality tables |
| c. Lump Sum Mortality | Effective January 1, 2009:
Minimum lump sum mortality for 2009 as defined in Revenue Ruling 2008-67
Effective January 1, 2008:
Minimum lump sum mortality for 2008 as defined in Revenue Ruling 2008-67 |
| d. Retirement Age Assumptions | Graded schedule from age 55 to 65 |
| e. Salary increases | 4% compounded annually |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Alliant Foodservice, Inc. Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

NOTE D - INFORMATION CERTIFIED BY THE TRUSTEE AND CUSTODIAN

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

- Investments, as shown in the statements of net assets available for benefits as of December 31, 2009 and 2008.
- Investment income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2009 and 2008.
- Schedule H, Part IV, Item 4i - Schedule of Assets (Held at End of Year).

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

NOTE E - INTEREST IN U.S. FOODSERVICE MASTER TRUST

The Plan is a member of the Master Trust, which was established for the investment of assets of the Plan and several other U.S. Foodservice, Inc. sponsored retirement plans. Each participating retirement plan has a specified divided interest in the Master Trust. The assets of the Master Trust are held by the Trustee. At December 31, 2009 and 2008, the Plan's interest in the net assets and investment income of the Master Trust was a specified allocation by investment type. Administrative expenses relating to the Master Trust are directly charged or allocated to the individual plans.

Alliant Foodservice, Inc. Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

NOTE E - INTEREST IN U.S. FOODSERVICE MASTER TRUST - Continued

The following presents the fair values of all investments of the Master Trust and related income for the Master Trust as of:

	December 31, 2009	2008
Investments, at fair value:		
Collective trust funds:		
Common stocks	\$207,205,000	\$124,904,000
Cash equivalents	<u>10,981,000</u>	<u>9,524,000</u>
	218,186,000	134,428,000
Mutual funds:		
Corporate bonds	164,146,000	138,073,000
Common stock	<u>52,807,000</u>	<u>31,729,000</u>
	216,953,000	169,802,000
Government bonds	25,000	55,000
Convertible equities	<u>225,000</u>	<u>270,000</u>
	<u>\$435,389,000</u>	<u>\$304,555,000</u>
	Years ended December 31,	
	2009	2008
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments:		
Common stocks	\$86,487,000	\$(102,038,000)
Corporate bonds	8,551,000	(7,061,000)
Convertible equities	<u>106,000</u>	<u>(237,000)</u>
	95,144,000	(109,336,000)
Interest	6,966,000	7,070,000
Dividends	624,000	789,000
Realized (loss) gain on sales	<u>(9,504,000)</u>	<u>8,908,000</u>
	<u>\$93,230,000</u>	<u>\$ (92,569,000)</u>

Alliant Foodservice, Inc. Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

NOTE E - INTEREST IN U.S. FOODSERVICE MASTER TRUST - Continued

The Master Trust follows current guidance which defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1** - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Master Trust has the ability to access.
- Level 2** - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3** - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Collective trust funds (common stock): Valued at the closing price reported on the active market on which the individual securities are traded.

Collective trust funds (cash equivalents): Valued at original cost plus accrued interest.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Master Trust at year-end.

Convertible equities: Valued at the closing price reported on the active market on which the individual securities are traded.

Alliant Foodservice, Inc. Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

NOTE E - INTEREST IN U.S. FOODSERVICE MASTER TRUST - Continued

Government bonds: Valued at the estimated price a dealer will pay for the bonds, which is often the principal amount invested.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Master Trust believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

For the year ended December 31, 2009, the Master Trust adopted the new disclosures requiring the disaggregation of assets by class as required by Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") Topic 820, *Fair Value Measurements and Disclosures*, which did not have a significant impact on the Master Trust's financial statements.

