

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 PLAN FOR SALARIED EMPLOYEES	1b Three-digit plan number (PN) ▶ 202
		1c Effective date of plan 01/01/1990
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) DEL MONTE CORPORATION 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.	10/15/2010	JOHN HETZLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	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") DEL MONTE CORPORATION BENEFITS ADMINISTRATION ONE MARKET AT THE LANDMARK 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	2175
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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	1670
b Retired or separated participants receiving benefits.....	6b	467
c Other retired or separated participants entitled to future benefits.....	6c	117
d Subtotal. Add lines 6a , 6b , and 6c	6d	2254
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	52
f Total. Add lines 6d and 6e	6f	2306
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	25

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

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 <u>DEL MONTE CORPORATION RETIREMENT PLAN FOR SALARIED EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>202</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DEL MONTE CORPORATION</u>	D Employer Identification Number (EIN) <u>75-3064217</u>
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 <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>135679449</u>
b Actuarial value	2b <u>149247394</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>522</u> <u>70492358</u>
b For terminated vested participants	3b <u>144</u> <u>4268290</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>2631177</u>
(2) Vested benefits	3c(2) <u>67657852</u>
(3) Total active	3c(3) <u>1519</u> <u>70289029</u>
d Total	3d <u>2185</u> <u>145049677</u>
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 <u>8.29</u> %
6 Target normal cost	6 <u>8978738</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/06/2010</u>
Signature of actuary	Date
<u>YU ZHENG</u>	<u>08-07247</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	<u>415-733-4100</u>
Firm name	Telephone number (including area code)
<u>345 CALIFORNIA ST.</u> <u>SAN FRANCISCO, CA 94104</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	29723003	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	1361276	0
9	Amount remaining (Item 7 minus item 8).....	28361727	0
10	Interest on item 9 using prior year's actual return of <u>-20.42</u> %	-5791748	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		13507796
b	Interest on (a) using prior year's effective rate of <u>5.83</u> %		787505
c	Total available at beginning of current plan year to add to prefunding balance		14295301
d	Portion of (c) to be added to prefunding balance.....		14295301
12	Reduction in balances due to elections or deemed elections.....	19278056	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	3291923	14295301

Part III Funding percentages			
14	Funding target attainment percentage.....	14	90.77 %
15	Adjusted funding target attainment percentage.....	15	102.89 %
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	95.04 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2009	2594677				
04/27/2010	26820000				
Totals ►			18(b)	29414677	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 26675560
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 64
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	8978738
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4686526	831618
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	9810356
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	3291923	2950735
36 Additional cash requirement (item 34 minus item 35).....	36	3567698
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	26675560
38 Interest-adjusted excess contributions for current year (see instructions).....	38	23107862
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 PLAN FOR SALARIED EMPLOYEES	B Three-digit plan number (PN) ▶ 202
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)

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)

BARCLAYS GLOBAL INVESTORS

94-3112180

(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	10351	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPITAL GUARDIAN TRUST CO.

56-6377314

(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	77618	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FISHER ASSET MANAGEMENT

20-2480800

(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	35646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	42775	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NISA INVESTMENT ADVISORS

39-1263400

(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	52853	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PYRAMIS GROUP

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	48728	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIMESQUARE CAPITAL

20-1665304

(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	48261	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALLAN CONSULTANTS

94-2192581

(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?
17	CONSULTING	49058	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK TRUSTEE

04-0025081

(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?
26	TRUSTEE	64046	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	156438	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
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(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:	CHRISTINE DOTEN	b EIN:	52-2211537
c Position:	ACTUARY		
d Address:	WATSON WYATT AND COMPANY 345 CALIFORNIA STREET SAN FRANCISCO, CA 94104	e Telephone:	415-733-4100

Explanation: INTERNAL REASSIGNMENT

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.	
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 PLAN FOR SALARIED EMPLOYEES				B Three-digit plan number (PN) ▶ 202	
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)					
a Name of MTIA, CCT, PSA, or 103-12 IE: DEL MONTE CORP DB MASTER TRUST					
b Name of sponsor of entity listed in (a): DEL MONTE CORPORATION					
c EIN-PN 56-6377314-001		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 149146613	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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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 <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A Name of plan <u>DEL MONTE CORPORATION RETIREMENT PLAN FOR SALARIED EMPLOYEES</u>	B Three-digit plan number (PN) <u>202</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEL MONTE CORPORATION</u>	D Employer Identification Number (EIN) <u>75-3064217</u>

