

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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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: ☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report; ☒ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan DEL MONTE CORPORATION RETIREMENT SYSTEM FOR HOURLY EMPLOYEES	1b Three-digit plan number (PN) ▶ 205
		1c Effective date of plan 12/19/2002
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) DEL MONTE CORPORATION BENEFITS ADMINISTRATION ONE MARKET AT THE LANDMARK SAN FRANCISCO, CA 94119-3575 P. O. BOX 193575 SAN FRANCISCO, CA 94119-3575	2b Employer Identification Number (EIN) 75-3064217 2c Sponsor's telephone number 415-247-3000 2d Business code (see instructions) 311400

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.	10/14/2010	JOHN HETZLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	JOHN HETZLER
	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") EMPLOYEE BENEFITS COMMITTEE DEL MONTE CORPORATION P.O. BOX 193575 SAN FRANCISCO, CA 94119-3575	3b Administrator's EIN 58-1964739 3c Administrator's telephone number 415-247-3000
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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	3820
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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	86
b Retired or separated participants receiving benefits.....	6b	425
c Other retired or separated participants entitled to future benefits.....	6c	1132
d Subtotal. Add lines 6a , 6b , and 6c	6d	1643
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	10
f Total. Add lines 6d and 6e	6f	1653
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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:
 1B 1G

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) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

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
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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 DEL MONTE CORPORATION RETIREMENT SYSTEM FOR HOURLY EMPLOYEES	B Three-digit plan number (PN) 205
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DEL MONTE CORPORATION	D Employer Identification Number (EIN) 75-3064217

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	48519226
b Actuarial value	2b	53371149
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 345	33401174
b For terminated vested participants	3b 3392	17013355
c For active participants:		
(1) Non-vested benefits	3c(1)	34288
(2) Vested benefits	3c(2)	1357369
(3) Total active	3c(3) 83	1391657
d Total	3d 3820	51806186
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	8.16 %
6 Target normal cost	6	705000

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	10/06/2010 Signature of actuary YU ZHENG Type or print name of actuary TOWERS WATSON DELAWARE INC. Firm name 345 CALIFORNIA ST. SAN FRANCISCO, CA 94104 Address of the firm	Date 08-07247 Most recent enrollment number 415-733-4100 Telephone number (including area code)
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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)	8654128	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).....	8654128	0
10	Interest on item 9 using prior year's actual return of <u>-20.07</u> %	-1737230	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		3982793
b	Interest on (a) using prior year's effective rate of <u>6.07</u> %		241756
c	Total available at beginning of current plan year to add to prefunding balance		4224549
d	Portion of (c) to be added to prefunding balance.....		4224549
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).....	6916898	4224549

Part III Funding percentages			
14	Funding target attainment percentage.....	14	81.51 %
15	Adjusted funding target attainment percentage.....	15	103.02 %
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	94.16 %
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
04/15/2009	151980				
04/27/2010	8760000				
Totals ►			18(b)	8911980	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
b	Contributions made to avoid restrictions adjusted to valuation date	19b
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 8045577
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
0	0	0
		(4) 4th 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 3
22 Weighted average retirement age				22 61
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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	
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	705000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		
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	705000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	428636	0
36 Additional cash requirement (item 34 minus item 35).....	36	276364
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	8045577
38 Interest-adjusted excess contributions for current year (see instructions).....	38	7769213
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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 DEL MONTE CORPORATION RETIREMENT SYSTEM FOR HOURLY EMPLOYEES	B Three-digit plan number (PN) ▶ 205
C Plan sponsor's name as shown on line 2a of Form 5500 DEL MONTE CORPORATION	D Employer Identification Number (EIN) 75-3064217

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

MELLON CAPITAL

25-3078093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	INVESTMENT MANAGER	12087	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELLON GLOBAL TRUSTEE

25-6078093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	TRUSTEE	57926	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON

52-2211537

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	517453	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PYRAMIS

04-3532603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	INVESTMENT MANAGER	18527	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 DEL MONTE CORPORATION RETIREMENT SYSTEM FOR HOURLY EMPLOYEES	B Three-digit plan number (PN) ► 205
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DEL MONTE CORPORATION	D Employer Identification Number (EIN) 75-3064217

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT		
b Name of sponsor of entity listed in (a): MELLON CAPITAL MANAGEMENT		
c EIN-PN 25-6078093-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1872020
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS LD COMMINGLED POOL		
b Name of sponsor of entity listed in (a): MELLON CAPITAL MANAGEMENT		
c EIN-PN 25-6078093-056	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26945209
a Name of MTIA, CCT, PSA, or 103-12 IE: EB DAILY VALUED INT'L STOCK INDEX		
b Name of sponsor of entity listed in (a): MELLON CAPITAL MANAGEMENT		
c EIN-PN 25-6078093-034	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4833070
a Name of MTIA, CCT, PSA, or 103-12 IE: DAILY VALUED BROAD MARKET STOCK IND		
b Name of sponsor of entity listed in (a): MELLON CAPITAL MANAGEMENT		
c EIN-PN 25-6078093-106	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15684426
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)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 DEL MONTE CORPORATION RETIREMENT SYSTEM FOR HOURLY EMPLOYEES	B Three-digit plan number (PN) ► 205
C Plan sponsor's name as shown on line 2a of Form 5500 DEL MONTE CORPORATION	D Employer Identification Number (EIN) 75-3064217

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)	5076093	8760000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5324	1209
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)	43644532	49334725
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	48725949	58095934

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	85696	131625
i Acquisition indebtedness	1i		
j Other liabilities	1j		57964309
k Total liabilities (add all amounts in lines 1g through 1j)	1k	85696	58095934

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	48640253	0
---	----	----------	---

