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| <b>Form 5500-SF</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br><br>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                            |                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I Annual Report Identification Information</b>                                                   |                            |                                                                                                                                                                                  |  |
| For calendar plan year 2011 or fiscal plan year beginning <u>07/01/2011</u> and ending <u>06/30/2012</u> |                            |                                                                                                                                                                                  |  |
| <b>A</b>                                                                                                 | This return/report is for: | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan |  |
| <b>B</b>                                                                                                 | This return/report is:     | <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report                                                                     |  |
|                                                                                                          |                            | <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                 |  |
| <b>C</b>                                                                                                 | Check box if filing under: | <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program                                                            |  |
|                                                                                                          |                            | <input type="checkbox"/> special extension (enter description)                                                                                                                   |  |

|                                                                                                                  |                                                                                                                                                                                                                                                                            |           |                                                        |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                           |                                                                                                                                                                                                                                                                            |           |                                                        |
| <b>1a</b>                                                                                                        | Name of plan<br><u>J.H. HAAR &amp; SONS, INC. PENSION PLAN</u>                                                                                                                                                                                                             | <b>1b</b> | Three-digit plan number (PN) <u>009</u>                |
|                                                                                                                  |                                                                                                                                                                                                                                                                            | <b>1c</b> | Effective date of plan <u>06/30/1970</u>               |
| <b>2a</b>                                                                                                        | Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>US FOODS, INC.</u><br><br><u>9399 HIGGINS ROAD, SUITE 500</u><br><u>ROSEMONT, IL 60018</u>                                                                   | <b>2b</b> | Employer Identification Number (EIN) <u>36-3642294</u> |
|                                                                                                                  |                                                                                                                                                                                                                                                                            | <b>2c</b> | Sponsor's telephone number <u>847-720-8000</u>         |
|                                                                                                                  |                                                                                                                                                                                                                                                                            | <b>2d</b> | Business code (see instructions) <u>424400</u>         |
| <b>3a</b>                                                                                                        | Plan administrator's name and address (if same as plan sponsor, enter "Same")<br><u>US FOODS, INC.</u><br><u>9399 HIGGINS ROAD, SUITE 500</u><br><u>ROSEMONT, IL 60018</u>                                                                                                 | <b>3b</b> | Administrator's EIN <u>36-3642294</u>                  |
|                                                                                                                  |                                                                                                                                                                                                                                                                            | <b>3c</b> | Administrator's telephone number <u>847-720-8000</u>   |
| <b>4</b>                                                                                                         | 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.                                                                                             | <b>4b</b> | EIN                                                    |
| <b>a</b>                                                                                                         | Sponsor's name                                                                                                                                                                                                                                                             | <b>4c</b> | PN                                                     |
| <b>5a</b>                                                                                                        | Total number of participants at the beginning of the plan year                                                                                                                                                                                                             | <b>5a</b> | <u>57</u>                                              |
| <b>b</b>                                                                                                         | Total number of participants at the end of the plan year                                                                                                                                                                                                                   | <b>5b</b> | <u>0</u>                                               |
| <b>c</b>                                                                                                         | Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)                                                                                                                                              | <b>5c</b> |                                                        |
| <b>6a</b>                                                                                                        | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                    |           |                                                        |
| <b>b</b>                                                                                                         | Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |           |                                                        |
| <b>If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</b> |                                                                                                                                                                                                                                                                            |           |                                                        |