Part I	Asset and Liability Statement
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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)	<u>17820201</u>	<u>26820000</u>
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		<u>216932185</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	<u>117278996</u>	<u>149146613</u>
(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	135099197	392898798

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	104709	168811
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	104709	168811

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	134994488	392729987
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Part II **Income and Expense Statement**

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	29414677	
(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)		29414677

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(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)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		24213708
(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		53628385

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12056626	
(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)		12056626
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)	316553	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	450037	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		766590
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		12823216

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		40805169
l Transfers of assets:			
(1) To this plan.....	2l(1)		216930330
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **KMPG, 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)

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.
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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 <u>DEL MONTE CORPORATION RETIREMENT PLAN FOR SALARIED EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>202</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEL MONTE CORPORATION</u>	D Employer Identification Number (EIN) <u>75-3064217</u>

Part I	Distributions
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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 <u>117</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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: 54% Investment-Grade Debt: 40% 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 PLAN
(Formerly Del Monte Corporation
Retirement Plan for Salaried Employees)**

Financial Statements

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 Plan (formerly Del Monte Corporation Retirement Plan for Salaried Employees):

We were engaged to audit the accompanying statements of net assets available for benefits of the Del Monte Corporation Retirement Plan, (formerly Del Monte Corporation Retirement Plan for Salaried 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. These financial statements 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 8 and 10, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. 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 ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements. The form and content of the information included in the financial statements, 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 PLAN
(Formerly Del Monte Corporation
Retirement Plan for Salaried Employees)**

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Investments, at fair value:		
Plan interest in Master Trust (note 10)	\$ 149,146,613	117,278,996
Contribution receivable from plan sponsor	26,820,000	17,820,201
Receivable from other plans due to plan merger (note 3)	216,930,330	—
Other receivable (note 6)	1,855	—
Total assets	<u>392,898,798</u>	<u>135,099,197</u>
Liabilities:		
Accrued administrative expenses	<u>168,811</u>	<u>104,709</u>
Total liabilities	<u>168,811</u>	<u>104,709</u>
Net assets available for benefits	<u><u>\$ 392,729,987</u></u>	<u><u>134,994,488</u></u>

See accompanying notes to financial statements.

**DEL MONTE CORPORATION
RETIREMENT PLAN
(Formerly Del Monte Corporation
Retirement Plan for Salaried Employees)**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Plan interest in Master Trust investment income (loss) :		
Interest	\$ 752,216	1,107,186
Dividends	361,251	857,223
Net appreciation (depreciation) in fair value of investments	23,072,163	(31,985,602)
Other income	28,078	70,756
	<u>24,213,708</u>	<u>(29,950,437)</u>
Total Plan interest in Master Trust investment income (loss)	<u>24,213,708</u>	<u>(29,950,437)</u>
Employer contributions	<u>29,414,677</u>	<u>25,736,645</u>
Deductions from net assets attributed to:		
Benefit payments to participants	12,056,626	13,673,203
Administrative expenses	766,590	700,516
	<u>12,823,216</u>	<u>14,373,719</u>
Total deductions	<u>12,823,216</u>	<u>14,373,719</u>
Net increase (decrease) before transfers	40,805,169	(18,587,511)
Transfers in due to plan merger (note 3)	<u>216,930,330</u>	<u>—</u>
Net increase (decrease)	257,735,499	(18,587,511)
Net assets available for benefits:		
Beginning of year	<u>134,994,488</u>	<u>153,581,999</u>
End of year	<u>\$ 392,729,987</u>	<u>134,994,488</u>

See accompanying notes to financial statements.

**DEL MONTE CORPORATION
RETIREMENT PLAN
(Formerly Del Monte Corporation
Retirement Plan for Salaried Employees)**

Notes to Financial Statements

December 31, 2009 and 2008

(1) Description of the Plan

The Del Monte Corporation Retirement Plan for Salaried Employees (the Plan) is a noncontributory defined benefit 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 salaried employees of the Company and other companies who are in designated Participating Units, as defined in the Plan document and who do not participate in any other defined benefit plan maintained by Del Monte. 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 Employment 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.

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. (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 Galapessa S.A., Panapessa 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. In addition, as a result of the transaction, Del Monte transferred to the Dongwon Entities or eliminated a total of 33 salaried positions. Upon closing of the transaction, participating employees became 100% vested in their accrued benefit.