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)	8911980	
(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)		8911980
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	21920	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21920
(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)		7641969
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		16575869

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6483014	
(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)		6483014
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)	579028	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	30614	
(4) Other	2i(4)	159157	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		768799
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7251813

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9324056
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		57964309

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: KPMG, LLP

(2) EIN: 13-5565207

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	
e Was this plan covered by a fidelity bond?.....	X		25000000
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)
DEL MONTE CORPORATION RETIREMENT PLAN FOR SALARIED EMPLOYEES	75-3064217	202

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 DEL MONTE CORPORATION RETIREMENT SYSTEM FOR HOURLY EMPLOYEES		B Three-digit plan number (PN) ► 205
C Plan sponsor's name as shown on line 2a of Form 5500 DEL MONTE CORPORATION		D Employer Identification Number (EIN) 75-3064217
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
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): _____ 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 2171
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: 41% Investment-Grade Debt: 53% High-Yield Debt: 2% Real Estate: 0% Other: 4%

- 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):



**DEL MONTE CORPORATION
RETIREMENT SYSTEM FOR HOURLY EMPLOYEES**

Financial Statements and Supplemental Schedules

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)



KPMG LLP
Suite 1400
55 Second Street
San Francisco, CA 94105

Independent Auditors' Report

Del Monte Corporation Employee Benefits Committee
Del Monte Corporation Retirement System for Hourly Employees:

We were engaged to audit the accompanying statements of net assets available for benefits of the Del Monte Corporation Retirement System for Hourly Employees (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedules of Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2009, and Schedule H, line 4j – schedule of reportable transactions for the year ended December 31, 2009. These financial statements and supplemental schedules 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 investment information described in notes 5 and 7, which was certified by The Bank of New York Mellon, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2009 and 2008, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

As further discussed in Note 1, on December 31, 2009 the Plan was merged into the Del Monte Corporation Retirement Plan.

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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

KPMG LLP

September 29, 2010

DEL MONTE CORPORATION
RETIREMENT SYSTEM FOR HOURLY EMPLOYEES

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Investments at fair value:	49,334,725	43,644,532
Receivables:		
Contribution receivable from Plan sponsor	8,760,000	5,076,093
Interest receivable	1,209	5,324
Total receivables	8,761,209	5,081,417
Total assets	58,095,934	48,725,949
Liabilities:		
Accrued administrative expenses	131,625	85,696
Payable to Del Monte Corporation Retirement Plan	57,964,309	—
Total liabilities	58,095,934	85,696
Net assets available for benefits	\$ —	48,640,253

See accompanying notes to financial statements.

DEL MONTE CORPORATION
RETIREMENT SYSTEM FOR HOURLY EMPLOYEES

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Investment income (loss):		
Interest	\$ 21,920	75,991
Net appreciation (depreciation) in fair value of investments	<u>7,641,969</u>	<u>(11,051,880)</u>
Total investment income (loss)	7,663,889	(10,975,889)
Employer contributions	<u>8,911,980</u>	<u>5,076,093</u>
	<u>16,575,869</u>	<u>(5,899,796)</u>
Benefit payments to participants	6,483,014	4,038,385
Administrative expenses	<u>768,799</u>	<u>1,037,852</u>
Total deductions	<u>7,251,813</u>	<u>5,076,237</u>
Net increase (decrease) before transfer to Del Monte Corporation Retirement Plan	9,324,056	(10,976,033)
Transfer to Del Monte Corporation Retirement Plan	<u>(57,964,309)</u>	<u>—</u>
Net decrease in net assets available for benefits	(48,640,253)	(10,976,033)
Net assets available for benefits:		
Beginning of year	<u>48,640,253</u>	<u>59,616,286</u>
End of year	<u>\$ —</u>	<u>48,640,253</u>

See accompanying notes to financial statements.

DEL MONTE CORPORATION
RETIREMENT SYSTEM FOR HOURLY EMPLOYEES

Notes to Financial Statements

December 31, 2009 and 2008

(1) Description of the Plan

(a) General

The Del Monte Corporation Retirement System for Hourly Employees (the Plan) is a defined benefit pension plan sponsored by Del Monte Corporation (Del Monte or the Company), a wholly owned subsidiary of Del Monte Foods Company. The Plan provides benefits for eligible employees of the Company as defined in the Plan document. Additional information about the Plan including the benefit provisions of the Plan is described in the Plan document which is available from the Del Monte Corporation Employee Benefits Committee (the Committee). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Company amended its three defined benefit retirement plans merging the Del Monte Corporation Retirement Plan for Hourly Employees and the Del Monte Corporation Retirement System for Hourly Employees into the Del Monte Corporation Retirement Plan for Salaried Employees effective with the close of business on December 31, 2009. The surviving plan, the Del Monte Corporation Retirement Plan for Salaried Employees, was amended to change its name to the Del Monte Corporation Retirement Plan (Survivor Plan) effective January 1, 2010.

Effective with the mergers into the Survivor Plan, the benefits features and rights available to participants covered by the three plans in effect at the time of the mergers continued to be in effect immediately following the merger. The Survivor Plan assumed all of the assets and liabilities of the Del Monte Corporation Retirement Plan for Hourly Employees and the Del Monte Corporation Retirement System for Hourly Employees effective with the merger. Total Plan assets will be transferred on October 1, 2010 and the total accumulated benefits of \$52,350,900 were transferred on December 31, 2009.