The following table sets forth by level within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2009:

	Asset at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Collective trust funds:				
Common stocks	\$207,205,000	\$ -	\$ -	\$207,205,000
Cash equivalents	<u>10,981,000</u>	<u>-</u>	<u>-</u>	<u>10,981,000</u>
	218,186,000	-	-	218,186,000
Mutual funds:				
Corporate bonds	164,146,000	-	-	164,146,000
Common stock	<u>52,807,000</u>	<u>-</u>	<u>-</u>	<u>52,807,000</u>
	216,953,000	-	-	216,953,000
Government bonds	-	25,000	-	25,000
Convertible equities	<u>225,000</u>	<u>-</u>	<u>-</u>	<u>225,000</u>
Total assets at fair value	<u>\$435,364,000</u>	<u>\$25,000</u>	<u>\$ -</u>	<u>\$435,389,000</u>

Alliant Foodservice, Inc. Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

NOTE E - INTEREST IN U.S. FOODSERVICE MASTER TRUST - Continued

The following table sets forth by level within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2008:

	Asset at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Collective trust funds:				
Common stocks	\$124,904,000	\$ -	\$ -	\$124,904,000
Cash equivalents	<u>9,524,000</u>	<u>-</u>	<u>-</u>	<u>9,524,000</u>
	134,428,000	-	-	134,428,000
Mutual funds:				
Corporate bonds	138,073,000	-	-	138,073,000
Common stock	<u>31,729,000</u>	<u>-</u>	<u>-</u>	<u>31,729,000</u>
	169,802,000	-	-	169,802,000
Government bonds	-	55,000	-	55,000
Convertible equities	<u>270,000</u>	<u>-</u>	<u>-</u>	<u>270,000</u>
Total assets at fair value	<u>\$304,500,000</u>	<u>\$55,000</u>	<u>\$ -</u>	<u>\$304,555,000</u>

NOTE F - CONTRACT WITH INSURANCE COMPANY

The Company entered into an investment contract with John Hancock Life Insurance Company ("John Hancock"). John Hancock maintained the contributions in an unallocated fund to which it added the Plan's share of John Hancock's actual investment income, less administrative expenses.

The investment contract is valued at contract value which approximates fair value. This investment is classified as a level 3 asset in the fair value hierarchy. The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009:

	Investment Contract with John Hancock Life Insurance Year ended December 31, 2009
Balance, beginning of year	\$4,870,000
Purchases, sales, issuances and settlements, net	<u>225,000</u>
Balance, end of year	<u>\$5,095,000</u>

Alliant Foodservice, Inc. Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

NOTE G - FUNDING POLICY

The Company is the sole contributor to the Plan. The Company's funding policy is to contribute the minimum amount required to be funded for each Plan year pursuant to the provisions of ERISA based on actuarial calculations. The Company's contributions for 2009 and 2008 have met the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions set forth in ERISA.

NOTE H - PLAN TERMINATION AND PENSION BENEFIT GUARANTY CORPORATION

The Company reserves the right to amend or terminate the Plan subject to the provisions of ERISA. The Pension Benefit Guaranty Corporation ("PBGC") reserves the right to terminate the Plan if the Company fails to meet the minimum funding standards or is unable to pay benefits when due.

If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure and the Company shall be liable for any unfunded vested benefits to the extent required by law. If there are any assets remaining after all the Plan's liabilities to participants have been satisfied, such remaining assets shall revert to the Company.

If the Plan terminates, a portion of the benefits under the Plan is insured by the PBGC, a U.S. Government agency. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

Alliant Foodservice, Inc. Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

NOTE I - TRANSACTIONS WITH PARTIES-IN-INTEREST

Plan investments are managed by the Plan's Trustee and custodian and, as such, these transactions qualify as party-in-interest transactions. Fees paid during the year for legal, accounting, actuarial and other professional services rendered by parties-in-interest were based on customary and reasonable rates for such services.

