

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☒		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan 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.	10/07/2011	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	153
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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	57
b Retired or separated participants receiving benefits.....	6b	5
c Other retired or separated participants entitled to future benefits.....	6c	72
d Subtotal. Add lines 6a , 6b , and 6c	6d	134
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	134
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	19

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)

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>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 or 5500-SF <u>G&K SERVICES, CO.</u>	D Employer Identification Number (EIN) <u>41-1670526</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>492948</u>
b	Actuarial value 2b <u>492948</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>4</u> <u>37719</u>
b	For terminated vested participants 3b <u>74</u> <u>307530</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>22643</u>
(2)	Vested benefits 3c(2) <u>97314</u>
(3)	Total active 3c(3) <u>75</u> <u>119957</u>
d	Total 3d <u>153</u> <u>465206</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.73</u> %
6	Target normal cost 6 <u>90604</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/30/2011</u>
Signature of actuary	Date
<u>MATT THOMPSON</u>	<u>11-04242</u>
Type or print name of actuary	Most recent enrollment number
<u>MERCER</u>	<u>612-642-8818</u>
Firm name	Telephone number (including area code)
<u>333 SOUTH 7TH STREET, SUITE 1600</u> <u>MINNEAPOLIS, MN 55402-2427</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>15.15</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		131031
b Interest on (a) using prior year's effective rate of <u>8.01</u> %		10496
c Total available at beginning of current plan year to add to prefunding balance		141527
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	105.96 %
15 Adjusted funding target attainment percentage.....	15	105.96 %
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	116.20 %
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
07/15/2010	75000				
09/15/2011	10000				
Totals ►			18(b)	85000	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	81384

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
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	62862
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	62862
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	62862
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	81384
38 Interest-adjusted excess contributions for current year (see instructions).....	38	18522
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
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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	72750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO

41-1592157

(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?
15 19 21 38 50 59 60 62 63	PARTY IN INTEREST	13015	Yes ☒ No ☐	Yes ☒ No ☐	0	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)
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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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2010</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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) 461908	
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) 20376	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</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		
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)	175000	10000
(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)	44501	20376
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	282688	461908
(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	502189	492284

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	10907	14309
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10907	14309

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	491282	477975
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	85000	
(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)		85000

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

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

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(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)		118
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		40242
(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		125360

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	41042	
(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)		41042
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)	72750	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	24875	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		97625
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		138667

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-13307
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)

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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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
---------------	----------------------

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.....	<u>1</u>	<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.....	<u>3</u>	<u>7</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	<u>6a</u>		
b Enter the amount contributed by the employer to the plan for this plan year	<u>6b</u>		
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).....	<u>6c</u>		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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) 2010
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, 2010



McGladrey & Pullen, LLP
Certified Public Accountants

Contents

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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, 2010 and 2009, 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, 2010, and the supplemental schedule of reportable transactions for the year ended December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

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, 2010 and 2009.

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 3, 2011

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

Statements of Net Assets Available for Benefits December 31, 2010 and 2009

	2010	2009
Assets:		
Investments, at fair value (Notes 3 and 4):		
Collective trust fund	\$ 20,376	\$ 44,501
Interest in the G&K Services, Inc. and Associated Companies Master Trust (Note 5)	461,908	282,688
Total investments	482,284	327,189
Employer contributions receivable	10,000	175,000
Total assets	492,284	502,189
Accrued liabilities	(14,309)	(10,907)
Net assets available for benefits	\$ 477,975	\$ 491,282

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, 2010 and 2009

	2010	2009
Investment results (Note 3):		
Interest in the G&K Services, Inc. and Associated Companies Master Trust (Note 5):		
Net appreciation	\$ 36,134	\$ 43,873
Interest and dividend income	4,108	1,221
Interest income on collective trust fund	118	216
Employer contributions	85,000	175,000
Net investment results and contributions	125,360	220,310
Benefit distributions	(41,042)	(53,613)
Administrative expenses	(97,625)	(76,105)
Net increase (decrease)	(13,307)	90,592
Net assets available for benefits:		
Beginning of year	491,282	400,690
End of year	<u>\$ 477,975</u>	<u>\$ 491,282</u>

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 2010 and 2009.