(a) Funding Policy

It has been 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 and the Pension Protection Act of 2006 (PPA). 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. In 1997, Del Monte entered into an agreement with the Pension Benefit Guaranty Corporation (PBGC) which imposed additional funding requirements on the Plan. The agreement caused the Company to make contributions to the Plan in excess of the ERISA minimum funding requirements, but only to

**DEL MONTE CORPORATION
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the extent such additional payments would be deductible for federal income tax purposes. In July 2009, the PBGC agreed to terminate the agreement and relinquish the prefunding balance, which was required under the agreement, into the general asset base of the plan. The PBGC minimum funding requirement for 2008 was \$4,880,759. For the years ended December 31, 2009 and 2008, the Company made contributions of \$29,414,677 and \$25,736,645, respectively.

(b) Master Trust

Certain assets of the Plan are commingled in the Del Monte Defined Benefit Master Trust (Master Trust) with the assets of the Del Monte Corporation Retirement Plan for Hourly Employees. The Plans participating in the Master Trust collectively own, through the Master Trust, the assets based upon investment percentages. Accordingly, each plan's investment percentage in the Master Trust changes regularly. Income earned by the Master Trust is allocated to each plan based upon the investment percentage on the day the income is earned. As of December 31, 2009 and 2008, the Plan's interest in the net assets of the Master Trust was 52.6% and 50.2%, respectively.

The Committee serves as the named fiduciary for the Plan's investments and generally appoints investment managers for the Master Trust's investments.

(c) Benefit Provision and Vesting

Employees who have completed one year of service are eligible to participate in the Plan. Participant benefit accruals are expressed as a cash balance (the Credit Balance). Participant Credit Balances are increased each month with compensation credits and interest credits. Compensation credits are calculated as a percentage, based on age, of eligible compensation according to the following schedule:

Participant age on last day of the month	All eligible compensation
Below 30	3.0%
30 but below 35	4.0
35 but below 40	5.0
40 but below 45	6.0
45 but below 50	8.0
50 but below 55	10.0
55 but below 60	11.0
60 but below 65	12.0
65 and over	13.0

Interest credits are calculated by multiplying the prior month's Credit Balance by the monthly interest factor. The monthly interest factor is based on the annual yield on the six-month Treasury Bill plus 1.5%, converted to a monthly amount. Effective January 1, 2008, the Plan was amended to

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provide for a minimum annual effective interest factor of no less than 4.5%. Participants become 100% vested in their accrued benefit after completing three years of vesting service.

Upon termination of employment, participants may receive their vested accrued benefit in the form of an immediate lump sum or as an immediate monthly annuity. In addition, participants who have not yet attained normal retirement age (age 65) may elect to receive a deferred monthly annuity. If a participant dies prior to commencing payments under the Plan, his or her beneficiary would be entitled to receive a lump-sum death benefit equal to his or her Credit Balance.

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 nor 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 180 days of notice of such election.

(d) 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. 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.
2. Other vested benefits insured by the PBGC up to the applicable limitations, as discussed below.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. 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.

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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.

(2) Summary of Significant Accounting Policies

(a) *Basis of Accounting*

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

(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 9 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.

The Committee appointed various investment managers to invest the assets of the Master Trust and establish the percentage of each plan's assets that are invested in each fund. The Plan then shares in the assets and income of the fund in proportion to its respective interest in each fund.

(d) *Administrative Expenses*

The Plan pays substantially 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.

(e) *Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

(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

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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.

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) Plan Merger

As described in Note 1, 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. The assets from both plans will be transferred on October 1, 2010.

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Plan name	Net assets as of December 31, 2009	Accumulated benefits as of December 31, 2009
Del Monte Corporation Retirement Plan for Hourly Employees	\$ 158,966,021	147,090,333
Del Monte Corporation Retirement System for Hourly Employees	57,964,309	52,350,900
	<u>\$ 216,930,330</u>	<u>199,441,233</u>

There were no mergers in 2008.

(4) Income Tax Status

The Internal Revenue Service (IRS) has issued the Plan a favorable determination letter dated June 25, 2008. 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.