|                                                                                                |              |                       |                 |
|------------------------------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>Part III Financial Information</b>                                                          |              |                       |                 |
| <b>7</b> Plan Assets and Liabilities                                                           |              | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total plan assets                                                                     | <b>7a</b>    | 461443                | 0               |
| <b>b</b> Total plan liabilities                                                                | <b>7b</b>    |                       |                 |
| <b>c</b> Net plan assets (subtract line 7b from line 7a)                                       | <b>7c</b>    | 461443                | 0               |
| <b>8</b> Income, Expenses, and Transfers for this Plan Year                                    |              | (a) Amount            | (b) Total       |
| <b>a</b> Contributions received or receivable from:                                            |              |                       |                 |
| <b>(1)</b> Employers                                                                           | <b>8a(1)</b> | 116000                |                 |
| <b>(2)</b> Participants                                                                        | <b>8a(2)</b> |                       |                 |
| <b>(3)</b> Others (including rollovers)                                                        | <b>8a(3)</b> |                       |                 |
| <b>b</b> Other income (loss)                                                                   | <b>8b</b>    | 65294                 |                 |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)                                  | <b>8c</b>    |                       | 181294          |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) | <b>8d</b>    | 4401                  |                 |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions)                     | <b>8e</b>    |                       |                 |
| <b>f</b> Administrative service providers (salaries, fees, commissions)                        | <b>8f</b>    |                       |                 |
| <b>g</b> Other expenses                                                                        | <b>8g</b>    |                       |                 |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)                                         | <b>8h</b>    |                       | 4401            |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c)                                     | <b>8i</b>    |                       | 176893          |
| <b>j</b> Transfers to (from) the plan (see instructions)                                       | <b>8j</b>    | -638336               |                 |

**Part IV Plan Characteristics****9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 3H 1I

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

|                                                                                                                                                                                                                                          | Yes | No | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>10</b> During the plan year:                                                                                                                                                                                                          |     |    |          |
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....                      |     | X  |          |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....                                                                                                     |     | X  |          |
| <b>c</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                  | X   |    | 20000000 |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                  |     | X  |          |
| <b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) ..... |     | X  |          |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                       |     | X  |          |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....                                                                                                                                         |     | X  |          |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                             |     |    |          |
| <b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....                                                      |     |    |          |

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). ☒ Yes ☐ No

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No  
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

**a** 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 letter ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

|                                                                                                                                                    |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>b</b> Enter the minimum required contribution for this plan year .....                                                                          | <b>12b</b> |  |
| <b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                         | <b>12c</b> |  |
| <b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) ..... | <b>12d</b> |  |

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline? .....

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? .....

If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... **13a** .....

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....

**c** 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.)

| <b>13c(1)</b> Name of plan(s):                | <b>13c(2)</b> EIN(s) | <b>13c(3)</b> PN(s) |
|-----------------------------------------------|----------------------|---------------------|
| PENSION PLAN FOR LEGACY COMPANIES OF US FOODS | 36-3642294           | 012                 |

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 11/29/2012 | GARY HANSEN                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>J.H. HAAR &amp; SONS, INC. PENSION PLAN</u>                                                                   | <b>B</b> Three-digit plan number (PN) ▶ <u>009</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>US FOODS, INC.</u>                                         | <b>D</b> Employer Identification Number (EIN)<br><u>36-3642294</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2011</u>                                                                                                                               |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>521748</u>                                                       |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>488252</u>                                                       |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |                                                                               |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b> (1) Number of participants <u>2</u> (2) Funding Target <u>54580</u> |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b> <u>36</u> <u>289672</u>                                             |
| <b>c</b> For active participants:                                                                                                                                                                               |                                                                               |
| (1) Non-vested benefits .....                                                                                                                                                                                   | <b>3c(1)</b> <u>0</u>                                                         |
| (2) Vested benefits .....                                                                                                                                                                                       | <b>3c(2)</b> <u>257975</u>                                                    |
| (3) Total active .....                                                                                                                                                                                          | <b>3c(3)</b> <u>19</u> <u>257975</u>                                          |
| <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b> <u>57</u> <u>602227</u>                                             |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>                                                      |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                     |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>6.06 %</u>                                                        |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> <u>70000</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.