NOTE J - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated May 5, 2003, that the Plan and related trust, as amended, are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE K - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Alliant Foodservice, Inc. Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

NOTE L - CORRECTIVE CONTRIBUTIONS

- a. During 2008, the Plan Sponsor identified certain benefit calculation errors which caused certain individuals to receive overpayments of their benefit payments. The Plan Sponsor followed the correction principles under IRS's correction program EPCRS (Rev. Proc. 2008-50) in resolving the operational failures caused by this administrative error. The benefits of all affected participants were recalculated to account for the error. With respect to several participants who received lump sum distributions in excess of the amount to which they were entitled, the Plan Sponsor sent notices to such participants requesting that the excess distributions (adjusted for investment earnings) be returned to the Plan. In the event such overpayments were not returned, the Plan Sponsor made a corrective contribution to the Plan in the amount of the excess distributions (adjusted for investment earnings). All corrective actions were concluded in 2009.
- b. During 2008, the Plan Sponsor indentified certain benefit administrative errors which caused certain individuals to incur a delayed commencement of their benefit payments. The Plan Sponsor followed the correction principles under the IRS's correction program EPCRS (Rev. Proc. 2008-50) in resolving the operational failures caused by this administrative error. The benefits of all affected participants were recalculated to account for the error. All of the participants were placed in the position they would have been in had the error not occurred. All corrective actions were concluded in 2009.

NOTE M - NONEXEMPT TRANSACTIONS

In late 2007, the Plan Sponsor determined that certain recordkeeping practices among various accounts of plans within the Master Trust caused prohibited transactions under ERISA. Those practices include the payment process of applicable PBGC premiums for certain plans, as well as the recordkeeping process of the cash portion of the accounts of the plans participating in the Master Trust. Following a complete review of these practices, the Plan Sponsor determined that there was no adverse impact on the total assets (including earnings) held by the Master Trust as well as the payment of benefits to any participant. The Plan Sponsor, to the extent administratively possible, completed full corrective action by making appropriate recordkeeping adjustments, including adjustments for applicable interest. Therefore, the Plan was placed in the position it should have been in had the recordkeeping practices not occurred. In addition, all required forms have been filed and any applicable excise tax owed has been paid.

SUPPLEMENTAL INFORMATION

Alliant Foodservice, Inc. Pension Plan

FORM 5500, SCHEDULE H, PART IV, ITEM 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

EIN: 36-3642294

PLAN NO.: 013

December 31, 2009

<u>Identity of issue</u>	<u>Description of investment</u>	<u>Current value</u>
* John Hancock	Guaranteed annuity contract	<u>\$5,095,000</u>

* *Party-in-interest.*

Alliant Foodservice, Inc. Pension Plan

FORM 5500, SCHEDULE G, PART III - SCHEDULE OF NON EXEMPT TRANSACTIONS

EIN: 36-3642294

PLAN NO.: 013

December 31, 2009

<u>Identity of party involved</u>	<u>Relationship to plan, employer or other party-in-interest</u>	<u>Description of transactions including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Net loss on each transaction</u>
U.S. Foodservice, Inc. Master Defined Benefit Pension Trust	Alliant Foodservice Plan is a participant in the Master Trust	Recordkeeping transfers between the cash accounts of the plans participating in the Master Trust	\$ (3,546)
U.S. Foodservice, Inc. Master Defined Benefit Pension Trust	Alliant Foodservice Plan is a participant in the Master Trust	Incorrect allocation of insurance premiums between the accounts of the plans participating in the Master Trust	(196,253)

Schedule SB, Line 22 – Description of weighted average retirement age

(A) Age	(B) Retirement Rates	(C) Lx	(D) Expected to Retire	(E) (A) x (D)
55	15.00%	10,000	1,500	82,500
56	10.00%	8,500	850	47,600
57	10.00%	7,050	765	43,605
58	10.00%	6,885	689	39,933
59	10.00%	6,197	620	36,559
60	10.00%	5,577	558	33,461
61	10.00%	5,019	502	30,617
62	15.00%	4,517	678	42,010
63	10.00%	3,840	384	24,190
64	10.00%	3,456	346	22,116
65	100.00%	3,110	3,110	202,158

Weighted Average Retirement Age: 60

The weighted average retirement age is the total for column E divided by the total for column D. It should be noted that while only integral values are shown in the table, the full content of each cell, including decimal portions, is used in the calculations.