(5) 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 are based on a cash balance plan formula using credits made monthly to participant hypothetical accounts consisting of a percentage (based on age) of that month's eligible compensation plus interest credits on the previous month's balance. Effective January 1, 2008 a participant is vested upon completion of three years of service. Previously, a participant was vested upon completion of five years of service. Certain grandfathered participants are eligible to receive benefits under an alternative formula based on an employee's highest average compensation for any five consecutive years during the last ten Years of Credited Service, as defined in the Plan document; the Plan was amended April 30, 1992 to cease recognition of any future credited service or average final compensation under this alternative retirement form. At retirement, a participant who is eligible for the alternative benefit will have the option to receive a benefit under the cash balance formula or under the alternative benefit based on compensation and credited service to April 30, 1992, if it is greater than the benefit under the cash balance formula. 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.

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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. The valuation was performed as of January 1, 2009. Had the valuation been performed as of December 31, 2008 there would be no material difference.

The accumulated plan benefit information as of December 31, 2008 is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participating employees	\$ 70,204,307
Participants with deferred benefits	4,422,538
Retirees and beneficiaries	<u>73,425,160</u>
	148,052,005

Nonvested benefits	<u>2,207,648</u>
	<u>\$ 150,259,653</u>

Changes in the actuarial present value of accumulated plan benefits for the 2008 plan year are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 140,344,316
Increase (decrease) attributable to:	
Benefits accumulated, including actuarial (gains)/losses	9,809,822
Decrease in the discount period	11,391,096
Benefits paid	(13,673,203)
Change in mortality and discount rate assumptions	<u>2,387,622</u>
Net increase	<u>9,915,337</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 150,259,653</u>

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

Interest discount rate	7.75% and 8.00% for 2009 and 2008, respectively
Mortality basis	2009 and 2008 - Static tables with separate mortality rates for annuitants and non-annuitants as prescribed under Section 430(h)(3)(A) of the IRC
Retirement age	2009 and 2008 - 50% at age 65; the balance at age 68

**DEL MONTE CORPORATION
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These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

(6) Nonexempt Prohibited Transactions

A portion of the Plan's assets are invested in securities purchased under an Investment Advisory Agreement with Times Square Capital Management (Times Square), a registered Investment Advisor. In April 2010, Times Square discovered a billing error relating to an incorrect methodology used in calculating the investment management fee for the period beginning with the second quarter of 2006 through the first quarter of 2010. This billing error resulted in an overpayment of the management fee during those periods and constitutes a nonexempt prohibited transaction. As a result, in 2010, Times Square issued a corrective billing credit in the amount of \$1,855, representing the net overpayment for the cumulative billing periods ending March 31, 2010 and will reimburse the Plan for interest at the IRS rate.

A portion of the Plan's assets are invested in the Fidelity Real Estate High Income Fund, a mutual fund that is managed by Pyramis Global Advisors (Pyramis). In August 2008, Pyramis discovered a billing error relating to an incorrect methodology used in calculating the investment management fee for the plan year ended December 31, 2007. This billing error resulted in an overpayment of the management fee in 2007 and constitutes a nonexempt prohibited transaction. As a result, in 2008, Pyramis made a corrective distribution in the amount of \$4,965, representing the overpayment plus interest at the IRS rate.

(7) Transactions with Related Parties

Certain plan investments are managed by State Street Bank and Trust Company (State Street). State Street is the trustee as defined by the Plan, and, therefore, investment transactions with State Street qualify as party-in-interest.

(8) 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 State Street as of December 31, 2009 and 2008 and for years then ended 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 custodian is presented with reliance solely upon those certifications.

(9) 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;

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- 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.

In conjunction with the adoption of the fair value measurement provisions the Plan elected to adopt the measurement provisions of Accounting Standards Update No. 2009-12, “*Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*” to certain investments in funds that do not have readily determinable fair value. This guidance allows for the estimation of the fair value of investments in investment companies for which the investment does not have a readily determinable fair value using net asset value per share or its equivalent as a practical expedient. Net asset value, in many instances may not equal fair value that would be calculated pursuant to prior fair value guidance.

Following is a description of the valuation methodologies used for assets measured at fair value. 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;

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

Mutual funds: valued at quoted market prices on the last business day of the benefit plan year;

Corporate stock: valued at the last reported sales price on the last business day of the benefit plan year;

Corporate debt securities: valued based on yields currently available on comparable securities of issuers with similar credit ratings;

U.S. government securities: securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the benefit plan year. Securities traded in the over-the-counter market and listed securities for which no sale was reported on the last business day of the year are valued at the average of the last reported bid and ask prices;

Limited partnership interests: valued based on the net asset value of the fund and is redeemable monthly (level 2) or valued based on the net asset value of the partnership and cannot be redeemed prior to the termination of the partnership as provided for in the partnership agreement (level 3); and

Loans secured by mortgages: valued on the basis of their future principal and interest payments discounted at prevailing interest rates for similar investments.