|                                                                    |                                        |
|--------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                   | <u>11/16/2012</u>                      |
| Signature of actuary                                               | Date                                   |
| <u>MARK E. SILVERS</u>                                             | <u>11-04235</u>                        |
| Type or print name of actuary                                      | Most recent enrollment number          |
| <u>MERCER</u>                                                      | <u>312-917-9900</u>                    |
| Firm name                                                          | Telephone number (including area code) |
| <u>155 N. WACKER DRIVE, SUITE 1500</u><br><u>CHICAGO, IL 60606</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) 2011**  
**v.012611**

| <b>Part II Beginning of year carryover and prefunding balances</b>                                                                |                       |                        |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                   | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                          | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                       | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                             | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>16.28</u> % .....                                             |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                    |                       |                        |
| <b>a</b> Present value of excess contributions (line 38 from prior year) .....                                                    |                       | 14325                  |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.65</u> % except as otherwise provided (see instructions) ..... |                       | 953                    |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                     |                       | 15278                  |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                   |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                 | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                      | 0                     | 0                      |

| <b>Part III Funding percentages</b>                                                                                                                                        |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 81.07 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 81.07 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 83.06 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

| <b>Part IV Contributions and liquidity shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 10/14/2011                                                                               | 18000                             |                                 |                          |                                   |                                 |
| 01/12/2012                                                                               | 18000                             |                                 |                          |                                   |                                 |
| 04/13/2012                                                                               | 18000                             |                                 |                          |                                   |                                 |
| 07/13/2012                                                                               | 18000                             |                                 |                          |                                   |                                 |
| 09/27/2012                                                                               | 25000                             |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 97000                           |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                                        |            |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                   |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                                   | <b>19a</b> |         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                     | <b>19b</b> |         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                | <b>19c</b> | 92511   |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                            |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                         |            |         |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> If 20a is "Yes," see instructions and complete the following table as applicable:                                                                                             |            |         |
| Liquidity shortfall as of end of quarter of this plan year                                                                                                                             |            |         |
| (1) 1st                                                                                                                                                                                | (2) 2nd    | (3) 3rd |
| 0                                                                                                                                                                                      | 0          | 0       |
|                                                                                                                                                                                        |            | (4) 4th |
|                                                                                                                                                                                        |            | 0       |

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

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>2.67% | 2nd segment:<br>5.69% | 3rd segment:<br>6.44 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> |   |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 70000              |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                                | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 113975              | 19610              |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 89610              |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 89610              |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 92511              |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 2901               |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                                                               |  |  |

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment 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

**2011****This Form is Open to Public  
Inspection**For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012▶ **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.

|                                                                                                                                           |  |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>J. H. Haar & Sons, Inc. Pension Plan                                                                         |  | <b>B</b> Three-digit plan number (PN) ▶<br><br>009                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>US Foods, Inc.                                            |  | <b>D</b> Employer Identification Number (EIN)<br><br>36-3642294                                                                                         |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B |  | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2011</u>                                                                                                                                 |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                    |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 521,748            |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 488,252            |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |                            |                    |
|                                                                                                                                                                                                                 | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | <b>3a</b> 2                | 54,580             |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b> 36               | 289,672            |
| <b>c</b> For active participants:                                                                                                                                                                               |                            |                    |
| (1) Non-vested benefits.....                                                                                                                                                                                    | <b>3c(1)</b>               | 0                  |
| (2) Vested benefits .....                                                                                                                                                                                       | <b>3c(2)</b>               | 257,975            |
| (3) Total active.....                                                                                                                                                                                           | <b>3c(3)</b> 19            | 257,975            |
| <b>d</b> Total.....                                                                                                                                                                                             | <b>3d</b> 57               | 602,227            |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 6.06 %             |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 70,000             |

**Statement by Enrolled Actuary**

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

**SIGN  
HERE**

Signature of actuary

Mark E. Silvers

Type or print name of actuary

Mercer

Firm name  
155 N. Wacker Drive, Suite 1500

Chicago

IL 60606

Address of the firm

Date

11-04235

Most recent enrollment number

(312) 917-9900

Telephone number (including area code)

