

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan G&K SERVICES NON-CONTRIBUTORY PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES	1b Three-digit plan number (PN) ▶ 006
		1c Effective date of plan 07/14/1997
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) G&K SERVICES, CO. 5995 OPUS PARKWAY, SUITE 500 MINNETONKA, MN 55343-9078	2b Employer Identification Number (EIN) 41-1670526 2c Sponsor's telephone number 952-912-5500 2d Business code (see instructions) 812330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	CAROLE OHNSTEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") G&K SERVICES, CO. 5995 OPUS PARKWAY, SUITE 500 MINNETONKA, MN 55343-9078	3b Administrator's EIN 41-1670526 3c Administrator's telephone number 952-912-5500
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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	176
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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	75
b Retired or separated participants receiving benefits.....	6b	4
c Other retired or separated participants entitled to future benefits.....	6c	74
d Subtotal. Add lines 6a , 6b , and 6c	6d	153
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	153
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	23

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 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)
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Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>-17.12</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		101164
b Interest on (a) using prior year's effective rate of <u>6.21</u> %		6282
c Total available at beginning of current plan year to add to prefunding balance		107446
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	116.20 %
15 Adjusted funding target attainment percentage.....	15	116.20 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	83.44 %
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
09/15/2010	175000				
Totals ►			18(b)	175000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	152651
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	22435
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	22435
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	22435
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	152651
38 Interest-adjusted excess contributions for current year (see instructions).....	38	130216
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 G&K SERVICES NON-CONTRIBUTORY PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES		B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 G&K SERVICES, CO.		D Employer Identification Number (EIN) 41-1670526

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosure 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)

MERCER HUMAN RESOURCE CONSULTING

13-2834414

(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 50	NONE	60746	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCGLADREY & PULLEN, LLP

42-0714325

(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?
10 50	NONE	9300	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 ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan G&K SERVICES NON-CONTRIBUTORY PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES	B Three-digit plan number (PN) ►	006
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 G&K SERVICES, CO.	D Employer Identification Number (EIN) 41-1670526	

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: G & K SERVICES, INC. & ASSOCIATED			
b Name of sponsor of entity listed in (a): G & K SERVICES, INC.			
c EIN-PN 41-0449530-008	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 282688	
a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM INVESTMENT FUND G			
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.			
c EIN-PN 41-6292499-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44501	
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
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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)

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>G&K SERVICES NON-CONTRIBUTORY PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>G&K SERVICES, CO.</u>	D Employer Identification Number (EIN) <u>41-1670526</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>75000</u>	<u>175000</u>
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	<u>46916</u>	<u>44501</u>
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	<u>278774</u>	<u>282688</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	400690	502189

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		10907
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	10907

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	400690	491282
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	175000	
(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)		175000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	216	
(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)		216
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		45094
(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		220310

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	53613	
(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)		53613
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	76105	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		76105
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		129718

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		90592
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MCGLADREY & PULLEN, LLP

(2) EIN: 42-0714325

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		10000000
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.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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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>G&K SERVICES NON-CONTRIBUTORY PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>G&K SERVICES, CO.</u>	D Employer Identification Number (EIN) <u>41-1670526</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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>41-6257133</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>13</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
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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
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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.
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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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees

Financial Report
December 31, 2009



McGladrey & Pullen, LLP
Certified Public Accountants

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Independent Auditor's Report

To the Retirement Committee
G&K Services Non-Contributory Pension Plan for
Collective Bargaining Employees

We were engaged to audit the accompanying statements of net assets available for benefits of G&K Services Non-Contributory Pension Plan for Collective Bargaining 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, the supplemental schedule of assets (held at end of year) as of December 31, 2009, and the supplemental schedule of reportable transactions for the year ended December 31, 2009.

As permitted by 29 CFR 2520.103-8 of the United States 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 summarized in Note 3, which was certified or provided by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of and for the years ended December 31, 2009 and 2008.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGladrey & Pullen, LLP

Minneapolis, Minnesota
October 12, 2010

G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	2009	2008
Assets:		
Investments, at fair value (Notes 3 and 4):		
Interest-bearing cash	\$ 44,501	\$ 46,916
Interest in the G&K Services, Inc. and Associated Companies Master Trust (Note 5)	282,688	278,774
Total investments	327,189	325,690
Employer contributions receivable	175,000	75,000
Total assets	502,189	400,690
Liabilities:		
Accrued liabilities	(10,907)	-
Net assets available for benefits	\$ 491,282	\$ 400,690

See Notes to Financial Statements.

G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2009 and 2008

	2009	2008
Investment results (Note 3):		
Interest in the G&K Services, Inc. and Associated Companies Master Trust		
(Note 5):		
Net appreciation (depreciation)	\$ 43,873	\$ (64,898)
Interest income	1,221	2,112
Interest income on interest-bearing cash	216	4,139
Employer contributions	175,000	162,000
Net investment results and contributions	220,310	103,353
Benefit distributions	(53,613)	(3,910)
Administrative expenses	(76,105)	(60,971)
Net increase	90,592	38,472
Net assets available for benefits:		
Beginning of year	400,690	362,218
End of year	\$ 491,282	\$ 400,690

See Notes to Financial Statements.