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 3, 2011, 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 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. Information Certified or Provided by the Trustee

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, 2010 and 2009, 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. Information Certified or Provided by the Trustee (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, 2010 and 2009, are as follows:

	Fair Value at December 31	
	2010	2009
Wells Fargo Short-Term Investment Fund	\$ *	\$ 44,501

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

Note 4. Fair Value Measurements

Accounting standards establish 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, 2010 and 2009.

Collective trust fund: The collective trust fund is valued at the net asset value (NAV) 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, 2010 and 2009. 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, 2010			
	Level 1	Level 2	Level 3	Total
Collective trust fund	\$ 20,376	\$ -	\$ -	\$ 20,376

	Investments at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Collective trust fund	\$ 44,501	\$ -	\$ -	\$ 44,501

Certain investments in the 2009 fair value hierarchy table above have been reclassified among levels to be consistent with the 2010 classifications.

The Plan follows 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 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. The following table includes investments where NAV is available as a practical expedient:

Investment	Fair Value at December 31		Redemption Frequency	Redemption Notice Period
	2010	2009		
Wells Fargo Short-Term Investment Fund (a)	\$ 20,376	\$ 44,501	Immediate	None

(a) This collective trust 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.

The Plan's share of the Master Trust's total investments approximated 1.1 percent and 0.7 percent at December 31, 2010 and 2009, 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.

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)

A summary of the fair value of the Master Trust's investment assets at December 31, 2010 and 2009, is as follows:

	2010	2009
Investments:		
Shares of collective trust fund	\$ 115,969	\$ 53,697
Shares of common and preferred stock	5,022,168	4,820,966
Shares of mutual funds	38,811,065	36,839,170
Total investments	43,949,202	41,713,833
Receivables for pending trades	2,959	4,174
Net assets of the Master Trust	\$ 43,952,161	\$ 41,718,007

Individual investments representing more than 5 percent of the Master Trust's net assets as of December 31, 2010 and 2009, are as follows:

	Fair Value at December 31	
	2010	2009
Vanguard Institutional Index Fund	\$ 14,118,829	\$ *
Vanguard Long Term Investment Grade Fund	10,293,162	*
Attalus Multi-Strategy Fund	6,529,983	6,397,829
Common Sense Fund; Long Biased	4,185,555	4,088,400
NTGI Collective Daily Russell 2000 Index Fund	3,683,537	*
Barclay's Russell 1000 Alpha Tilts Fund	*	13,198,675
JPMCB Extended Duration Fund	*	10,028,110
Northern Trust Small Cap Fund	*	3,126,156

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

During 2010 and 2009, the investments in the Master Trust (including investments bought and sold as well as held during the year) appreciated in fair value as follows:

	Years Ended December 31	
	2010	2009
Shares of common and preferred stock	\$ 149,742	\$ 1,780,009
Shares of mutual funds	3,192,848	4,286,059
	\$ 3,342,590	\$ 6,066,068

Investment income of the Master Trust, composed primarily of dividends and interest, was \$442,155 and \$162,462 in 2010 and 2009, 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, 2010 and 2009.

Shares of collective trust fund: Shares of a collective trust fund held by the Master Trust are valued at the NAV 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 mutual funds: The shares of Level 1 mutual funds are valued based on quoted prices of identical shares in active markets for shares held by the Plan at year-end. The shares of Level 2 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, 2010 and 2009:

	Investments at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Shares of collective trust fund	\$ 115,969	\$ -	\$ -	\$ 115,969
Shares of common stock:				
British shares	208,057	-	-	208,057
European shares	261,311	-	-	261,311
Japanese shares	196,233	-	-	196,233
American depository shares	4,356,567	-	-	4,356,567
Shares of mutual funds:				
Bond fund	10,293,162	-	-	10,293,162
Equity funds	14,118,829	6,529,983	-	20,648,812
Long/short equity	-	4,185,555	-	4,185,555
Index fund	3,683,536	-	-	3,683,536
Total assets in the Master Trust, at fair value	\$ 33,233,664	\$ 10,715,538	\$ -	\$ 43,949,202