The asset’s fair value measurement level is based on the lowest level of any input that is significant to the fair value measurement.

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

	Investments at estimated fair value			Total
	Level 1	Level 2	Level 3	
Plan interest in Master Trust:				
Interest bearing cash	\$ 7,790,658	—	—	7,790,658
Common collective trust funds:				
Fixed income	—	40,114,074	—	40,114,074
Equity index funds	—	35,263,128	—	35,263,128
Equity funds	—	6,689,362	—	6,689,362
Other funds	—	5,617,325	—	5,617,325
Mutual funds:				
Equity funds	7,616,685	—	—	7,616,685
Other funds	34,912	—	—	34,912
Corporate debt securities	—	10,973,253	—	10,973,253
Corporate stock	11,110,285	—	—	11,110,285
U.S. government securities	—	16,275,615	—	16,275,615
Limited partnership interests	—	4,584,111	3,343,605	7,927,716
Other	—	824,020	—	824,020
Total Plan interest in Master Trust investments	<u>\$ 26,552,540</u>	<u>120,340,888</u>	<u>3,343,605</u>	<u>150,237,033</u>
Plan interest in the net receivable/ liability of the Master Trust				<u>(1,090,420)</u>
Total Plan interest in Master Trust				<u>\$ 149,146,613</u>

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Notes to Financial Statements

December 31, 2009 and 2008

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

	Investments at estimated fair value			Total
	Level 1	Level 2	Level 3	
Plan interest in Master Trust:				
Interest bearing cash	\$ 10,006,334	—	—	10,006,334
Common collective trust funds	—	69,095,221	—	69,095,221
Mutual funds	5,459,561	—	—	5,459,561
Corporate debt securities	—	3,872,070	—	3,872,070
Corporate stock	6,707,272	—	—	6,707,272
U.S. government securities	—	14,013,784	—	14,013,784
Limited partnership interests	—	5,801,169	2,696,914	8,498,083
Loans secured by mortgages	—	907,385	—	907,385
Other	—	156,716	—	156,716
Total Plan interest in Master Trust investments	<u>\$ 22,173,167</u>	<u>93,846,345</u>	<u>2,696,914</u>	<u>118,716,426</u>
Plan interest in the net receivable/ liability of the Master Trust				<u>(1,437,430)</u>
Total Plan interest in Master Trust				<u>\$ 117,278,996</u>

Changes in fair value measurements of Level 3 investments during the year ended December 31, 2009, were as follows:

	Limited partnership interests
Beginning balance at December 31, 2008	\$ 2,696,914
Actual return on plan assets:	
Relating to assets still held at the reporting date	646,691
Relating to assets sold during the period	—
Purchases, sales, settlements (net)	—
Ending balance at December 31, 2009	<u>\$ 3,343,605</u>

**DEL MONTE CORPORATION
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Notes to Financial Statements

December 31, 2009 and 2008

(10) Master Trust Summary Financial Information

The Master Trust's investments are held by the trustee. The investment funds of the Master Trust include various underlying investments which are separately reported in the Master Trust filing and supplemental schedules. Financial information relating to these investments is included in the accompanying financial data based on information provided and certified by the trustee as of December 31, 2009 and 2008. The following table reflects the net assets of the Master Trust as of December 31, 2009 and 2008.

	<u>2009</u>	<u>2008</u>
Assets:		
Non-interest-bearing cash	\$ 13,481	9,388
Investments at fair value:		
Interest bearing cash	14,811,136	19,935,798
Common collective trust funds	166,699,408	137,659,647
Mutual funds	14,546,762	10,877,182
Corporate stock	21,122,215	13,363,017
Corporate debt securities	20,861,699	7,714,395
U.S. government securities	30,942,234	27,919,913
Limited partnership interests	15,071,702	16,930,883
Loans secured by mortgages	—	1,807,799
Other	1,566,578	312,227
Total investments at fair value	<u>285,621,734</u>	<u>236,520,861</u>
Receivables:		
Interest and dividends receivable	763,786	388,991
Due from broker for securities sold	1,273,938	5,004,750
Total receivables	<u>2,037,724</u>	<u>5,393,741</u>
Total assets	287,672,939	241,923,990
Liabilities:		
Due to broker for securities purchased	3,829,858	8,266,944
Total net assets	<u>\$ 283,843,081</u>	<u>233,657,046</u>