G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees

Notes to Financial Statements

Note 1. Plan Description

The following brief description of the G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General: The Plan is a defined-benefit plan covering hourly employees of G&K Services, Inc. (the Company) who have been designated to be eligible to participate in the Plan. The Plan is sponsored and administered by the Company and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Company has appointed Wells Fargo Bank, N.A. as the trustee (the Trustee) and Mercer Human Resource Consulting as the actuary (the Actuary). The Trustee is responsible for holding and investing the assets of the Plan as instructed by the Company's Retirement Committee and the Company's investment advisor. The Trustee is also responsible for disbursing the pension benefits as instructed by the Plan Administrator.

Eligibility and vesting: Certain employees who have been employed for at least six months and are still employed at the Plan's entrance date, as defined by the Plan, are generally eligible to participate in the Plan. Other employees are eligible to participate the later of March 21, 2005, or the date of employment with the Company. Participants become fully vested upon completion of five years of vesting service, as defined by the Plan.

Contributions: Participants are not permitted to make contributions to the Plan. The Company's funding policy is to make annual contributions to the Plan in amounts actuarially determined to be sufficient to fund the benefits provided by the Plan, to satisfy the minimum funding requirements of ERISA, and to comply with current federal income tax laws. The Plan has met the ERISA minimum funding requirements for 2009 and 2008.

Administrative expenses: Administrative expenses of the Plan may be paid by the Company or from plan assets.

Retirement benefits: Normal retirement age is 65. Retirement benefits are determined based upon years of credited service and the benefit level corresponding to the participating plant where the participant worked. Generally, participants receive their distributions, subject to certain plan provisions, in the form of an annuity or, if the present value of their benefit is \$5,000 or less, in a lump-sum payment.

Disability and death benefits: A participant who becomes totally and permanently disabled after completing five years of credited service shall be eligible for a disability retirement pension. Survivor benefits will be payable upon the death of an employee when death occurs in one of the following circumstances: 1) active employment, provided such employee has completed at least five years of credited service at the time of death, 2) during the time an employee is receiving disability benefits, 3) after an employee retired and is receiving a form of benefit that provides payment to a survivor, or 4) after termination if the employee is entitled to a deferred retirement benefit that has not yet commenced.

Subsequent events: The Plan Administrator has evaluated subsequent events through October 12, 2010, the date the financial statements were available to be issued.

G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of estimates: The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are presented 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 Notes 4 and 5 for a discussion of fair value measurements.

The fair value of the Plan's interest in the G&K Services, Inc. and Associated Companies Master Trust (the Master Trust) is based on the beginning-of-year value of the Plan's interest in the trust plus actual contributions and allocated investment results less actual benefit distributions and allocated administrative expenses (see Note 5).

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

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable, under the Plan's provisions, to the service the employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances — retirement, death, disability and termination of employment — are included to the extent they are deemed attributable to employee service rendered to the valuation date (see Note 6). 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.

Benefit distributions: Benefit payments to participants are recorded upon distribution.

Note 3. Investments

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted by such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified or provided by the Trustee, except for comparing such information certified or provided by the Trustee to the information included in the Plan's financial statements and supplemental schedules. The Trustee certified to the completeness and accuracy of all investment information disclosed in the accompanying financial statements and supplemental schedules, including the fair value of investments held at December 31, 2009 and 2008, and net investment results for the years then ended.

G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees

Notes to Financial Statements

Note 3. Investments (Continued)

Individual investments representing more than 5 percent of the Plan's net assets, excluding investments held in the Master Trust, as of December 31, 2009 and 2008, are as follows:

	Fair Value at December 31	
	2009	2008
Interest-bearing cash:		
Wells Fargo Short-Term Investment Fund	\$ 44,501	\$ 46,916

Note 4. Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Interest-bearing cash: Interest-bearing cash is valued at the net asset value as reported by the investment manager at year-end.

G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008. The following tables do not include the Plan's interest in the Master Trust (see Note 5).

	Investments at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ -	\$ 44,501	\$ -	\$ 44,501

	Investments at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ -	\$ 46,916	\$ -	\$ 46,916

See discussion of the fair value measurements for the Master Trust at Note 5.

Net asset value: In September 2009, the Financial Accounting Standards Board issued an amendment which provides guidance on how entities should estimate fair value of certain alternative investments. The fair value of investments within the scope of this guidance can now be determined using net asset value (NAV) per share as a practical expedient, when the fair value is not readily determinable, unless it is probable that the investment will be sold at something other than NAV. It also requires disclosure of certain attributes by major category of alternative investments, regardless of whether the practical expedient was used. This amendment was effective for the 2009 financial statements, but did not have a material impact.

The following table includes investments that calculate net asset value per share:

Investment	Fair Value	Redemption Notice Period at the Plan Level
Wells Fargo Short-Term Investment Fund (a)	\$ 44,501	Immediate with no redemption notice required

(a) This fund seeks to preserve capital. The investments in this fund consist of high-quality, short-term instruments of domestic and foreign issuers with an overall weighted-average maturity of 90 days or less.

Note 5. G&K Services, Inc. and Associated Companies Master Trust

Substantially all of the Plan's investments are held in the Master Trust, which was established for the purposes of collectively investing the assets of the Plan, along with the G&K Services Pension Plan (a related plan also sponsored by the Company). The assets of the Master Trust are held by the Trustee.

G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees

Notes to Financial Statements

Note 5. G&K Services, Inc. and Associated Companies Master Trust (Continued)

The Plan's share of the Master Trust's total investments approximated 0.7 percent and 0.8 percent at December 31, 2009 and 2008, respectively. Each plan has an undivided interest in the net assets of the Master Trust. Investment results are allocated to the plans in proportion to their share of the net assets of the Master Trust.