On December 20, 2002, Del Monte Foods Company announced the completion of the acquisition of certain businesses of H.J. Heinz Company (Heinz). The acquisition was completed pursuant to a Separation Agreement, dated as of June 12, 2002, between Heinz and SKF Foods, Inc., a wholly owned direct subsidiary of Heinz (SKF), and an Agreement and Plan of Merger, dated as of June 12, 2002, by and among Del Monte Foods Company, Heinz, SKF, and Del Monte (the Merger) and the Employee Benefit Agreement dated as of June 12, 2002, between Heinz and SKF. In conjunction with the Merger, SKF adopted the Plan (formerly called the Pension Plan of H.J. Heinz Company for Certain Hourly Employees (Plan E)) immediately prior to the Merger for the exclusive benefit of certain designated hourly paid employees, who were participants in applicable portions of the Pension Plan of H.J. Heinz Company Plan B – For Certain Designated Union Employees (Plan B); the Pension Plan of H.J. Heinz Company for Employees Represented by the United Food & Commercial Workers, AFL-CIO & CLC (Plan C); and the Pension Plan of H.J. Heinz Company for Non-Union Hourly Employees (Plan D). The Plan was created effective December 19, 2002, as a spin-off from these Heinz plans. Del Monte Corporation, as a subsidiary of Del Monte Foods Company, continued the Plan, renaming it the Del Monte Corporation Retirement System for Hourly Employees.

On October 6, 2008, pursuant to the Purchase Agreement dated June 29, 2008 among Del Monte Corporation, Dongwon Enterprise Co., Ltd. (Dongwon Enterprise), Dongwon Industries Co., Ltd.

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RETIREMENT SYSTEM FOR HOURLY EMPLOYEES

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(Dongwon Industries), Dongwon F&B Co., Ltd. (Dongwon F&B), Starkist Co. (Starkist Co., and collectively with Dongwon Enterprise, Dongwon Industries, Dongwon F&B, the Dongwon Entities), and StarKist Samoa Co. (Acquisition Sub), Del Monte Corporation (i) sold to Starkist Co. all of the outstanding stock of Galapesca S.A., Panapesca Fishing, Inc. and Marine Trading Pacific, Inc., (ii) caused Star-Kist Samoa, Inc. to be merged with and into Acquisition Sub and (iii) sold to Starkist Co. certain assets that are primarily related to the business of manufacturing, marketing, selling and distributing *StarKist* brand products and private label seafood products (such business, the StarKist Seafood Business). The divestiture included the sale of Del Monte's manufacturing capabilities in American Samoa and Manta, Ecuador; and certain manufacturing assets associated with the StarKist Seafood Business located in Terminal Island, California and Guayaquil, Ecuador. All of Del Monte's direct plant employees related to the StarKist Seafood Business joined the Dongwon Entities as a result of the divestiture. Upon closing of the transaction, participating employees became 100% vested in their accrued benefit. The sale of the American Samoa plant increased the accumulated benefits by \$478,225 for the year ending December 31, 2008.

Participants of the Plan include former hourly employees at the Company's Terminal Island and former American Samoa facilities and employees at the Company's former Pittsburgh facility. Terminal Island employees who participate in the Plan are represented by the following bargaining agents: the United Industrial Workers, Service, Transportation, Professional and Government of North America, affiliated with the Seafarers International Union of North America – Atlantic, Gulf, Lakes and Inland Water District, affiliated with the Seafarers International Union of North America and the AFL-CIO, and its Local 24, and also the American Federation of Guards. Pittsburgh factory employees who participate in the Plan are represented by the following bargaining agents: the United Food & Commercial Workers International Union, AFL-CIO & CLC, on behalf of and in conjunction with its Local 325. American Samoa employees who participated in the Plan included employees of Star-Kist Samoa, Inc.

(b) Funding Policy

It is the Company's policy to fund the Plan in amounts equal to or in excess of the Plan's minimum funding requirements set forth by ERISA. Contributions in excess of the minimum funding requirement will only be made to the extent they are deductible for federal income tax purposes under Internal Revenue Code (IRC) Section 404. The Company was not required by ERISA to make a contribution for 2009 and 2008. The Company made contributions for the years ended December 31, 2009 and 2008 of \$8,911,980 and \$5,076,093, respectively.

The Plan was amended in December 2003 and August 2004 such that active participation by Terminal Island participants has ceased. Depending on the date negotiated with the applicable union, these provisions were effective November 1, 2003; January 1, 2004; and June 1, 2004. Previous to this amendment pursuant to the applicable collective bargaining agreement, participants contributed fourteen cents for each hour of service as defined in the Plan document. At December 31, 2009 and 2008, the accumulated contributions of active employees were approximately \$620,700 and \$605,600, respectively, including interest at 120% of the Federal mid-term rate.

DEL MONTE CORPORATION
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(c) *Benefit Provision and Vesting*

Employees with five or more years of service are entitled to an annual pension benefit at normal retirement age (65). The Plan permits early retirement. Generally, benefits are calculated as follows:

Pittsburgh factory employees' annual service retirement benefit is calculated as follows:

1. Effective for retirements occurring prior to March 1, 2003, an annual benefit for credited service rendered as a participant on or after January 1, 1967, equal to 1.10% of the participant's earnable compensation earned during such period; or
2. Effective for retirements occurring on or after March 1, 2003, an annual benefit for credited service rendered as a participant on or after January 1, 1967 equal to 1.20% of the participant's earnable compensation earned during such period; plus
3. The amount, if any, required in addition to the benefit set forth above for retirements occurring prior to March 1, 2003, to make the participant's annual retirement benefit equal to \$456 per year for each year of credited service rendered on and after January 1, 1967 and for retirements occurring on or after March 1, 2003, the amount, if any, to make the participant's annual retirement benefit equal to \$504 per year for each year of credited service rendered on and after January 1, 1967.
4. If a participant has credited service prior to January 1, 1967, certain additional provisions may apply.
5. Participants who have attained age 55 with 30 or more years of continuous service are eligible to receive an annual "special service supplement" benefit equal to \$156 for each completed year of credited service in addition to the benefit described above. This benefit is payable only to the earlier of age 62 or the date the participant becomes eligible for a social security disability benefit. These same participants are eligible to receive their age 65 benefit in the form of an immediate unreduced benefit as of their retirement date.