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)

	Investments at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Shares of collective trust fund	\$ 53,697	\$ -	\$ -	\$ 53,697
Shares of common and preferred stock:				
British shares	224,107	-	-	224,107
European shares	298,757	-	-	298,757
Japanese shares	222,223	-	-	222,223
American depository common shares	4,038,065	-	-	4,038,065
American depository preferred shares	37,814	-	-	37,814
Shares of 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	\$ 4,874,663	\$ 36,839,170	\$ -	\$ 41,713,833

Certain investments in the 2009 fair value hierarchy table above have been reclassified among levels to be consistent with the 2010 classifications.

The following table includes investments where NAV is available as a practical expedient:

Investment	Fair Value at December 31		Redemption Frequency	Redemption Notice Period
	2010	2009		
Shares of collective trust fund (a)	\$ 115,969	\$ 53,697	Immediate	None
Shares of mutual funds:				
Equity funds (b)	6,529,983	29,624,614	Monthly	None
Long/short equity (c)	4,185,555	4,088,400	Monthly	None
Structured small capital (d)	-	3,126,156	Monthly	None

- (a) This collective trust 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) The investment seeks 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 sought long-term capital appreciation. The funds invested principally in equity securities of small-capitalization companies that they believed presented attractive opportunities but had 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.

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

Notes to Financial Statements

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, 2010. There were no significant differences between December 31, 2009, and January 1, 2010, which would cause the actuarial valuation not to be representative as of December 31, 2009.

Significant assumptions underlying the actuarial computation as of December 31, 2009, the benefit information date, are as follows:

Actuarial cost method	Unit credit method
Rate of return on investments	8.0%
Mortality basis	The assumed healthy mortality is the RP-2000 sex-distinct combined healthy mortality table projected to 2010 without an adjustment for collar.
Retirement age	Various rates between ages 62 and 65

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

	December 31, 2009
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 33,575
Other participants	344,389
Nonvested benefits	17,120
Total actuarial present value of accumulated plan benefits	<u>\$ 395,084</u>

The changes in actuarial present value of accumulated plan benefits for the year ended December 31, 2009, were as follows:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 371,471
Increase (decrease) during the year attributable to:	
Net benefits accumulated and (gains) losses	49,832
Increase for interest due to decrease in discount period	27,394
Benefits paid	(53,613)
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 395,084</u>

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.

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

Notes to Financial Statements

Note 7. Plan Termination (Continued)

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.

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

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.

The Plan follows guidance for accounting for uncertainty in income taxes. 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, 2010**

Description of Investment	Cost	Fair Value
Collective trust fund:		
Wells Fargo Short-Term Investment Fund	\$ 20,376	\$ 20,376
Interest in the G&K Services, Inc. and Associated Companies Master Trust	443,605	461,908
	<u>\$ 463,981</u>	<u>\$ 482,284</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, 2010**

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price
Wells Fargo Bank, N.A.	Wells Fargo Short-Term Investment Fund	\$ 110,000	\$ 134,118

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)	
\$	244,118	\$	244,118	\$	-

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

► **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) <u>006</u>
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>2010</u>		
2	Assets:		
a	Market value.....	2a	492,948
b	Actuarial value.....	2b	492,948
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	4
b	For terminated vested participants	3b	74
c	For active participants:		
	(1) Non-vested benefits.....	3c(1)	22,643
	(2) Vested benefits.....	3c(2)	97,314
	(3) Total active	3c(3)	75
d	Total.....	3d	153
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	6.73 %
6	Target normal cost.....	6	90,604