A summary of the fair value of the Master Trust's investment assets at December 31, 2009 and 2008, is as follows:

	2009	2008
Investments:		
Interest-bearing cash	\$ 53,697	\$ 57,203
Shares of common and preferred stock	4,820,966	4,391,194
Shares of equity mutual funds	36,839,170	31,435,743
Total investments	41,713,833	35,884,140
Receivables for pending trades	4,174	5,249
Net assets of the Master Trust	\$ 41,718,007	\$ 35,889,389

Individual investments representing more than 5 percent of the Master Trust's net assets as of December 31, 2009 and 2008, are as follows:

	Fair Value at December 31	
	2009	2008
Equity mutual funds:		
Barclay's Russell 1000 Alpha Tilts Fund	\$ 13,198,675	\$ 10,757,577
JPMCB Extended Duration Fund	10,028,110	12,313,919
Attalus Multi-Strategy Fund	6,397,829	5,676,071
Common Sense Fund Long Biased	4,088,400	*
Northern Trust Small Cap Fund	3,126,156	2,870,176

*Individual investment did not exceed 5 percent of the Master Trust's net assets in the year indicated.

During 2009 and 2008, the investments in the Master Trust (including investments bought and sold as well as held during the year) appreciated (depreciated) in fair value as follows:

	Years Ended December 31	
	2009	2008
Shares of common and preferred stock	\$ 1,780,009	\$ (4,652,507)
Shares of equity mutual funds	4,286,059	(6,303,316)
	\$ 6,066,068	\$ (10,955,823)

Investment income of the Master Trust, comprised primarily of dividends and interest, was \$162,462 and \$651,734 in 2009 and 2008, respectively.

G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees

Notes to Financial Statements

Note 5. G&K Services, Inc. and Associated Companies Master Trust (Continued)

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

Interest-bearing cash: Interest-bearing cash held by the Master Trust is valued at the net asset value as reported by the investment manager at year-end.

Shares of common and preferred stock: Shares of common and preferred stock held by the Master Trust are valued at the closing price reported in the active market in which the individual securities are traded.

Shares of equity mutual funds: The shares of equity mutual funds are reported at fair value based on the underlying investments.

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2009 and 2008:

	Investments at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ -	\$ 53,697	\$ -	\$ 53,697
Shares of common and preferred stock	4,820,966	-	-	4,820,966
Shares of equity mutual funds:				
Equity funds	-	29,624,614	-	29,624,614
Long/short equity	-	4,088,400	-	4,088,400
Structured small capital	-	3,126,156	-	3,126,156
Total assets in the Master Trust, at fair value	<u>\$ 4,820,966</u>	<u>\$ 36,892,867</u>	<u>\$ -</u>	<u>\$ 41,713,833</u>

	Investments at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ -	\$ 57,203	\$ -	\$ 57,203
Shares of common and preferred stock	4,391,194	-	-	4,391,194
Shares of equity mutual funds:				
Equity funds	-	28,565,567	-	28,565,567
Structured small capital	-	2,870,176	-	2,870,176
Total assets in the Master Trust, at fair value	<u>\$ 4,391,194</u>	<u>\$ 31,492,946</u>	<u>\$ -</u>	<u>\$ 35,884,140</u>

G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees

Notes to Financial Statements

Note 5. G&K Services, Inc. and Associated Companies Master Trust (Continued)

The following sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share as of December 31, 2009:

Investment	Fair Value	Redemption Frequency	Redemption Notice Period
Interest-bearing cash (a)	\$ 53,697	Monthly	None
Shares of equity mutual funds:			
Equity funds (b)	29,624,614	Monthly	None
Long/short equity (c)	4,088,400	Monthly	None
Structured small capital (d)	3,126,156	Monthly	None
Total	<u>\$ 36,892,867</u>		

- (a) This fund seeks to preserve capital. The investments in this fund consist of high-quality, short-term instruments of domestic and foreign issuers with an overall weighted-average maturity of 90 days or less.
- (b) These investments seek stable, predictable returns with low volatility. These funds invest in equity securities that provide broad diversification and capture market inefficiencies by identifying overvalued and undervalued stocks.
- (c) The investment seeks long-term capital growth. These funds normally invest in stocks of similar-sized companies they believe will increase significantly in value over time.
- (d) The investment seeks long-term capital appreciation. The funds invest principally in equity securities of small-capitalization companies that they believe present attractive opportunities but have not been widely recognized by investment analysts or the financial press. Small-capitalized companies are defined as companies whose market capitalization is substantially similar to that of companies in the Russell 2000 Index.

Note 6. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by the Actuary and is the 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 death or retirement) between the valuation date and the expected date of payment.

The actuarial valuation was performed as of January 1, 2009. There were no significant differences between December 31, 2008, and January 1, 2009, which would cause the actuarial valuation not to be representative as of December 31, 2008.

G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees

Notes to Financial Statements

Note 6. Actuarial Present Value of Accumulated Plan Benefits (Continued)

Significant assumptions underlying the actuarial computation as of December 31, 2008, the benefit information date, are as follows:

Actuarial cost method	Projected unit credit method
Rate of return on investments	8.0%
Mortality basis	RP-2000 sex distinct combined healthy retiree table projected to 2010 without an adjustment for collar
Retirement age	Various rates between age 62 and 65

The actuarial present value of accumulated plan benefits was as follows:

	December 31, 2008
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 23,594
Other participants	336,389
Nonvested benefits	11,488
Total actuarial present value of accumulated plan benefits	<u>\$ 371,471</u>

The changes in actuarial present value of accumulated plan benefits for the year ended December 31, 2008, were as follows:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 238,716
Adjustment to actuarial present value of accumulated plan benefits, beginning of year *	<u>67,311</u>
Revised actuarial present value of accumulated plan benefits, beginning of year	306,027
Increase (decrease) during the year attributable to:	
Net benefits accumulated	40,026
Increase for interest due to decrease in discount period	24,313
Changes in actuarial assumptions	5,015
Benefits paid	<u>(3,910)</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 371,471</u>

*Revised by Actuary Report dated October 5, 2010.