Schedule SB, Line 24 – Change in actuarial assumptions

The interest rate election was changed from full yield curve to full yield curve with 2 look-back months. Per the *Employee Plan News, March 2009, Special Edition* released by the IRS, the use of the monthly yield curve for January 2009 or any one of the four months immediately preceding January 2009 would not be challenged by the IRS for a calendar year plan with a January 1, 2009 valuation date.

There were no other changes in the non-prescribed actuarial assumptions since the January 1, 2008 valuation.

Schedule SB, Line 25 – Change in method

Beginning with the 2009 valuation, expected expenses are added to the normal cost, and the asset method was changed from fair market value to an average of the adjusted market value over the last 2 years preceding the valuation date with semi-annual determination points.

Schedule SB, Line 26 – Schedule of active participant data

Distribution of Non-Frozen Active Participants

Age	Years of service as of January 1, 2009									Total
	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
< 25	9									9
25 - 29	12	8								20
30 - 34	16	32 53,366	5							53
35 - 39	17	38 49,369	23 55,342	3						81
40 - 44	11	23 57,286	16	7	3					60
45 - 49	9	17	13	15	13	6	1			74
50 - 54	1	12	7	5	12	11	6	1		55
55 - 59	1		2	5	8	10	8	3		37
60 - 64					1	5	3	3	1	13
65 - 69				1				1	1	3
TOTAL	76	130	66	36	37	32	18	8	2	405

In each cell, the top number is the count of active participants for each age/service combination. The lower number is the average compensation of the active participants in that group. For privacy reasons, compensation information has been left blank for cells with fewer than 20 participants.

Schedule SB, Line 26 – Schedule of active participant data

Distribution of Frozen Active Participants

Age	Years of service as of January 1, 2009									Total
	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
25 - 29		69 1,421	1							70
30 - 34		179 1,556	86 3,177	1						266
35 - 39	1	255 1,843	231 3,782	71 6,093	4					562
40 - 44	1	267 2,154	243 4,340	138 7,950	46 7,254					695
45 - 49	2	256 2,153	279 4,664	186 7,925	121 9,521	35 10,864	3			882
50 - 54	2	168 2,044	218 5,858	167 8,626	106 10,149	83 13,218	51 13,094	2		797
55 - 59	4	99 2,149	120 5,516	87 7,922	85 9,759	51 12,226	41 14,930	30 13,776	2	519
60 - 64		53 2,794	48 4,597	45 7,612	49 12,162	31 12,258	20 14,230	15	5	266
65 - 69		18	13	9	5	7	5	1	2	60
70 - 74		3	2	2						7
75+			1	1						2
TOTAL	10	1,367	1,242	707	416	207	120	48	9	4,126

In each cell, the top number is the count of active participants for each age/service combination. The lower number is the average frozen pension benefit of the active participants in that group. For privacy reasons, benefit information has been left blank for cells with fewer than 20 participants.

Schedule SB, Line 32 – Schedule of amortization bases

Base	Amortization Period			Balances		Installment
	Date created	Initial years	Years left	Initial	Present Value of Remaining Installments	
Shortfall	1/1/08	7	6	\$ 19,324,900	\$ 16,019,244	\$ 3,193,190
Total					\$ 16,019,244	\$ 3,193,190