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) 2011  
v.012611



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

|                                                 |                                                |                                                           |                                                     |
|-------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                |                                                           |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>2.67 %                         | 2nd segment:<br>5.69 %                                    | 3rd segment:<br>6.44 %                              |
|                                                 |                                                |                                                           | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                |                                                           | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                |                                                           | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                 |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> |   |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                     |                     |                    |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                  |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                           | <b>31a</b>          | 70,000             |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                               | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                | Outstanding Balance |                    |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                | 113,975             |                    | 19,610        |
| <b>b</b> Waiver amortization installment.....                                                                                                                                       | 0                   |                    | 0             |
| <b>33</b> 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..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                           | <b>34</b>           | 89,610             |               |
|                                                                                                                                                                                     | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                              | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                  | <b>36</b>           | 89,610             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                  | <b>37</b>           | 92,511             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                 |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                      | <b>38a</b>          | 2,901              |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                               | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                     | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                                                               |  |  |

**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 65.

| (A)<br>Retirement<br>age | (B)<br>Number of employees<br>expected to retire | (C)<br>(A) X (B) |
|--------------------------|--------------------------------------------------|------------------|
| 65                       | 1,000.00                                         | 65,000.00        |
| Total                    | 1,000.00                                         | 65,000.00        |
| Average                  |                                                  | 65               |

**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                     | 2.67%   |
| ▪ Next 15 years                     | 5.69%   |
| ▪ Over 20 years                     | 6.44%   |

**Mortality sponsor elections**

|                          |                                                                                                                                                                                                                                                    |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ▪ Healthy 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. |
| ▪ Pre-1995 disabilities  | N/A                                                                                                                                                                                                                                                |
| ▪ Post-1994 disabilities | N/A                                                                                                                                                                                                                                                |

**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              | N/A                                                                                                        |
| ▪ Flat-dollar benefit increases | N/A                                                                                                        |
| ▪ Social Security wage base     | N/A                                                                                                        |
| ▪ Inflation                     | N/A                                                                                                        |
| ▪ Expected investment return    | 7.5% for 2011, 7.75% for 2010, and 8.00% prior to 2010                                                     |
| ▪ Expenses                      | 3-year average of administrative expenses rounded to nearest \$10,000 (\$70,000 for the current plan year) |

**Demographic assumptions**

|                              |                                                          |                                   |
|------------------------------|----------------------------------------------------------|-----------------------------------|
| Withdrawal                   | None                                                     |                                   |
| Disability incidence         | None                                                     |                                   |
| Retirement age               | 100% at the later of age 65 and 5 years of participation |                                   |
| Benefit commencement age for |                                                          |                                   |
| ▪ Future vested deferred     | 65                                                       |                                   |
| ▪ Current vested deferred    | 65                                                       |                                   |
| Spouse assumptions           | <b><u>Male participants</u></b>                          | <b><u>Female participants</u></b> |
| ▪ Percentage married         | 80.00%                                                   | 65.00%                            |
| ▪ Spouse age difference      | 3 years younger                                          | 3 years older                     |

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

| <b>Form of payment</b>                            | <b><u>10 Year C&amp;C</u></b> | <b><u>Lump Sum</u></b> |
|---------------------------------------------------|-------------------------------|------------------------|
| ▪ Active retirements                              | 0%                            | 100%                   |
| ▪ Current vested deferred                         | 100%                          | 0%                     |
| <b>Unpredictable contingent event assumptions</b> | N/A                           |                        |

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

We used financial data submitted by the trustee as of July 1, 2011 without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

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

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

**Participant methods**

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

- **Participants included:** The plan sponsor provides us with data on all potential plan participants as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

**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:

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

- 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.
- 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 benefit increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **projected funding target** is the present value of benefits based on credited service as of the beginning of the plan year and projected benefit that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the 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 effective July 1, 2009, are included in this valuation.

- **Plan amendments excluded:** None.
- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **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:* The plan provides late retirement actuarial increases to participants who defer retirement beyond the normal retirement age. This valuation includes increases for current participants over age 65.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). Because the plan is collectively bargained and only covers union employees, the top-heavy rules do not apply.