G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees

Notes to Financial Statements

Note 7. Plan Termination

Although it presently has no intention to do so, under the terms of the Plan, the Company has the right, at any time, to terminate the Plan. The Pension Benefit Guaranty Corporation (the PBGC) may also terminate the Plan by action pursuant to the provisions of ERISA.

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

- a. Participants or their beneficiaries who were entitled to receive benefit payments at least three years prior to the plan termination or that amount participants 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.
- b. All benefits guaranteed by the PBGC, if any.
- c. All vested benefits (determined prior to termination) not guaranteed by the PBGC.
- d. All other accrued benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disabilities and survivors' 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.

Note 8. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits is 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 estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Note 9. Party-In-Interest Transactions

The Plan's assets are held by the Trustee. The Trustee manages and invests contributions received and makes distributions to participants. Therefore, these transactions qualify as party-in-interest transactions.

G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees

Notes to Financial Statements

Note 10. Income Tax Status

The Plan obtained its latest determination letter on May 23, 2008, in which the Internal Revenue Service stated the Plan was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The Plan has been amended since the version submitted for the latest determination letter; however, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Code.

An accounting standard was recently issued that clarifies the accounting for uncertainty in income taxes. The Plan adopted this new guidance for the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees

Schedule H, Line 4i — Schedule of Assets (Held at End of Year)

December 31, 2009

Description of Investment	Cost	Fair Value
Interest-bearing cash:		
Wells Fargo Short-Term Investment Fund	\$ 44,501	\$ 44,501
Interest in the G&K Services, Inc. and Associated Companies Master Trust	302,473	282,688
	<u>\$ 346,974</u>	<u>\$ 327,189</u>

The above information has been certified by Wells Fargo Bank, N.A., the trustee of the Plan, as complete and accurate.
Wells Fargo Bank, N.A. is a party in interest.

G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees

Schedule H, Line 4j — Schedule of Reportable Transactions

Year Ended December 31, 2009

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price
Wells Fargo Bank, N.A.	Wells Fargo Short-Term Investment Fund	\$ 111,490	\$ 113,852

The above information has been certified by Wells Fargo Bank, N.A., the trustee of the Plan, as complete and accurate. Wells Fargo Bank, N.A. is a party in interest.

Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
\$ 225,342	\$ 225,342	\$ -

Schedule SB, Line 7 – Explanation of Beginning Carryover Balance and Prefunding Balance of Prior Year Discrepancy

In May, 2010, the plan sponsor and Mercer discovered that incorrect participant data had been used to complete the actuarial valuations for the 2005 to 2008 plan years. After review and analysis it was determined that the problem was significant enough to warrant revising the 2005 to 2008 actuarial valuations. The following pages of this attachment provide original and revised Funding Standard Account information for the 2005 to 2007 plan years and original and revised results for key items shown on the 2008 Schedule SB.

Line 13 of the 2008 Schedule SB does match Line 7 of the 2009 Schedule SB (both are 0), but only because there was a voluntary reduction in carryover balance resulting in a 2008 carryover balance of 0 both before and after the revisions.

As a result of the revised valuations it has been determined:

- 1) There was no funding deficiency in any of the plan years from 2005 to 2008 (see line item (28) of 2009 Schedule SB)
- 2) Some quarterly contribution requirements for 2006 and 2007 were not met by their appropriate due dates. As a result, late interest charges were applicable. These are reflected on the following pages.
- 3) The entry for line item 11(a) no longer matches line item 38 from the 2008 Schedule SB. Line item 11(a) on the 2009 Schedule SB reflects the revised minimum required contribution level as displayed on the following pages.
- 4) The entry for line item 16 is not consistent with information shown on the 2008 Schedule SB. Line item 16 on the 2009 Schedule SB reflects the 2008 revised valuation results.

**Schedule SB, Line 7 – Explanation of Beginning Carryover Balance and
Prefunding Balance of Prior Year Discrepancy**

2005 Actuarial Valuation

Funding Standard Account

Charges	Original	Revised
1. Prior year funding deficiency	0	0
2. Normal cost for plan year	58,439	58,439
3. Amortization charges	21,344	36,395
4. Interest on 1., 2. and 3.	6,383	7,587
5. Additional Funding Charge	15,961	25,365
6. Additional interest charge due to late quarterly contributions	0	0
7. Total charges	102,127	127,786
Credits		
8. Prior year credit balance	40,991	40,991
9. Employer contributions	153,237	153,237
10. Amortization credits	0	0
11. Interest on 8., 9. and 10.	3,962	3,962
12. Miscellaneous credits		
a. Full funding credit before current liability	0	0
b. Waived funding deficiency	0	0
13. Total credits	198,190	198,190
14. Credit balance (funding deficiency) (13. - 7.)	96,063	70,404

Schedule SB, Line 7 – Explanation of Beginning Carryover Balance and Prefunding Balance of Prior Year Discrepancy