Schedule SB, Part V – Summary of plan provisions

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

Effective date and plan year	April 17, 1995. The plan year is the calendar year.																				
Most recent amendment	January 1, 2009																				
Participation	<p>Each employee who was a participant in the Prior Plan as of February 12, 1997 will become a participant in this Plan as of the Effective Date. Each other Eligible Employee will become a participant in the Plan on the first anniversary of the Eligible Employee's date of employment, provided the Eligible Employee has completed a Year of Eligibility Service or twelve consecutive months of employment with Alliant Foodservice, Inc. or a related company. Eligible employees are those covered by a collective bargaining agreement which provides for coverage under this plan. Participation was frozen on December 31, 2002 for those not covered by a collective bargaining agreement. A list of participating unions as of January 1, 2007 with the type of plan formula and the defined lump sum (DLS) effective date (if applicable) follows:</p> <table><tr><td><u>Union</u></td><td><u>Location</u></td><td><u>Plan</u></td><td><u>DLS Effective Date</u></td></tr><tr><td>145</td><td>Jackson, Mississippi</td><td>DLS</td><td>02/13/1997</td></tr><tr><td>200</td><td>Milwaukee, Wisconsin</td><td>DLS</td><td>02/01/1999</td></tr><tr><td>435</td><td>Denver, Colorado</td><td>DLS</td><td>10/01/1997</td></tr><tr><td>705*</td><td>Chicago, Illinois</td><td>KGF</td><td>N/A</td></tr></table> <p>*Employees in Union 705 were given a one-time option to continue participating in the Alliant Pension Plan or join the union plan. Most participants chose to join the union plan and their benefit service ended on May 31, 2000. New employees in Union 705 will not participate in the Alliant Pension Plan.</p>	<u>Union</u>	<u>Location</u>	<u>Plan</u>	<u>DLS Effective Date</u>	145	Jackson, Mississippi	DLS	02/13/1997	200	Milwaukee, Wisconsin	DLS	02/01/1999	435	Denver, Colorado	DLS	10/01/1997	705*	Chicago, Illinois	KGF	N/A
<u>Union</u>	<u>Location</u>	<u>Plan</u>	<u>DLS Effective Date</u>																		
145	Jackson, Mississippi	DLS	02/13/1997																		
200	Milwaukee, Wisconsin	DLS	02/01/1999																		
435	Denver, Colorado	DLS	10/01/1997																		
705*	Chicago, Illinois	KGF	N/A																		
Vesting Service	An employee will receive a month of benefit service for each month on or after his hire date in which he works at least 1 hour in the month. Fractional years are not counted in vesting service.																				