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Investment income (loss) for the Master Trust for the years ended December 31, 2009 and 2008 is as follows:

	<u>2009</u>	<u>2008</u>
Investments at fair value:		
Interest bearing cash	\$ —	59
Common collective trust funds	27,239,624	(44,502,650)
Mutual funds	3,619,564	(11,340,226)
Corporate stock	5,978,464	(8,178,356)
Corporate debt securities	2,481,383	(1,106,546)
U.S. government securities	(2,217,525)	1,492,987
Limited partnership interests	3,046,044	(8,127,165)
Loans secured by mortgages	(10,998)	(485,984)
Other	95,435	(5,298)
	<u>40,231,991</u>	<u>(72,253,179)</u>
Net (depreciation) appreciation in fair value of investments	40,231,991	(72,253,179)
Interest	2,036,112	2,391,826
Dividends	704,607	1,966,196
Other	66,805	167,679
	<u>66,805</u>	<u>167,679</u>
Total investment (loss) income	\$ <u><u>43,039,515</u></u>	<u><u>(67,727,478)</u></u>

(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.

SCHEDULE SB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	Del Monte Corporation
EIN/PN	75-3064217/202
Plan Name	Del Monte Corporation Retirement Plan for Salaried 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 Plan for Salaried Employees
EIN / PN:	75-3064217 / 202
Plan Sponsor:	Del Monte Corporation
Valuation Date:	January 1, 2009

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 DEL MONTE CORPORATION RETIREMENT PLAN FOR SALARIED EMPLOYEES	B Three-digit plan number (PN) ►	202
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 <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value	2a	135,679,449	
b Actuarial value	2b	149,247,394	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	522	70,492,358
b For terminated vested participants	3b	144	4,268,290
c For active participants:			
(1) Non-vested benefits	3c(1)		2,631,177
(2) Vested benefits	3c(2)		67,657,852
(3) Total active	3c(3)	1,519	70,289,029
d Total	3d	2,185	145,049,677
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	8.29 %
6 Target normal cost		6	8,978,738

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

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	29,723,003	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	1,361,276	0
9 Amount remaining (Item 7 minus item 8)	28,361,727	0
10 Interest on item 9 using prior year's actual return of <u>(20.42)</u> %	(5,791,748)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		13,507,796
b Interest on (a) using prior year's effective rate of <u>5.83</u> %		787,505
c Total available at beginning of current plan year to add to prefunding balance		14,295,301
d Portion of (c) to be added to prefunding balance		14,295,301
12 Reduction in balances due to elections or deemed elections	19,278,056	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	3,291,923	14,295,301

Part III Funding percentages

14 Funding target attainment percentage	14	90.76 %
15 Adjusted funding target attainment percentage	15	102.89 %
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	95.04 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2009	2,594,677				
04/27/2010	26,820,000				
Totals ▶			18(b)	29,414,677	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 26,675,560
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 64
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	8,978,738
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4,686,526	831,618
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	9,810,356
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	3,291,923	2,950,735
36 Additional cash requirement (item 34 minus item 35)	36	3,567,698
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	26,675,560
38 Interest-adjusted excess contributions for current year (see instructions)	38	23,107,862
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 SB ATTACHMENTS

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

See Schedule SB attachment Part V for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: Del Monte Corporation Retirement Plan for Salaried Employees
EIN / PN: 75-3064217 / 202
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

75-3064217/202

Discount Rates

Current plan year PPA effective interest rate: 8.29%

Prior plan year PPA effective interest rate: 5.83%

Full Yield Curve

Applicable month: October 2008

Transition election: None

Assumed Cost of Living Adjustments

0.00%

Inclusion Date

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

Mortality

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.

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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 gender are shown below.

Age	Rates
60	15%
62	30%
65	50%
68	100%

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.

Calculation of Cash Balance Accounts

Cash balance accounts are assumed to increase at a long term rate of 6% per annum.

Representative Termination Rates not Due to Disability, Retirement or Mortality

Age	Participants in PRA Only	SERP participants in PRA
25	12.00%	6.00%
35	10.09%	5.05%
45	7.36%	3.68%
55	6.00%	20.00%
59	10.00%	10.00%

Form of Payment

100% of participants are assumed to elect a lump sum form under the plan.