2006 Actuarial Valuation

Funding Standard Account

Charges	Original	Revised
1. Prior year funding deficiency	0	0
2. Normal cost for plan year	79,056	80,213
3. Amortization charges	21,344	38,833
4. Interest on 1., 2. and 3.	8,032	9,524
5. Additional Funding Charge	38,478	30,938
6. Additional interest charge due to late quarterly contributions	0	521
7. Total charges	146,910	160,029
Credits		
8. Prior year credit balance	96,063	70,404
9. Employer contributions	205,335	205,335
10. Amortization credits	0	0
11. Interest on 8., 9. and 10.	8,098	6,045
12. Miscellaneous credits		
a. Full funding credit before current liability	0	0
b. Waived funding deficiency	0	0
13. Total credits	309,496	281,784
14. Credit balance (funding deficiency) (13. - 7.)	162,586	121,755

Schedule SB, Line 7 – Explanation of Beginning Carryover Balance and Prefunding Balance of Prior Year Discrepancy

2007 Actuarial Valuation

Funding Standard Account

Charges	Original	Revised
1. Prior year funding deficiency	0	0
2. Normal cost for plan year	91,668	95,311
3. Amortization charges	21,341	38,830
4. Interest on 1., 2. and 3.	9,041	10,731
5. Additional Funding Charge	0	28,988
6. Additional interest charge due to late quarterly contributions	0	1,032
7. Total charges	122,050	174,892
Credits		
8. Prior year credit balance	162,586	121,755
9. Employer contributions	96,235	96,235
10. Amortization credits	0	0
11. Interest on 8., 9. and 10.	13,007	9,740
12. Miscellaneous credits		
a. Full funding credit before current liability	0	0
b. Waived funding deficiency	0	0
13. Total credits	271,828	227,730
14. Credit balance (funding deficiency) (13. - 7.)	149,778	52,838

Schedule SB, Line 7 – Explanation of Beginning Carryover Balance and Prefunding Balance of Prior Year Discrepancy

2008 Actuarial Valuation

Key Information Reported on 2008 Schedule SB

	<u>Original</u>	<u>Revised</u>
2b) Actuarial Value of Assets	353,205	353,205
3d) Funding Target	353,205	423,270
6) Normal Cost	21,143	39,130
9) Credit Balance at 1/1/2007	149,778	52,838
12) Reduction in balance due to waiver made in 2008	149,778	52,838
13) Balance at 1/1/2008	-	-
14) Funding Target Attainment Percentage	100.00%	83.44%
31) Target Normal Cost	21,143	39,130
32a) Net shortfall outstanding balance	-	70,065
32a) Amortization of shortfall outstanding balance	-	11,719
34) Total funding requirement	21,143	50,849
37) Interest-adjusted excess contributions for 2008	152,013	152,013
38) Interest-adjusted excess contributions	130,870	101,164
39) Unpaid minimum required contribution for current year	-	-
40) Unpaid minimum required contribution for all years	-	-

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 G&K Services Non-Contributory Pension Plan for Collective Bargaining	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF G & K Services, Co.	D Employer Identification Number (EIN) 41-1670526
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	397,575
b Actuarial value		2b	437,332
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	23,218
b For terminated vested participants		3b	275,612
c For active participants:			
(1) Non-vested benefits		3c(1)	13,297
(2) Vested benefits		3c(2)	64,212
(3) Total active		3c(3)	77,509
d Total		3d	376,339
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	8.01 %
6 Target normal cost		6	83,428

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>M.T.</u> Signature of actuary	<u>10/14/2010</u> Date
Matt Thompson	Type or print name of actuary	08-04242 Most recent enrollment number
Mercer	Firm name	(612) 642-8600 Telephone number (including area code)
333 South 7th Street, Suite 1600	Address of the firm	
Minneapolis	MN 55402-2427	

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

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>(17.12)</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		101,164
b	Interest on (a) using prior year's effective rate of <u>6.21</u> %		6,282
c	Total available at beginning of current plan year to add to prefunding balance		107,446
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	116.20 %
15	Adjusted funding target attainment percentage.....	15	116.20 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	83.44 %
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
09/15/2010	175,000				
Totals ▶			18(b)	175,000	18(c)
					0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	152,651

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	22,435
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	22,435
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	22,435
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	152,651
38 Interest-adjusted excess contributions for current year (see instructions)	38	130,216
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, Line 19 – Discounted Employer Contributions

Date	Amount contributed	Plan year	Applicable effective interest rate	Discounted value of January 1, 2009
9/15/2010	\$ 5,048	2009	13.01%*	\$ 4,151
9/15/2010	5,048	2009	13.01%*	4,199
9/15/2010	5,048	2009	13.01%*	4,247
9/15/2010	5,048	2009	13.01%*	4,295
9/15/2010	154,808	2009	8.01%	135,759
Total	\$ 175,000			\$ 152,651

* In determining the discounted value, 13.01% (EIR plus 5%) was applied for the period that the contribution was late, while 8.01% was applied from the quarterly contribution due date back to the valuation date.

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement age	(B) Probability of retirement	(C) Number of employees expected to retire, per 10,000 retirements	(D) (A) x (C)
55			
56			
57			
58			
59			
60			
61			
62	40.00%	4,000	248,000
63	20.00%	1,200	75,600
64	20.00%	960	61,440
65	100.00%	<u>3,840</u>	<u>249,600</u>
Total		10,000	634,640
Average			63.46

Schedule SB, Line 24 – Change in Actuarial Assumptions

Interest discount and mortality rates were updated from 2008 to 2009 in accordance with PPA and sponsor elections.