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	<div style="text-align: center;"> Signature of actuary </div> <div style="text-align: center;"> Matt Thompson Type or print name of actuary </div> <div style="text-align: center;"> Mercer Firm name </div> <div style="text-align: center;"> 333 South 7th Street, Suite 1600 Address of the firm </div> <div style="text-align: center;"> Minneapolis MN 55402-2427 </div>	<div style="text-align: center;"> Date </div> <div style="text-align: center;"> 11-04242 Most recent enrollment number </div> <div style="text-align: center;"> (612) 642-8818 Telephone number (including area code) </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of <u>15.15</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		131,031
b	Interest on (a) using prior year's effective rate of <u>8.01</u> %		10,496
c	Total available at beginning of current plan year to add to prefunding balance		141,527
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	105.96 %
15	Adjusted funding target attainment percentage	15	105.96 %
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	116.20 %
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
07/15/2010	75,000				
09/15/2011	10,000				
Totals ▶			18(b)	85,000	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 81,384
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		

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
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	62,862
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	62,862
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	62,862
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	81,384
38 Interest-adjusted excess contributions for current year (see instructions)	38	18,522
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 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	0	0	0
56	0	0	0
57	0	0	0
58	0	0	0
59	0	0	0
60	0	0	0
61	0	0	0
62	40.00%	4,000	248,000
63	20.00%	1,200	75,600
64	20.00%	960	61,440
65	100.00%	3,840	249,600
Total		10,000	634,640
Average			63.46

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions****Discount rate sponsor elections**

▪ Segment rates or full yield curve	Segment
▪ Look-back months	4
▪ First 5 years	5.03%
▪ Next 15 years	6.73%
▪ Over 20 years	6.82%

Mortality sponsor elections

▪ Healthy and disabled participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
▪ 417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.

Other economic assumptions

▪ Salary increases	Not applicable
▪ Social Security wage base	Not applicable
▪ Inflation	Not applicable
▪ Expected investment return	8.00% per year for years 2008 through 2009. 7.75% per year for 2010.
▪ Expenses	Expected administrative expenses

Demographic assumptions

Withdrawal	See table of sample rates.
Disability incidence	See table of sample rates.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Retirement age**

Active Participants are assumed to retire at the following rates:

Attained age	Percentage
62	40%
63	20%
64	20%
65 and above	100%

Benefit commencement age for

- Future vested deferred 65
- Current vested deferred 65

Spouse assumptions**Male participants****Female participants**

- Percentage married 85% 65%
- Spouse age difference 5 years younger 5 years older

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%	N/A	N/A
▪ Current vested deferred (Non-Contributory)	N/A	65%	35%

Unpredictable contingent event assumptions N/A

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of sample rates**

Attained age	Percentage	
	Withdrawal	Disability incidence
	All	All
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**Asset methods**

The asset valuation method is the fair market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does 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.

Minimum funding methods

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

A detailed description of the calculation follows:

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

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

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Maximum deductible contribution method

Calculations of maximum deductible contributions include the excess of the funding target computed using the projected unit credit method over the minimum funding target. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation 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 funding target** is the present value of benefits based on credited service as of the beginning of the plan year and projected compensation that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the projected funding target for an individual is the sum of the component projected funding targets associated with the various anticipated separation dates.
- The plan's **projected funding target** is the sum of the projected funding targets for all participants under the plan. The excess of the plan's projected funding target over the plan's funding target is included in the "cushion amount".

Schedule SB, Part V – Summary of Plan Provisions**Benefits included or excluded**

Unless noted below, all benefits provided by the plan, as restated and amended effective December 21, 2009 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.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.

Schedule SB, Part V – Summary of Plan Provisions (continued)

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.

The G&K Services Contributory Pension Plan was merged into the G&K Services Non-Contributory Pension Plan on December 31, 1999. Former participants in the G&K Services Contributory Pension Plan never earned additional benefits under the G&K Services Non-Contributory Pension Plan. A description of the benefits available to G&K Services Non-Contributory Pension Plan Participants is provided below. A description of the benefits available to former G&K Services Contributory Pension Plan Participants is provided following the summary provided below.