Star-Kist Samoa, Inc. employees' annual service retirement benefit is calculated as follows:

1. 1.25% of the participant's compensation earned on or after June 1, 1973; plus
2. The amount, if any, required in addition to 1.25% of the participant's compensation earned on or after June 1, 1973 to make the annual service retirement benefit equal to \$96 per year for each year of credited service rendered on or after June 1, 1973.
3. In addition to the benefit set forth above, an annual benefit for uninterrupted service rendered as an employee of Star-Kist Samoa, Inc. prior to June 1, 1973 equal to 0.5% of the first \$3,000 and 1% of the excess of earnable compensation received during 1972 or if greater \$84 per year for each year of credited service rendered prior to June 1, 1973.

DEL MONTE CORPORATION
RETIREMENT SYSTEM FOR HOURLY EMPLOYEES

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December 31, 2009 and 2008

Terminal Island employees' annual service retirement benefit is determined as follows:

1. \$132 multiplied by the participant's credited service earned on or after January 1, 1986 but prior to January 1, 1989;
2. \$156 multiplied by the participant's credited service earned on and after January 1, 1989, but prior to November 1, 2003, January 1, 2004, and June 1, 2004, depending on the date negotiated with the applicable union; and
3. The participant's annual normal pension as determined under a certain multiemployer pension plan known as the Fish Cannery-United Industrial Workers Pension Plan as existing on December 31, 1985 and as to which, prior to January 1, 1986, Star-Kist Foods Inc. was a contributing employer, plus any additional amounts to which the participant would be entitled under that plan.

Benefits are generally payable for life and are in the form of a joint and survivor annuity if the participant is married. For certain Pittsburgh participants, a special retirement supplement benefit may also be paid as a lump sum in the amount of \$6,500. If a participant dies prior to commencing payments under the Plan, his or her beneficiary would be entitled to receive a survivor's benefit. Generally, an active employee with 10 or more years of continuous service who becomes disabled is retired from service and receives a disability retirement benefit commencing on the disability retirement date. With respect to Terminal Island employees, the participant must be disabled for at least five consecutive months before being retired from service. With respect to Star-Kist Samoa, Inc. employees, the disabled employee must have 15 or more years of continuous service in order to receive a disability retirement benefit.

If the lump sum value of the retired participant's nonforfeitable benefit is less than \$1,000 the entire benefit shall be paid in a lump sum without the written consent of the participant's spouse and neither the retired participant or the retired participant's spouse shall have any further rights under the Plan. For distributions where the lump sum value is between \$1,000 and \$5,000, the benefit may be paid in a lump sum without the written consent of the participant's spouse within ninety days of notice of such election.

(d) Return of Contributions

Participants who terminate employment for reasons other than death prior to completion of at least five years of continuous service and prior to retirement, shall be paid in a lump sum payment the total of their accumulated contributions as soon as practicable following six months after termination of employment.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

DEL MONTE CORPORATION
RETIREMENT SYSTEM FOR HOURLY EMPLOYEES

Notes to Financial Statements

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(b) Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount 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.

(c) Valuation of Investments and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 6 for a discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes gains and losses on investments bought and sold, as well as held during the year.

(d) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions that are attributable under the Plan's provisions for service accrued by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (i) retired or terminated employees or their beneficiaries, and (ii) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries generally are based on the employees' career compensation during the years of credited service, as defined in the Plan document. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service accrued to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent 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 the expected date of payment.

(e) Payment of Benefits

Benefit payments to participants are recorded when paid.

(f) 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 statement of net assets available for benefits.

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The Plan may invest in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and change in interest rates.

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 would be material to the financial statements.

(g) *Recently Issued Accounting Standards*

In June 2009, the FASB issued a statement which establishes the FASB Accounting Standards Codification (ASC). The ASC establishes two levels of GAAP—authoritative and nonauthoritative. The ASC is the source of authoritative, nongovernmental GAAP, except for rules and interpretive releases of the SEC. Effective for financial statements issued for interim and annual periods ending after September 15, 2009, the ASC was adopted by the Plan for the year ended December 31, 2009. The adoption of the ASC did not impact the Plan's financial statements.

(3) *Administrative Expenses*

The Plan pays a majority of all expenses reasonably incurred in administering the Plan to the extent such expenses are incurred in connection with activities necessary to operate the Plan for the benefit of its participants. Certain administrative expenses are paid by the Company.

(4) *Plan Termination*

In the event the Survivor Plan terminates, the net assets of the Survivor Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations, as discussed below.

DEL MONTE CORPORATION
RETIREMENT SYSTEM FOR HOURLY EMPLOYEES

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December 31, 2009 and 2008

4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

(5) Trustee Certification

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator has obtained certifications from The Bank of New York Mellon (Mellon) as of December 31, 2009 and 2008, and for the years ended December 31, 2009 and 2008 that all of the investment information provided by them is complete and accurate. Information included in the accompanying financial statements as to investments and investment income in the trust fund administered by the trustee and all investment information in the supplemental schedules is presented with reliance solely upon those certifications.

(6) Fair Value Measurements

A three-tier fair value hierarchy is used to prioritize the inputs used in measuring fair value. The hierarchy gives the highest priority to quoted prices in active markets (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels are defined as follows:

- Level 1 Inputs – unadjusted quoted prices in active markets for identical assets or liabilities;
- Level 2 Inputs – quoted prices for similar assets and liabilities in active markets or inputs that are observable for the asset or liability, either directly or indirectly through market corroboration, for substantially the full term of the financial instrument; and
- Level 3 Inputs – unobservable inputs reflecting the Company's own assumptions in measuring the asset or liability at fair value.