The form of payment assumption for current vested deferreds (Non-Contributory) was changed from 100% electing a life annuity to 65% electing a life annuity and 35% electing a 100% Joint and Survivor to better reflect expected future plan experience.

Schedule SB, Line 25 – Change in Method

Beginning with the 2009 valuation, expected expenses are added to the normal cost and the asset method was changed from market value to an adjusted market value over the last 24 months preceding the valuation date using annual measurement dates.

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of credited service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
< 25	3	1								
25-29	5	4								
30-34	4	7								
35-39	2	8								
40-44	2	15								
45-49	1	7								
50-54		9								
55-59		9								
60-64	1	3								
65-69		1								
70 +										

In each cell, the number is the count of active participants for each age/service combination. The average compensation is not shown for cells with fewer than 20 participants.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial assumptions

Discount rate elections¹	Full yield curve with two months lookback																					
Mortality elections																						
▪ Healthy and disabled participants	2009 PPA separate static annuitant and nonannuitant mortality tables																					
Other economic assumptions																						
▪ Salary increases	Not applicable																					
▪ Social Security wage base	Not applicable																					
▪ Inflation	Not applicable																					
▪ Expected investment return	8.00% for 2007 through 2009.																					
▪ Expenses	Expected administrative expenses																					
417(e) lump sums																						
▪ Annuity substitution	Yes																					
▪ Generational mortality option	No																					
▪ Phase-in option	No																					
Demographic assumptions																						
Withdrawal	See table of sample rates.																					
Disability incidence	See table of sample rates.																					
Retirement age	<table> <tr> <th rowspan="2">Attained age</th><th colspan="2">Percentage</th></tr> <tr> <th>Male</th><th>Female</th></tr> <tr> <td>Under 62</td><td>0%</td><td>0%</td></tr> <tr> <td>62</td><td>40%</td><td>40%</td></tr> <tr> <td>63</td><td>20%</td><td>20%</td></tr> <tr> <td>64</td><td>20%</td><td>20%</td></tr> <tr> <td>65 and above</td><td>100%</td><td>100%</td></tr> </table>		Attained age	Percentage		Male	Female	Under 62	0%	0%	62	40%	40%	63	20%	20%	64	20%	20%	65 and above	100%	100%
Attained age	Percentage																					
	Male	Female																				
Under 62	0%	0%																				
62	40%	40%																				
63	20%	20%																				
64	20%	20%																				
65 and above	100%	100%																				
Benefit commencement age for																						
▪ Future vested deferred	65																					
▪ Current vested deferred	65																					
Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>																				
▪ Percentage married	85%	65%																				
▪ Spouse age difference	5 years younger	5 years older																				

¹ Based on interest rate methodology elections described below.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Form of payment	<u>Lump sum</u>	<u>Single life</u>	<u>100% J&S</u>
▪ Active retirements	N/A	65%	35%
▪ Future vested deferred	N/A	65%	35%
▪ Future disabilities	N/A	100%	0%
▪ Future deaths	N/A	100%	0%
▪ Current vested deferred (Contributory)	100%	0%	0%
▪ Current vested deferred (Non-Contributory)	N/A	65%	35%

Table of Sample Rates

Attained age	<u>Percentage</u>	
	Withdrawal	Disability
20	30.00%	0.07%
25	27.50	0.09
30	20.00	0.10
35	15.00	0.14
40	10.00	0.20
45	7.50	0.31
50	6.00	0.52
55	3.00	0.99
60	0.00	1.74
65	0.00	0.00

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial methods

Asset methods

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

The asset valuation method is an annual average of the adjusted market value over the last 24 months preceding the valuation date using annual measurement dates. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

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

Participant methods

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

- **Participants included:** Only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.
- **Disabled participants:** The liabilities for participants on long-term disability have been included with the liabilities for active participants.
- **Transferred participants:** The liabilities for employees who have transferred into another plan of the plan sponsor have been included with the liabilities for terminated vested participants.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Benefits included or excluded

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

- **Plan amendments:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Late retirement increases:**
 - *Active participants:* Current active participants over normal retirement age are valued including the late retirement actuarial increase.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **IRC Section 415(b):** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **Benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.

Plan sponsor elections

Funding interest rate:

- Full yield curve
- 2 look-back months
- No phase-in

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

- Lump sum benefit based on annuity substitution liability
- Adjustment to reflect five-year phase-in of PPA rates was not used
- Did not use generational mortality table option

Minimum funding method

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

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A detailed description of the calculation follows:

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

Maximum deductible contribution method

Calculations of maximum deductible contributions include the excess of the accrued liability computed using the projected unit credit method over the minimum funding target liability. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration future benefit increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's projected accrued liability is the present value of benefits based on credited service as of the beginning of the plan year and projected benefit that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the accrued liability for an individual is the sum of the component accrued liabilities associated with the various anticipated separation dates.
- The plan's projected funding target liability is the sum of the projected accrued liabilities for all participants under the plan.

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions

We used and relied upon the plan documents, including amendments, supplied by the plan sponsor. The plan sponsor is solely responsible for the validity and completeness of this information

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

Effective date and plan year	Original plan: July 14, 1997 Restated plan: January 1, 2007 Plan year: Calendar year except for the short plan year July 14, 1997, to December 31, 1997.
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None
Name of Plan	G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees
Company	G&K Services, Incorporated
Definition	
Employees Covered	Any hourly employee of a Plan of the Company which has been designated the right to participate in this plan.
Eligibility	An hourly paid employee shall be eligible to participate in the plan on the January 1 coinciding with or next following completion of six months of employment with the company. <u>Coyne</u> The later of March 21, 2005 and the date of employment with the Employer.