Schedule SB, Part V – Summary of plan provisions

Benefit Service	An employee will receive a month of benefit service for each month on or after his participation date in which he works at least 1 hour in the month. Fractional years are counted in benefit service. A participant will receive Noncontributory Benefit Service for each month of Benefit Service where employee contributions were required and the employee did not contribute. All other periods of Benefit Service will be deemed to be Contributory Benefit Service.																																																							
Final Average Pay	The average of a participant's compensation for the highest 36 consecutive months during the last 120 months. Compensation for any 12-month period cannot exceed the Section 401(a)(17) compensation limit as in effect at the beginning of the 12-month period.																																																							
Normal Retirement Date	First of the month coincident with or next following attainment of age 65, or 5 years of Vesting Service, if later.																																																							
Accumulated Pension Credits	<p>An eligible Participant's "Accumulated Pension Credits" shall equal the sum of (a) and (b), as defined below:</p> <p>(a) One-twelfth of the Participant's Annual Pension Credits as specified below for each month of Contributory Benefit Service based on the Participant's highest age in each month:</p> <table><tr><th colspan="2">Annual Pension</th><th colspan="2">Annual Pension</th></tr><tr><th>Age</th><th>Credit</th><th>Age</th><th>Credit</th></tr><tr><td>25 and younger</td><td>2.0%</td><td>48</td><td>7.5%</td></tr><tr><td>26-29</td><td>2.5%</td><td>49</td><td>8.0%</td></tr><tr><td>30-32</td><td>3.0%</td><td>50</td><td>8.5%</td></tr><tr><td>33-34</td><td>3.5%</td><td>51</td><td>9.0%</td></tr><tr><td>35-36</td><td>4.0%</td><td>52</td><td>9.5%</td></tr><tr><td>37-38</td><td>4.5%</td><td>53</td><td>10.0%</td></tr><tr><td>39-40</td><td>5.0%</td><td>54</td><td>10.5%</td></tr><tr><td>41-42</td><td>5.5%</td><td>55-61</td><td>11.0%</td></tr><tr><td>43-44</td><td>6.0%</td><td>62-63</td><td>11.5%</td></tr><tr><td>45-46</td><td>6.5%</td><td>64 and older</td><td>12.0%</td></tr><tr><td>47</td><td>7.0%</td><td></td><td></td></tr></table> <p>(b) In the case of an active participant on the Effective Date who either attained age 54 and completed at least 9 years of Vesting Service as of January 1, 1997 or had completed at least 19 years of Vesting Service as of January 1, 1997, additional pension credits equal to 2% for each year of the first 10 years of Contributory Benefit Service, plus 3% for each of the next 10 years of Contributory Benefit Service, plus 4% for each year of Contributory Benefit Service in excess of 20 years.</p>				Annual Pension		Annual Pension		Age	Credit	Age	Credit	25 and younger	2.0%	48	7.5%	26-29	2.5%	49	8.0%	30-32	3.0%	50	8.5%	33-34	3.5%	51	9.0%	35-36	4.0%	52	9.5%	37-38	4.5%	53	10.0%	39-40	5.0%	54	10.5%	41-42	5.5%	55-61	11.0%	43-44	6.0%	62-63	11.5%	45-46	6.5%	64 and older	12.0%	47	7.0%		
Annual Pension		Annual Pension																																																						
Age	Credit	Age	Credit																																																					
25 and younger	2.0%	48	7.5%																																																					
26-29	2.5%	49	8.0%																																																					
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33-34	3.5%	51	9.0%																																																					
35-36	4.0%	52	9.5%																																																					
37-38	4.5%	53	10.0%																																																					
39-40	5.0%	54	10.5%																																																					
41-42	5.5%	55-61	11.0%																																																					
43-44	6.0%	62-63	11.5%																																																					
45-46	6.5%	64 and older	12.0%																																																					
47	7.0%																																																							

Schedule SB, Part V – Summary of plan provisions

Termination Benefit	<p>A Participant is eligible to receive a lump sum benefit following termination of employment and completion of five years of vesting service. The lump sum is calculated as the vested portion of greater of</p> <p>(a) and (b):</p> <p>(a) The Participant's Defined Lump Sum which equals the sum of (i) through (iii) below, adjusted as described in (iv), below:</p> <p>(i) The Participant's Final Average Pay multiplied by his Accumulated Pension Credits.</p> <p>(ii) One-third of the Participant's Accumulated Pension Credits multiplied by the excess of the Participant's Final Average Pay over two-thirds of the Social Security Wage Base.</p> <p>(iii) \$300 for each year of Noncontributory Benefit Service prior to the Effective Date.</p> <p>(iv) The actuarial equivalent of any additions or offsets to the Participant's Accrued Benefit, as determined under the Plan and Prior Plan provisions.</p> <p>(b) The benefit amount for Participants in the Prior Plan, which equals the sum of (i) and (ii) below, adjusted as described in (iii) below:</p> <p>(i) The lump sum value of the Participant's accrued benefit under the Prior Plan, based on the Participant's final average pay and years of benefit service as defined under the Prior Plan as of the date preceding the Effective Date.</p> <p>(ii) The Participant's Final Average Pay as of the determination date, multiplied by the Participant's Accumulated Pension Credits determined with respect to years of benefit service earned after the Effective Date. The Annual Pension Credit shall equal the lesser of the applicable Annual Pension Credits defined above or 3% for each year of benefit service earned after the Effective Date.</p> <p>(iii) The actuarial equivalent of any additions or offsets to the Participant's Accrued Benefit, as determined under the Plan and Prior Plan provisions.</p>
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Schedule SB, Part V – Summary of plan provisions