Plan Name: Del Monte Corporation Retirement Plan for Salaried Employees
EIN / PN: 75-3064217 / 202
Plan Sponsor: Del Monte Corporation
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.

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 base pay plus 75% of prior year's bonus, all increased by the salary scale, 5% per year.

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

Employee data, including data on persons receiving benefits was supplied by the employer as of the census date.

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.

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Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

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.

Plan Name: Del Monte Corporation Retirement Plan for Salaried Employees
EIN / PN: 75-3064217 / 202
Plan Sponsor: Del Monte Corporation
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Del Monte Corporation

Plan

Del Monte Corporation Retirement Plan for Salaried Employees

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1990. The last amendment reflected herein is Amendment Number 15, which is effective January 1, 2008.

Plan Year

The twelve-month period ending December 31, 2008.

Coverage and Participation

Covered Employees are those salaried non-seasonal employees (actively at work) who are on a U.S. payroll and pay FICA tax, including part-time employees but excluding leased employees of:

- a) Del Monte Corporation from January 1, 1990.
- b) Oak Grove Trucking Company from January 1, 1990.
- c) Paddison Truck Lines, Inc. from January 1, 1990.
- d) Shippers Imperial, Inc. from January 1, 1990.

Covered Employees are eligible for participation (retroactive to date of hire) when they have completed 6 months of continuous employment or 12 months of total employment measured from the date of hire.

Plan Name:	Del Monte Corporation Retirement Plan for Salaried Employees
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Plan Sponsor:	Del Monte Corporation
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Vesting Service

From January 1, 2008, full vesting after 3 years of service (previously 5 years). The accrued benefit is payable commencing at age 65 or earlier in an actuarial reduced amount based on interest rates specified by PBGC for immediate annuities for month in which benefit commencement occurs.

Normal Retirement Benefit

Normal Retirement Date: First day of the month coincident with or next following 65th birthday.

Benefit Formula: Credit Balance payable as a lump sum. Credit Balance determined by formula prior to effective date of plan. After effective date credits determined by following formula:

Attained Age on Date of Allocation	All Pay
Below age 30	3%
Age 30 but below age 35	4%
Age 35 but below age 40	5%
Age 40 but below age 45	6%
Age 45 but below age 50	8%
Age 50 but below age 55	10%
Age 55 but below age 60	11%
Age 60 but below age 65	12%
Age 65 and over	13%

These amounts would be determined and credited at the end of each month, based on compensation (including salary continuation) paid in the month.

Interest accrues each month on the basis of plan interest divided by 12 applied to the balance at the end of the previous month. After June 1, 2001, plan interest is the annual rate of the 6-month Treasury bill for that month plus 1.5%, subject to a minimum of 4.5% per annum.

If an employee retires early but defers receipt of his pension, his Credit Balance will continue to accrue interest until benefit commencement date. At that time, the Credit Balance will be divided by the appropriate factor according to age at benefit commencement to determine the annual life annuity payable.

Minimum benefit payable to employees over age 40 with 10 years of service or after 55 with 5 years of service on 1/1/88 equal to benefit payable under prior plan (with minor changes) based on compensation and credited service accrued to April 30, 1992.

Normal Form of Benefit: 100% Joint and Survivor Annuity for married participants and Single Life Annuity for single participants. The annuity is equal to the credit balance divided by the Annuity Conversion Factor

Plan Name: Del Monte Corporation Retirement Plan for Salaried Employees
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Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

based on the mortality table determined in accordance with Section 417(e)(3)(A)(ii)(I) of the Internal Revenue Code (IRC).

The annuity cannot be less than an annuity calculated based on the participant's Credit Balance as of December 31, 1997, increased by interest credits using the rate in effect for December 1997 and an annuity factor which is the smallest of 8.2 and an annuity factor based on the PBGC immediate rate as of December 31, 1997.

Late Retirement

Benefit accrued to actual retirement date.

Early Retirement Benefit

Eligibility: Age 50 with 5 years of service.

Benefit: Annual life annuity payable equal to credit balance at retirement divided by the Annuity Conversion Factor, calculated as described above, for participant's age at retirement.

The annuity can not be less than an annuity based on the participant's Credit Balance as of December 31, 1997, increased by Interest Credits using the rate in effect for December 1997, divided by the factor from the following table:

Age	Factor
55 or over	8.2
54	8.3
53	8.4
52	8.6
51	8.8
50	9.0

Disability Benefit

Eligibility: If eligible for Long Term Disability benefits.