Schedule SB, Part V – Summary of Plan Provisions

Credited Service	<p>For the short plan year beginning July 14, 1997, and ending December 31, 1997, a Participant shall receive credit for .46 of a year of Credited Service if he completes at least 460 Service Hours during this short period.</p> <p>After December 31, 1997, a year of service is credited for a participant who is credited with at least 1,000 hours of service during a plan year. In the year of hire or termination, a partial year of Credited Service will be given if fewer than 1,000 hours are worked.</p> <p><u>Coyne</u></p> <p>On or after March 21, 2005, a year of service is credited for a participant who is credited with at least 1,000 hours of service during the 12-consecutive month period beginning with each anniversary of the employee's date of hire. Maximum credited service is 30 years.</p> <p><u>Contributory Plan</u></p> <p>All benefits have been frozen since at least January 1, 2000, which is the date the Contributory Plan merged into the Non-Contributory Plan.</p>
Vesting Service	<p>Vesting Service shall be equal to Credited Service, except that participants who were members of the Pension Plan Covering Certain Hourly Employees of National Linen Service or the Coyne Pension Plan shall be credited with vesting service under those plans.</p>
Normal Retirement Date	<p>65th birthday</p>
Plan Year	<p>The plan year is the calendar year except for the short plan year July 14, 1997, to December 31, 1997.</p>

Schedule SB, Part V – Summary of Plan Provisions

Accrued Pension	A participant's accrued pension is equal to the benefit level corresponding to the participating plant where the participant works multiplied by his years of credited service. See below for current benefit levels.		
			Benefit Level on <u>January 1, 2009</u>
<u>Location</u>			
Augusta	\$		8.50 ^(a)
Birmingham			3.00
Chattanooga			4.00
Huntington			5.00
Louisville			5.00
Portland			4.00 ^(b)
Schenectady			5.00
Waterbury and Long Island			
Inside Employees			10.50
Outside Employees			18.50
(a)			
<u>Effective Date</u>			<u>Benefit Rate</u>
07/14/1997	\$		5.00
01/01/1998			5.25
01/01/1999			5.50
01/01/2000			5.75
01/01/2001			6.00
01/01/2002			6.25
01/01/2003			6.75
01/01/2004			7.25
01/01/2005			7.75
01/01/2006			8.50
Termination on or after the effective date results in corresponding benefit rate being used for all years of service.			
(b) \$3.00 for credited service between July 14, 1997 and August 31, 1997, \$4.00 for credited service between September 1, 1997 and May 1, 1998.			
Normal Retirement	Upon retirement on or after his normal retirement date, a participant shall receive a monthly retirement benefit for life equal to his accrued pension.		

Schedule SB, Part V – Summary of Plan Provisions

Early Retirement

A participant is eligible for an early retirement benefit following attainment of age 62 and completion of 20 years of credited service. The amount of benefit is equal to his accrued pension.

Coyne

A participant is eligible for an early retirement benefit following attainment of age 62 and completion of 10 years of vesting service with the following reductions if commencement of payment precedes the normal retirement date:

Inside employees: benefit is reduced by one-half of one percent for each month early retirement precedes normal retirement

Outside employees: benefit is reduced by five-sixths of one percent for each month early retirement precedes normal retirement.

Contributory Plan

A participant is eligible for an early retirement benefit following attainment of age 55 and completion of 20 years of credited service. The amount of benefit is equal to his accrued pension. The employee portion can be withdrawn anytime after termination.

Option Forms of Benefit Required Joint and Survivor Options

If, on the date pension payments commence, the retiree has an Eligible Spouse and does not elect otherwise, the pension will be automatically payable in the form of a 50% Joint and Survivor benefit which shall be the actuarial equivalent of the life annuity otherwise payable.

Schedule SB, Part V – Summary of Plan Provisions

Other Forms of Payment	<p>An employee will be entitled to convert his life annuity to an optional benefit on an actuarially equivalent basis. The options include 50%, 75% and 100% Joint and Survivor Annuities, and 10 and 15 Year Certain and Life Annuities.</p> <p><u>Coyne</u></p> <p>An employee will be entitled to convert his life annuity to an optional benefit on an actuarially equivalent basis. The options include 50%, 66 $\frac{2}{3}$%, 75% or 100% Joint & Survivor annuities, and 10-Year Certain & Life annuities.</p> <p><u>Contributory Plan</u></p> <p>If the participant commences both his employee and employer benefits on the same date, the following options are available:</p> <p>An employee will be entitled to convert his 10 Year Certain and Life annuity to an optional benefit on an actuarially equivalent basis. The options include Life Annuity, 5 and 15 Year Certain & Life, 50%, and 75% Joint & Survivor Annuities, or a lump sum.</p>
Disability Benefits	<p>A participant who becomes totally and permanently disabled after completing five years of credited service shall be eligible for a disability retirement pension. The benefit is the accrued pension and is payable on the first day of the seventh month next following disability.</p> <p><u>Coyne</u></p> <p>A participant who becomes disabled while actively employed and is either a) an Outside employee who has attained age 55 and completed 10 years of vesting service, or b) an Inside employee who has attained age 60 and completed 20 years of vesting service, is eligible to receive a disability retirement pension. The benefit is the accrued pension and is payable on the first day of the month next following disability.</p>
Termination Benefits	<p>In the event of termination of employment for reasons other than death, disability or retirement (normal or early), an employee who has completed at least 5 years of vesting service shall be entitled to a deferred accrued benefit (payable for life) commencing at age 65.</p>