Optional Forms of Payment	Upon termination, a participant who has not yet attained age 55 may elect to receive payment of his vested accrued benefit in the form of a lump sum, an equivalent single life annuity or, if the participant is married, an equivalent 50% joint and survivor annuity. On and after attaining age 55, in addition to the options just described, a participant may also elect an equivalent 100% joint and survivor annuity. Other options are available to employees who were participants in the plan on February 12, 1997.
Survivor's Benefit	If a vested married participant dies while actively employed, his spouse shall be entitled to receive 55% of the termination benefit or a life annuity actuarially equivalent to this amount.
Changes since prior valuation	<p>The maximum accrued benefit limit as defined by IRC Section 415(b) increased from \$185,000 to \$195,000 effective January 1, 2009</p> <p>The maximum compensation limit as defined by IRC Section 401(a)(17) increased from \$230,000 to \$245,000 effective January 1, 2009.</p>

Schedule SB, Part V – Statement of actuarial assumptions/methods

Actuarial assumptions

Discount rate elections	
▪ Funding	Full Yield Curve with two month look-back
Mortality elections	
▪ Healthy participants	2009 PPA separate static annuitant and nonannuitant mortality tables
▪ Pre-1995 disabilities	2009 PPA static annuitant mortality table
▪ Post-1994 disabilities	2009 PPA static annuitant mortality table
▪ Lump sum	Prescribed minimum lump sum mortality for 2009
417(e) lump sums	
▪ Annuity substitution	Yes
▪ Generational mortality option	No
▪ Phase-in option	No
Other economic assumptions	
▪ Salary increases	4.00% per year
▪ Social Security wage base	3.00%
▪ Inflation	N/A
▪ Expected investment return	7.50%
▪ Expenses	3-year average of plan expenses, rounded to the nearest \$100,000

Schedule SB, Part V – Statement of actuarial assumptions/methods

Demographic assumptions		
Withdrawal	See Table A for sample rates.	
Retirement age	See Table A for sample rates.	
Benefit commencement age for		
▪ Future vested deferred	65	
▪ Current vested deferred	65	
Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
▪ Percentage married	80%	65%
▪ Spouse age difference	3 years younger	3 years older
Form of payment	<u>Lump Sum</u>	<u>Single Life</u>
▪ Active retirements		
– DLS Group	100%	0%
– KGF Group	0%	100%
▪ Future vested deferred	100%	0%
▪ Future disabilities	100%	0%
▪ Future deaths	100%	0%
▪ Current vested deferred	0%	100%
Changes since prior valuation	Interest discounts and mortality rates were updated from 2008 to 2009 in accordance with PPA and sponsor elections.	

Schedule SB, Part V – Statement of actuarial assumptions/methods

Table A - Table of Sample Rates

During the first five years of employment, withdrawal is assumed at the following rates:

Year	Probability of Withdrawal
1	30%
2	27%
3	22%
4	19%
5	17%

For after the fifth year of employment, withdrawal is assumed the following rates:

Age	Probability of Withdrawal
<36	13%
36 – 45	11%
46 – 54	9%

Attained Age	Retirement Rate
55	15%
56	10
57	10
58	10
59	10
60	10
61	10
62	15
63	10
64	10
65	100

Schedule SB, Part V – Statement of actuarial assumptions/methods

Asset methods

We used financial data submitted by the trustee as of January 1, 2009 without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method is an average of the adjusted market value over the last 2 years preceding the valuation date with semi-annual determination points. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset valuation method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than market.

Participant methods

We used the participant data supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all potential plan participants as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does have an insurance contract. This contract and its associated liabilities are included in the valuation data. This contract has been in place for more than two years.
- **Transferred participants:** The liabilities for employees who have transferred into another plan of the plan sponsor have been included with the liabilities for terminated vested participants.
- **Estimated benefits:** Accrued benefits were estimated for terminated vested participants and frozen active participants when accrued benefit calculations were not available.