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2009 and December 31, 2008. Certain prior year amounts have been reclassified to conform with the current year presentation.

Interest bearing cash: valued based on cost, which approximates fair value;

DEL MONTE CORPORATION
RETIREMENT SYSTEM FOR HOURLY EMPLOYEES

Notes to Financial Statements

December 31, 2009 and 2008

Common collective trust funds: valued based on the net asset value of the fund and is redeemable daily.

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

	Investments at estimated fair value			Total
	Level 1	Level 2	Level 3	
Investments:				
Interest bearing cash	\$ 1,872,020	—	—	1,872,020
Common collective trust funds:				
Fixed income	—	26,945,209	—	26,945,209
Index funds	—	20,517,496	—	20,517,496
Total investments	<u>\$ 1,872,020</u>	<u>47,462,705</u>	<u>—</u>	<u>49,334,725</u>

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

	Investments at estimated fair value			Total
	Level 1	Level 2	Level 3	
Investments:				
Interest bearing cash	\$ 6,463,384	—	—	6,463,384
Common collective trust funds	—	37,181,148	—	37,181,148
Total investments	<u>\$ 6,463,384</u>	<u>37,181,148</u>	<u>—</u>	<u>43,644,532</u>

(7) Investments

The following table presents the fair value of investments. Individual investments that exceed 5% of the Plan's net assets are separately identified (*):

	2009	2008
Investments at estimated fair value:		
Mellon EB Temporary Investment Fund*,**	\$ 1,872,020	6,463,384
Common collective trust funds:		
Pyramis Long Duration Commingled Pool*	26,945,209	—
EB Aggregate Bond Index Fund*, **	—	18,368,996
EB Daily Valued International Stock Index Fund*, **	4,833,070	3,651,507
EB Daily Valued Broad Market Stock Index Fund*, **	15,684,426	15,160,645
Total	<u>\$ 49,334,725</u>	<u>43,644,532</u>

** Party in interest

DEL MONTE CORPORATION
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During the year ended December 31, 2009, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated in value by \$7,641,969. During the year ended December 31, 2008 the Plan's investments (including gains and losses on investments bought, sold and held during the year) depreciated in value by \$11,051,880.

(8) Income Tax Status

The Internal Revenue Service (IRS) has issued the Plan a favorable determination letter dated September 25, 2009. The Company intends that the Plan be qualified under Sections 401(a) and 501(a) of the IRC and, therefore, is not subject to tax under present federal income tax law. Therefore, no provision for income taxes has been included in the Plan's financial statements. Although the Plan has been amended since receiving the determination letter, the Company believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

(9) Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits as of December 31, 2008 is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participating employees	\$ 1,474,466
Participants with deferred benefits	18,258,753
Participants receiving benefits	35,526,352
Nonvested accumulated benefits	37,016

Total actuarial present value of accumulated plan benefits	\$ 55,296,587
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Changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2008 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 50,395,420
Increase attributable to:	
Benefits accumulated	309,173
Actuarial (gains) losses	1,470,969
Decrease in the discount period	3,894,832
Actual benefits paid	(4,038,385)
Plan Amendment	478,225
Change in mortality and discount rate assumptions	2,786,353
Net increase	4,901,167
Actuarial present value of accumulated plan benefits at end of year	\$ 55,296,587

Effective January 1, 2008, the Plan was amended to comply with the Pension Protection Act of 2006.

DEL MONTE CORPORATION
RETIREMENT SYSTEM FOR HOURLY EMPLOYEES

Notes to Financial Statements

December 31, 2009 and 2008

Significant assumptions underlying the actuarial computations using the projected unit credit method are:

Interest discount rate	7.50% and 8.00% for 2009 and 2008, respectively
Mortality basis	2009 and 2008 – Static tables with separate mortality rates for annuitar non-annuitants as prescribed under Section 430(h)(3)(A) of the IRC 2007 – 1994 Group Annuity Tables for Males and Females

Retirement age	Age	Regular early retirement for Samoa	Unreduced early retirement for Samoa	Regular early retirement for Terminal Island	Normal retirement
	55	10.0%	—%	10.0%	—%
	60	12.0	—	7.5	—
	62	40.0	40.0	25.0	—
	64	20.0	40.0	15.0	—
	65	—	—	—	100.0

These actuarial assumptions are based on the presumption that the Survivor 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. The actuarial valuation was performed as of January 1, 2009. Had the valuation been performed as of December 31, 2008, there would be no material difference.

(10) Transactions with Related Parties

Certain Plan investments are managed by Mellon. Mellon is the trustee as defined by the Plan, and, therefore, investment transactions with Mellon qualify as party-in-interest.

(11) Subsequent Event

The Company has evaluated subsequent events from the balance sheet date through September 29, 2010, the date at which the financial statements were available to be issued, and determined that there are no other items to disclose.

DEL MONTE CORPORATION
RETIREMENT SYSTEM FOR HOURLY EMPLOYEES
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2009

<u>Issuer</u>	<u>Description</u>	<u>Units</u>	<u>Cost</u>	<u>Fair value</u>
Mellon Capital Management*	Common/collective trust:			
	Mellon EB Temporary Investment Fund	1,872,020	\$ 1,872,020	1,872,020
	EB Daily Valued International Stock Index Fund	17,015	3,195,843	4,833,070
	Pyramis Long Duration Commingled Pool	2,159,071	24,000,000	26,945,209
	EB Daily Valued Broad Market Stock Index Fund	142,281	11,950,741	15,684,426
			<u>\$ 41,018,604</u>	<u>49,334,725</u>

* Party-in-interest.