Benefit: Credits continue to accumulate until the date Long Term Disability benefits cease or earlier retirement election based on compensation immediately prior to disability.

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Death Benefits for Participants in Active Service

Before Early Retirement Age: In the event of death after completing 3 years of service, the surviving spouse, if any, will receive a benefit equal to 50% of the benefit payable to the employee as if the employee left service on date of death, survived to earliest retirement age and then retired on the next day with a 50% joint and survivor annuity. Benefit payable from the date employee would have retired under this assumption. The survivor benefit also applies to employees who terminated service with a deferred vested benefit. In no event will value be less than full credit balance or annual benefit equal in value to credit balance.

After Early Retirement Age, but prior to Retirement: In the event of death after attaining early retirement age, the surviving spouse, if any, will receive a benefit equal to 50% of the benefit payable to the employee as if retirement had occurred on date of death and the employee had elected a 50% joint and survivor annuity. In no event will value be less than full credit balance or annual benefit equal in value to credit balance.

After Retirement: Benefits are payable for life only for unmarried participants and participants who do not elect a survivor annuity (with spousal consent). For married participants benefits are actuarially reduced to provide the spouse with a benefit equal to 50% of the employee's benefit payable for life upon the employee's death.

Optional Forms of Retirement Income in Lieu of Normal Form

Single Sum distribution if the Participant properly elects this form as an immediate benefit within sixty days of the later of his termination date or the date of the notice of election provided to the Participant.

Single Life Annuity

Joint and 50% Survivor (Spouse or Nonspouse) Annuity

Joint and 100% Survivor (Spouse or Nonspouse) Annuity

Ten Year Certain Life Pension

Pension Increases

None.

Plan Participants' Contributions

None.

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Changes in Plan Provisions since Last Actuarial Valuation

As of December 31, 2009 the Del Monte Corporation Retirement Plan for Hourly Employees and the Del Monte Corporation Retirement System for Hourly Employees were 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.

Plan Name: Del Monte Corporation Retirement Plan for Salaried Employees
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Plan Sponsor: Del Monte Corporation
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SCHEDULE SB ATTACHMENTS

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

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		35 to 39		40 & Over		
Attained Age	No.	Avg. Comp.	No.	Avg. Comp.	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	10		2		0		0		0		0		0		0		0		0	
25 - 29	49	60,361	62	59,358	6		0		0		0		0		0		0		0	
30 - 34	37	80,779	97	81,202	15		2		0		0		0		0		0		0	
35 - 39	44	86,207	132	95,274	26	102,707	10		1		0		0		0		0		0	
40 - 44	26	87,229	146	106,273	23	115,923	12		11		2		0		0		0		0	
45 - 49	14		138	108,300	34	95,131	14		8		12		5		0		0		0	
50 - 54	15		113	100,168	23	95,563	13		13		9		33	101,488	6		1		0	
55 - 59	4		101	80,628	13		20	88,852	10		6		12		38	115,816	16		2	
60 - 64	2		39	80,567	7		7		5		2		11		10		21	119,189	7	
65 - 69	0		9		1		2		0		2		1		0		2		4	
70 & Over	0		1		0		0		0		0		0		0		0		0	

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Schedule SB, Line 26

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2009

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		35 to 39		40 & Over			
Attained Age	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	
Under 25	10		2		0		0		0		0		0		0		0		0		
25 – 29	49	2,795	62	5,561	6		0		0		0		0		0		0		0		
30 – 34	37	4,519	97	9,428	15		2		0		0		0		0		0		0		
35 - 39	44	6,538	132	15,082	26	33,877	10		1		0		0		0		0		0		
40 - 44	26	7,957	146	21,163	23	42,430	12		11		2		0		0		0		0		
45 - 49	14		138	28,595	34	48,452	14		8		12		5		0		0		0		
50 - 54	15		113	34,473	23	59,428	13		13		9		33	163,562	6		1		0		
55 - 59	4		101	32,317	13		20	81,684	10		6		12		38	233,071	16		2		
60 - 64	2		39	36,284	7		7		5		2		11		10		21	337,952	7		
65 - 69	0		9		1		2		0		2		1		0		2		4		
70 & Over	0		1		0		0		0		0		0		0		0		0		

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Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2009

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	1-Jan-2009	4,686,526	7	4,686,526	831,618
Total		4,686,526	7	4,686,526	831,618

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