Benefits summarized in this section	G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees
Company	G&K Services, Incorporated
Employees Covered	Any hourly employee of a Plan of the Company which has been designated the right to participate in this plan.
Effective date	July 14, 1997, as amended through December 21, 2009
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>
Vesting Service	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.
Normal Retirement Date	65th birthday
Plan Year	The plan year is the calendar year except for the short plan year July 14, 1997, to December 31, 1997.

Schedule SB, Part V – Summary of Plan Provisions (continued)

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.
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Coyne

The later of March 21, 2005 and the date of employment with the Employer.

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.
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<u>Location</u>	<u>Benefit Level on January 1, 2010</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.

Schedule SB, Part V – Summary of Plan Provisions (continued)

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.
Early Retirement	<p>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.</p> <p><u>Coyne</u></p> <p>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:</p> <p>Inside employees: benefit is reduced by one-half of one percent for each month early retirement precedes normal retirement</p> <p>Outside employees: benefit is reduced by five-sixths of one percent for each month early retirement precedes normal retirement.</p>
Optional 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.
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>
Disability Benefits	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.

Schedule SB, Part V – Summary of Plan Provisions (continued)Coyne

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.

Termination Benefits	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.
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	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.
Changes since prior valuation	None

Schedule SB, Part V – Summary of Plan Provisions (continued)

A description of the benefits available to former G&K Services Contributory Pension Plan Participants is provided below.

Benefits summarized in this section	Benefits transferred to this plan from the former G&K Services Contributory Pension Plan for Collective Bargaining Employees
Credited Service	All benefits have been frozen since at least December 31, 1999, which is the date the Contributory Plan merged into the Non-Contributory Plan.
Vesting Service	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 shall be credited with vesting service under those plans.
Normal Retirement Date	65th birthday
Plan Year	The plan year is the calendar year
Eligibility	Participants in the G&K Services Contributory Pension Plan prior to the merger into this Plan.
Accrued Pension	Benefits frozen as of December 31, 1999 or earlier.
Normal Retirement	Upon retirement on or after his normal retirement date, a participant shall receive a monthly retirement benefit equal to his accrued pension payable in the 10 Year Certain & Life form.
Early Retirement	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.
Optional 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 10 Year Certain & Life annuity otherwise payable.
Other Forms of Payment	<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>

Schedule SB, Part V – Summary of Plan Provisions *(continued)*

Termination Benefits	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. A participant must have at least 20 years of credited service to be eligible to commence their benefit prior to age 65.
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) after an employee retired and is receiving a form of benefit which provides payment to a survivor; or (iii) 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> <p>(c) If, after all benefits have been paid, the sum of those payments is less than the employee contributions with interest, then the difference will be paid to the appropriate beneficiary.</p>
Small Pensions	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.
Changes since prior valuation	None

Schedule SB, Line 24 – Change in Actuarial Assumptions

- Beginning with the 2010 valuation, the yield curve used to determine the target liability was changed from the full yield curve with a 2-month look-back to segment rates with a 4-month look-back.
- The expected investment return assumption was decreased from 8.00% to 7.75% to better reflect expected future experience.

Schedule SB, Line 25 – Change in Method

We changed to a new liability valuation system this year. This change did not materially affect liability amounts and qualifies for automatic IRS approval.

The asset method was changed from the average asset value to the fair market value. This change qualifies for automatic IRS approval.

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 & Up
< 25	1	6	0	0	0	0	0	0	0	0
25 - 29	1	2	0	0	0	0	0	0	0	0
30 - 34	3	5	1	0	0	0	0	0	0	0
35 - 39	1	10	2	0	0	0	0	0	0	0
40 - 44		9	6	0	0	0	0	0	0	0
45 - 49		3	2	0	0	0	0	0	0	0
50 - 54		5	4	0	0	0	0	0	0	0
55 - 59		2	6	0	0	0	0	0	0	0
60 - 64		3	0	0	0	0	0	0	0	0
65 - 69		1	2	0	0	0	0	0	0	0
70+		0	0	0	0	0	0	0	0	0

In each cell, is the count of active participants for each age/service combination.

See full Independent Auditor's Report previously attached.

See full Independent Auditor's Report previously attached.