Schedule SB, Part V – Statement of actuarial assumptions/methods

Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Plan amendments:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Late retirement increases:**
 - Frozen active participants: The plan provides late retirement actuarial increases to participants who defer retirement beyond normal retirement age. This valuation includes increases for current participants over age 65.
 - Deferred vested participants: Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Shutdown benefits:** We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.
- **IRC Section 415(b):** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **Benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.

Plan sponsor elections

Funding interest rate:

- Full yield curve
- 2 look-back months

Valuation of lump sums based on Section 417(e) assumptions:

- Lump sum benefit based on annuity substitution liability
- 417(e) mortality table applicable to current year

Mortality:

- 2009 PPA static annuitant and non-annuitant tables

Schedule SB, Part V – Statement of actuarial assumptions/methods

Minimum funding method

Target liability for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's accrued liability is the present value of benefits based on credited service and average pay as of the beginning of the plan year, and an individual's normal cost is the present value of the benefit deemed to accrue in the plan year. If multiple decrements are used, the accrued liability and the normal cost for an individual are the sum of the component accrued liabilities and normal costs associated with the various anticipated separation dates.
- The plan's target normal cost is the sum of the individual normal costs, and the plan's funding target liability is the sum of the accrued liabilities for all participants under the plan.

**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

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning and ending

▶ **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 Alliant Foodservice, Inc. Pension Plan	B Three-digit plan number (PN) ▶ 013
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF U.S. Foodservice, Inc.	D Employer Identification Number (EIN) 36-3642294
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other	
F 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>2009</u>			
2 Assets:			
a Market value	2a	115,000,246	
b Actuarial value	2b	126,500,271	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	135	5,982,959
b For terminated vested participants	3b	2,514	39,487,363
c For active participants:			
(1) Non-vested benefits	3c(1)		526,654
(2) Vested benefits	3c(2)		88,370,388
(3) Total active	3c(3)	4,531	88,897,042
d Total	3d	7,180	134,367,364
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	8.14 %	
6 Target normal cost	6	2,023,909	

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	<u>Vanessa Soskind vss</u>	<u>9/13/2010</u>
Signature of actuary		Date
<u>Vanessa Soskind</u>		<u>08-06307</u>
Type or print name of actuary		Most recent enrollment number
<u>MERCER</u>		<u>(813) 207-6333</u>
Firm name		Telephone number (including area code)
<u>3031 N. Rocky Point Dr. Ws, Ste 700</u>		
<u>Tampa</u>		<u>FL 33607-5808</u>
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) 2009
v.092308.1

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 (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>(17.97)%</u>		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		12,911,859
b Interest on (a) using prior year's effective rate of <u>6.19 %</u>		799,245
c Total available at beginning of current plan year to add to prefunding balance		13,711,104
d Portion of (c) to be added to prefunding balance		13,711,104
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	13,711,104

Part III Funding percentages

14 Funding target attainment percentage	14	83.94 %
15 Adjusted funding target attainment percentage	15	83.94 %
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	80.19 %
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
04/14/2009	1,070,000				
07/14/2009	1,070,000				
10/14/2009	1,070,000				
01/14/2010	1,070,000				
03/16/2010	1,317,000				
08/25/2010	7,000,000				
Totals ▶			18(b)	12,597,000	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 contribution 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	11,418,506

20 Quarterly contributions and liquidity shortfalls:

- a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c If 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
b Applicable month (enter code)	21b		2
22 Weighted average retirement age	22		60
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 eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	2,023,909
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	16,019,244	3,193,190
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 (item 31 + item 32a + item 32b - item 33)	34	5,217,099
35 Balances used to offset funding requirement	Carryover balance	Prefunding balance
	0	0
36 Additional cash requirement (item 34 minus item 35)	36	5,217,099
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	11,418,506
38 Interest-adjusted excess contributions for current year (see instructions)	38	6,201,407
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Plan Name	ALLIANT FOODSERVICE, INC. PENSION PLAN	EIN:	36-3642294
Plan Sponsor's Name	U.S. FOODSERVICE, INC.	PN:	013

[illegible]