See accompanying independent auditors' report.

DEL MONTE CORPORATION
RETIREMENT SYSTEM FOR HOURLY EMPLOYEES

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2009

(a) Description of asset (# of transactions)	(b) Purchase price	(c) Sales proceeds	(d) Cost of assets	(e) Net gain (loss)
Series of reportable transactions:				
Common/collective trust:				
Mellon EB Temporary Investment Fund (29)	\$ 8,687,903	—	—	—
Common/collective trust:				
Mellon EB Temporary Investment Fund (53)	—	13,211,405	13,211,405	—
Common/collective trust:				
Pyramis Long Duration Commingled Pool (3)	24,000,000	—	—	—
Single reportable transactions:				
Common/collective trust:				
Mellon EB Temporary Investment Fund (1)	3,000,000	—	—	—
Common/collective trust:				
Mellon EB Temporary Investment Fund (1)	5,076,093	—	—	—
Common/collective trust:				
Mellon EB Temporary Investment Fund (1)	—	6,000,000	6,000,000	—
Common/collective trust:				
Pyramis Long Duration Commingled Pool (1)	9,000,000	—	—	—
Common/collective trust:				
Pyramis Long Duration Commingled Pool (1)	9,000,000	—	—	—
Common/collective trust:				
Pyramis Long Duration Commingled Pool (1)	6,000,000	—	—	—
Common/collective trust:				
Mellon EB MCM Aggregate Bond Index Fund (1)	—	18,360,412	15,658,204	2,702,208
Common/collective trust:				
Mellon EB Daily Valued Broad Market Stock Index Fund (1)	—	3,000,000	2,883,721	116,279

See accompanying independent auditors' report.

SCHEDULE SB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	Del Monte Corporation
EIN/PN	75-3064217/205
Plan Name	DEL MONTE CORPORATION RETIREMENT SYSTEM FOR HOURLY EMPLOYEES
Valuation Date	January 1, 2009
Enrolled Actuary	Yu Zheng
Enrollment Number	08-07247

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	DEL MONTE CORPORATION RETIREMENT SYSTEM FOR HOURLY EMPLOYEES
EIN / PN:	75-3064217 / 205
Plan Sponsor:	Del Monte Corporation
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2009

The plan assumed different rates for the three groups listed in the table of retirement rates in Schedule SB attachment Part V. First, an average of these retirement rates at each age, weighted by active liability, was determined. The average retirement age for Line 22 was then calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Average Retirement Age

Age x (a)	Rate of Retirement (b)	Probability of Not Retiring at Age x-1 (c)	Probability of Retiring at Age x (d) = (b) * (c)	(a) * (d)
55	9.28%	100.00%	9.28%	5.105361
56	8.18%	90.72%	7.42%	4.153461
57	8.18%	83.30%	6.81%	3.881987
58	8.18%	76.49%	6.25%	3.627140
59	8.18%	70.24%	5.74%	3.388016
60	9.15%	64.49%	5.90%	3.539553
61	16.35%	58.59%	9.58%	5.844532
62	33.36%	49.01%	16.35%	10.137585
63	31.15%	32.66%	10.17%	6.409201
64	19.22%	22.49%	4.32%	2.766613
65	42.21%	18.17%	7.67%	4.984637
66	36.90%	10.50%	3.87%	2.556727
67	27.79%	6.62%	1.84%	1.233189
68	32.21%	4.78%	1.54%	1.047804
69	38.85%	3.24%	1.26%	0.869275
70	100.00%	1.98%	1.98%	1.387878
Total			100.00%	60.932959

Average Weighted Age at Retirement:

61

Plan Name: DEL MONTE CORPORATION RETIREMENT SYSTEM FOR HOURLY EMPLOYEES
 EIN / PN: 75-3064217 / 205
 Plan Sponsor: Del Monte Corporation
 Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions and Methods

Plan Sponsor

Del Monte Corporation

EIN/PN

75-3064217/205

Discount Rates

Current plan year PPA effective interest rate: 8.16%

Prior plan year PPA effective interest rate: 6.07%

Full Yield Curve

Applicable month: October 2008

Transition election: None

Assumed Cost of Living Adjustments

0.000%

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Mortality

For non-disabled participants. The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Plan Name:	DEL MONTE CORPORATION RETIREMENT SYSTEM FOR HOURLY EMPLOYEES
EIN / PN:	75-3064217 / 205
Plan Sponsor:	Del Monte Corporation
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and group shown below.

Age	Regular Early for Samoa	Unreduced Early for Samoa	Regular Early for Terminal Island	Normal
55	10.0%	0%	10.0%	0%
60	12.0%	0%	7.5%	0%
62	40.0%	40.0%	25.0%	0%
64	20.0%	40.0%	15.0%	0%
65	0%	0%	0%	100%

Disability Rates

The rates at which participants become disabled by group are shown below:

Age	Terminal Island
25	0.03%
35	0.03%
45	0.08%
55	0.45%

Disabled Mortality

Revenue Ruling 96-7 Disabled Mortality Post 1994 Table for males and females

Future Increases in Social Security

Not applicable.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

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Representative Termination Rates not Due to Disability, Retirement or Mortality

Age	Terminal Island
25	20%
35	15%
45	10%
55	0%

Form of Payment

Participants are assumed to elect the single life annuity form.

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible participants are assumed to be married.

Employees

It was assumed that there will be no new or rehired employees.

Plan Compensation

Compensation assumed paid in the current year beginning on the valuation date is the prior year's pay increased by a salary scale of 3.00%.