Schedule SB, Part V – Summary of Plan Provisions

Survivor Benefits	<p>Benefits will be payable upon the death of an employee when death occurs (i) during active employment, provided such employee has completed at least five years of Credited Service at the time of death; (ii) during the time an employee is receiving disability benefits, (iii) after an employee retired and is receiving a form of benefit which provides payment to a survivor; or (iv) after termination if the employee is entitled to a deferred retirement benefit which has not yet commenced. Benefits will be calculated in the following manner:</p> <p>(a) The beneficiary of an employee who dies while receiving retirement benefits will receive payment in accordance with the optional benefit payment method selected.</p> <p>(b) The surviving spouse of an active or terminated participant who dies after becoming entitled to a deferred retirement benefit shall receive a death benefit commencing on the date the employee would have been eligible to receive retirement benefits. The amount of benefit shall be equal to 50% of the monthly pension that would have been payable to the employee had he terminated on his date of death (if not already terminated), survived until he was first eligible to retire and retired, electing to receive a 50% joint and survivor benefit.</p>
Small Pensions	<p>In the event the Actuarial Present Value of a retired or terminated Participant's benefit is less than \$5,000 such pension shall be paid in a single lump sum payment.</p>
Miscellaneous	
Maximum benefits	<p>Annual benefits maynot exceed the limits in IRC Section 415. This limit is indexed annually. For 2009, the limit is \$195,000.</p>
Changes since the prior valuation	<p>Maximum compensation and maximum benefits were updated from 2008 to 2009.</p>

Plan provision changes since prior valuation

None.

**Schedule SB, Line 11 – Explanation of Carryover and Prefunding Balances
Discrepancy**

The 2008 results were revised after the 2008 Schedule SB was issued. The entry for line 11(a) of the 2009 Schedule SB no longer matches line 38 from the 2008 Schedule SB. Line 11(a) on the 2009 Schedule SB reflects the revised minimum required contribution level as displayed below.

Key Information Reported on 2008 Schedule SB

	<u>Original</u>	<u>Revised</u>
2b) Actuarial Value of Assets	353,205	353,205
3d) Funding Target	353,205	423,270
6) Normal Cost	21,143	39,130
9) Credit Balance at 1/1/2007*	149,778	52,838
12) Reduction in balance due to waiver made in 2008	149,778	52,838
13) Balance at 1/1/2008	-	-
14) Funding Target Attainment Percentage	100.00%	83.44%
31) Target Normal Cost	21,143	39,130
32a) Net shortfall outstanding balance	-	70,065
32a) Amortization of shortfall outstanding balance	-	11,719
34) Total funding requirement	21,143	50,849
37) Interest-adjusted excess contributions for 2008	152,013	152,013
38) Interest-adjusted excess contributions	130,870	101,164
39) Unpaid minimum required contribution for current year	-	-
40) Unpaid minimum required contribution for all years	-	-

* See the attachment to line 7 for a details regarding the development of the 1/1/2007 Credit Balance.

Schedule SB, Line 16 – Explanation of Prior Year’s Funding Percentage Discrepancy

The 2008 results were revised after the 2008 Schedule SB was issued. The entry for line 16 of the 2009 Schedule SB no longer matches line 15 from the 2008 Schedule SB. Line 16 on the 2009 Schedule SB reflects the revised 2008 Funding Target liability, as shown below.

Key Information Reported on 2008 Schedule SB

	<u>Original</u>	<u>Revised</u>
2b) Actuarial Value of Assets	353,205	353,205
3d) Funding Target	353,205	423,270
6) Normal Cost	21,143	39,130
9) Credit Balance at 1/1/2007*	149,778	52,838
12) Reduction in balance due to waiver made in 2008	149,778	52,838
13) Balance at 1/1/2008	-	-
14) Funding Target Attainment Percentage	100.00%	83.44%
31) Target Normal Cost	21,143	39,130
32a) Net shortfall outstanding balance	-	70,065
32a) Amortization of shortfall outstanding balance	-	11,719
34) Total funding requirement	21,143	50,849
37) Interest-adjusted excess contributions for 2008	152,013	152,013
38) Interest-adjusted excess contributions	130,870	101,164
39) Unpaid minimum required contribution for current year	-	-
40) Unpaid minimum required contribution for all years	-	-

* See the attachment to line 7 for a details regarding the development of the 1/1/2007 Credit Balance.

G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees

Schedule H, Line 4i — Schedule of Assets (Held at End of Year)

December 31, 2009

Description of Investment	Cost	Fair Value
Interest-bearing cash:		
Wells Fargo Short-Term Investment Fund	\$ 44,501	\$ 44,501
Interest in the G&K Services, Inc. and Associated Companies Master Trust	302,473	282,688
	<u>\$ 346,974</u>	<u>\$ 327,189</u>

The above information has been certified by Wells Fargo Bank, N.A., the trustee of the Plan, as complete and accurate.
Wells Fargo Bank, N.A. is a party in interest.

G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees

Schedule H, Line 4j — Schedule of Reportable Transactions

Year Ended December 31, 2009

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price
Wells Fargo Bank, N.A.	Wells Fargo Short-Term Investment Fund	\$ 111,490	\$ 113,852

The above information has been certified by Wells Fargo Bank, N.A., the trustee of the Plan, as complete and accurate. Wells Fargo Bank, N.A. is a party in interest.

Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
\$ 225,342	\$ 225,342	\$ -