Asset Method

Valuation assets are determined by the asset smoothing outlined in IRS Notice 2009-22 which reflects changes made by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA). Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date.

Participant Data

All employee data was supplied by the employer as of the census date.

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Benefits not Included in Valuation

None.

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Del Monte Corporation

Plan

Del Monte Corporation Retirement System for Hourly Employees

Effective Date and Most Recent Amendment

The plan was originally effective December 20, 2002. The last amendment reflected herein is Amendment Number 16, which is effective January 1, 2007.

Plan Year

The twelve-month period ending December 31, 2008.

Coverage and Participation

Any participant of the Plan on December 19, 2002 is to continue to be a participant. Any other full-time employee becomes eligible for participation in the plan upon completion of six months of continuous service. A part-time employee becomes a participant of the plan upon completion of 1 year of continuous service.

Continuous Service

Continuous service, including that earned under the Prior Plan, is any year since hire in which at least 1,000 hours are completed, computed on the basis of completed payroll periods.

Credited Service

A year of credited service is earned for each Plan Year in which an eligible employee is both a participant in the Plan and works at least 1,000 hours, computed on the basis of completed payroll periods.

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Retirement Dates

1. Normal Retirement Date: First day of the month following 65th birthday.

2. Early Retirement Date:

For Pittsburgh Employees:

Age 55 with 30 years of continuous service – unreduced.

Age 62 with 25 years of continuous service – unreduced.

Age 55 – reduced.

For American Samoa Employees:

Age 62 with 25 years of continuous service – unreduced.

Age 55 – reduced.

For Terminal Island Employees:

Age 55 with 10 years of service.

3. Postponed: After age 65.

4. Disability:

For Pittsburgh Employees: 10 years of continuous service.

For American Samoa Employees: 15 years of continuous service.

For Terminal Island Employees: 10 years of continuous service.

Annual Retirement Benefits for Pittsburgh:

Normal

Eligibility: Age 65.

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Benefits: The annual retirement benefit is the max of (1) and the sum of (2) & (3):

- (1) \$180 multiplied by all years of continuous service.
- (2) For credited service rendered on and after January 1, 1967, the greater of:

1.2% of earnable compensation received in such period – and –

Minimum annual benefit of \$504 multiplied by years of credited service in such period;
- (3) For credited service rendered prior to January 1, 1967
 - (a) For a non-contributing participant – benefit accrued prior to January 1, 1967 under the terms of the Prior Plan.
 - (b) For a contributing participant – an annual benefit of \$216 multiplied by years of credited service in such period.

Early

Eligibility: Unreduced Benefits

- (1) Age 55 and 30 years of continuous service or age 62 and 25 years of continuous service.
- (2) In case of disability – 10 years of continuous service.

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Eligibility: Reduced Benefits

Age 55.

Benefits: For Reduced Retirement, normal retirement benefit is reduced in accordance with the following schedule and payable immediately:

Age at Retirement	Percentage of Accrued Benefit
64	98%
63	96%
62	94%
61	90%
60	86%
59	82%
58	78%
57	74%
56	70%
55	66%

Postponed Benefit accrued to actual retirement date.

Disability Normal retirement benefit, determined as if the participant is unmarried, payable immediately. At age 65, the benefit is recalculated based on actual marital status and elected form of benefit.

Annual Retirement Benefits for American Samoa:

Normal

Eligibility: Age 65.

Benefits: The annual retirement benefit consists of the sum of (1) and (2):

(1) For credited service rendered on and after June 1, 1973, the greater of:

1-1/4% of earnable compensation received in such period – and –

\$96 multiplied by years of credited service in such period

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- (2) For credited service rendered prior to June 1, 1973, the greater of:

1/2% of the first \$3,000 of 1972 compensation and 1% of such compensation in excess of \$3,000, multiplied by years of credited service in such period – and –

\$84 multiplied by years of credited service in such period.

Early

Eligibility: Unreduced Benefits

- (1) Age 62 and 25 years of continuous service.
- (2) In case of disability – 15 years of continuous service.

Eligibility: Reduced Benefits

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Age 55.

Benefits: For Reduced Retirement, normal retirement benefit reduced in accordance with the following schedule and payable immediately:

Age at Retirement	Percentage of Accrued Benefit
64	98%
63	96%
62	94%
61	90%
60	86%
59	82%
58	78%
57	74%
56	70%
55	66%

Postponed Benefit accrued to actual retirement date.

Disability Normal retirement benefit, determined as if the participant is unmarried, payable immediately. At age 65, the benefit is recalculated based on actual marital status and elected form of benefit.

Annual Retirement Benefits for Terminal Island:

Normal

Eligibility: Age 65.

Benefits: Annual retirement benefit is the sum of:

- (1) \$132 multiplied by Credited Service on and prior to 1/1/89
- (2) \$156 multiplied by Credited Service on or after 1/1/89 through the Freeze Date.
- (3) Participant's annual "Normal Pension" as determined under the Fish Cannery Plan, plus any additional amounts to which the participant would be entitled under that plan.

Early

Eligibility: Age 55 and 10 Years of Service.

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Accrued benefit deferred to age 65 or an immediate benefit equal to the accrued benefit reduced by

- (1) $\frac{1}{2}$ of 1% for each of the first 60 months Participant's commencement date precedes his Normal Retirement Date, and
- (2) $\frac{3}{10}$ of 1% for each additional month by which the date the Participant's Retirement Benefit commences precedes his Normal Retirement Date.

Postponed Benefit accrued to actual retirement date.

Benefit accruals cease for cannery employees as of November 1, 2003 and cease for distribution center employees as of January 1, 2004.

Normal Form of Payment

The normal form of payment is a single life annuity for unmarried participants and a 100% joint and survivor annuity for married participants.

Vested Benefits Upon Termination for Pittsburgh

Eligibility: 5 years of continuous service.

Benefits: Accrued benefit deferred to age 65 or benefit payable at age 55 or later reduced $\frac{1}{2}$ of 1% for each month the payment starting date precedes the first of the month coincident with or next following attainment of age 65.

Vested Benefits Upon Termination for American Samoa

Eligibility: Employees will be vested upon completion of 5 years of continuous service.

Benefits: Accrued benefit deferred to age 65 or benefit payable at age 55 or later reduced $\frac{1}{2}$ of 1% for each month the payment starting date precedes the first of the month coincident with or next following attainment of age 65.

Vested Benefits Upon Termination for Terminal Island

Eligibility: Employees will be vested upon completion of 5 years of vesting service.

Benefits: Accrued benefit deferred to age 65 or, if eligible, Early Retirement Benefit.

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Plan Participants' Contributions

As of January 1, 2004, all contributions to support the Plan are made by the Company. Employee contributions are no longer required or allowed.

Changes in Plan Provisions since Last Actuarial Valuation

The American Samoa plant was sold as of October 5, 2008. The effects of this event have been recognized in this funding valuation.

As of December 31, 2009 the Plan was amended to merge with the Del Monte Corporation Retirement Plan for Salaried Employees.

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Schedule SB, Line 25 Description of Change in Method as of January 1, 2009

The following changes to the funding method were made as part of this valuation:

- The discount rate was changed from the September 3-segment rates to the full yield curve as of the October before the valuation date. This change is being made as elected by the plan sponsor and is deemed to be automatically approved by the IRS pursuant to guidance in IRS March 31, 2009 Newsletter.
- Based upon an election by the plan sponsor, the asset valuation method changed from the market value of assets to the method described in IRS Notice 2009-22 which reflects changes made by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA). Changes in the asset method for plan years beginning in 2009 to any permissible asset method are deemed to be automatically approved by the IRS.
- Administrative expenses were added to normal cost. No administrative expenses were added as allowed by the PPA proposed regulations for the 2008 plan year.

No other changes to the funding method were made as part of this valuation.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2009

Attained Age	Years of Credited Service															
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0	
30 - 34	0		0		1		0		0		0		0		0	
35 - 39	1		0		1		0		0		0		0		0	
40 - 44	0		1		5		0		0		0		0		0	
45 - 49	2		2		4		0		0		0		0		0	
50 - 54	0		0		18		0		0		1		2		0	
55 - 59	0		2		13		0		1		0		0		3	
60 - 64	1		2		16		0		1		0		1		2	
65 - 69	0		0		1		0		0		0		0		0	
70 & Over	0		0		2		0		0		0		0		0	

Plan Name: DEL MONTE CORPORATION RETIREMENT SYSTEM FOR HOURLY EMPLOYEES
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 Plan Sponsor: Del Monte Corporation
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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
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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 THE DEL MONTE CORPORATION RETIREMENT SYSTEM FOR HOURLY EMPLOYEES C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DEL MONTE CORPORATION	B Three-digit plan number (PN) ► 205 D Employer Identification Number (EIN) 75-3064217 E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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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		48,519,226
b Actuarial value.....	2b		53,371,149
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	345	33,401,174
b For terminated vested participants	3b	3,392	17,013,355
c For active participants:			
(1) Non-vested benefits.....	3c(1)		34,288
(2) Vested benefits.....	3c(2)		1,357,369
(3) Total active	3c(3)	83	1,391,657
d Total.....	3d	3,820	51,806,186
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		8.16 %
6 Target normal cost.....	6		705,000

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	Yu Zheng <i>YZ</i> _____ Signature of actuary Yu Zheng _____ Type or print name of actuary Towers Watson Delaware Inc. _____ Firm name 345 California St. San Francisco CA 94104 _____ Address of the firm	October 6, 2010 _____ Date 08-07247 _____ Most recent enrollment number (415) 733-4100 _____ Telephone number (including area code)
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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 ☐

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)	8,654,128	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).....	8,654,128	0
10 Interest on item 9 using prior year's actual return of <u>(20.07)</u> %	(1,737,230)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		3,982,793
b Interest on (a) using prior year's effective rate of <u>6.07</u> %		241,756
c Total available at beginning of current plan year to add to prefunding balance		4,224,549
d Portion of (c) to be added to prefunding balance.....		4,224,549
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)	6,916,898	4,224,549

Part III Funding percentages

14 Funding target attainment percentage.....	14	81.51 %
15 Adjusted funding target attainment percentage.....	15	103.02 %
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	94.16 %
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
04/15/2009	151,980				
04/27/2010	8,760,000				
Totals ►			18(b)	8,911,980	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
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 8,045,577

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 3
22 Weighted average retirement age				22 61
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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	
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	705,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		
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	705,000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	428,636	0
36 Additional cash requirement (item 34 minus item 35)	36	276,364
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	8,045,577
38 Interest-adjusted excess contributions for current year (see instructions)	38	7,769,213
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

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Del Monte Corporation Ret System for Hourly Employees
Plan Sponsor's Name Del Monte Corporation

EIN: 75-3064217
PN: 205

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	Mellon Capital Management	Common/Collective Trust: Mellon EB Temporary Investment Fund		1,872,020
*	Mellon Capital Management	Common/Collective Trust: EB Daily Valued International Stock Index Fund		4,833,070
*	Mellon Capital Management	Common/Collective Trust Pyramis Long Duration Commingled Pool		26,945,209
*	Mellon Capital Management	Common/Collective Trust EB Daily Valued Broad Market Stock Index Fund		15,684,426