**Schedule SB, Part V — Summary of Plan Provisions**

| Effective date and plan year                     | Original plan: June 30, 1970<br>Restated plan: July 1, 2009<br>Plan year: July 1 through June 30.                                                                                                                                                                                                                                                                                                                       |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------|-------------|----|---|-----|---|-----|---|-----|---|-----|-----------|------|
| Status of the plan                               | There are no ongoing accruals in this plan as there are no active employees at the location covered by the plan as documented in the closing agreement dated December 13, 2006. All employees active in this plan are currently working at other locations and are no longer accruing benefits.                                                                                                                         |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| Significant events that occurred during the year | None                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| <b>Definitions</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| ▪ Participation                                  | Minimum age of 21 and minimum of 12 months of service in which an employee is credited with at least 1,000 hours of service. An eligible employee enters the plan on the July 1st nearest the date the employee satisfies the eligibility requirements.<br><br>The plant was closed in December 2006, and thus closed to any future entrants.                                                                           |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| ▪ Employer contributions                         | Actuarially determined as required to meet IRS funding standards.                                                                                                                                                                                                                                                                                                                                                       |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| ▪ Employee contributions                         | None allowed.                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| ▪ Vesting Service                                | A participant's vesting in his/her age 65 plan benefit is as given by the following schedule: <table> <tr> <th><u>Years of Vesting Service</u></th><th><u>Percent Vested</u></th></tr> <tr> <td>Less than 3</td><td>0%</td></tr> <tr> <td>3</td><td>20%</td></tr> <tr> <td>4</td><td>40%</td></tr> <tr> <td>5</td><td>60%</td></tr> <tr> <td>6</td><td>80%</td></tr> <tr> <td>7 or more</td><td>100%</td></tr> </table> | <u>Years of Vesting Service</u> | <u>Percent Vested</u> | Less than 3 | 0% | 3 | 20% | 4 | 40% | 5 | 60% | 6 | 80% | 7 or more | 100% |
| <u>Years of Vesting Service</u>                  | <u>Percent Vested</u>                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| Less than 3                                      | 0%                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| 3                                                | 20%                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| 4                                                | 40%                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| 5                                                | 60%                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| 6                                                | 80%                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| 7 or more                                        | 100%                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| ▪ Credited service                               | One Year of Service was given if an employee completed at least 1,000 hours of service during a plan year (for vesting and benefit service).<br><br>The collective bargaining agreement was terminated in December 2006, concurrent with the plant closing, thereby ceasing all future service accruals as of that date.                                                                                                |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| ▪ Compensation                                   | Code Section 415 compensation that is actually paid in gross income during any given plan year.                                                                                                                                                                                                                                                                                                                         |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| <b>Normal retirement</b>                         |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| ▪ Eligibility                                    | Later of age 65 and 5 years of participation.                                                                                                                                                                                                                                                                                                                                                                           |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| ▪ Benefit                                        | 0.77% of compensation for each year of service, not to exceed 26 years of service.<br><br>The collective bargaining agreement was terminated in December 2006, concurrent with the plant closing, thereby ceasing all future benefit accruals as of that date.                                                                                                                                                          |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| <b>Early retirement</b>                          |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| ▪ Eligibility                                    | Age 60 and completion of 11 Years of Service.                                                                                                                                                                                                                                                                                                                                                                           |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |

**Schedule SB, Part V — Summary of Plan Provisions**

|                                             |                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ▪ Benefit                                   | The actuarial equivalent of the accrued retirement benefit.                                                                                                                                                                                                                                                                                      |
| <b>Late retirement</b>                      |                                                                                                                                                                                                                                                                                                                                                  |
| ▪ Benefit                                   | The greater of A & B as follows:<br>A. Normal retirement benefit payable at the participant's termination of employment with the benefit amount calculated using years of benefit service.<br>B. The actuarial equivalent at the participant's attained age of the participant's normal retirement benefit determined at normal retirement date. |
| <b>Death</b>                                |                                                                                                                                                                                                                                                                                                                                                  |
| ▪ Benefit Pre-Retirement                    | If a vested participant dies prior to commencement of benefit payments, the beneficiary shall receive an actuarially equivalent lump sum payable immediately of the vested aggregate accrued benefit.                                                                                                                                            |
| ▪ Benefit Post-Retirement                   | As set forth in option elected.                                                                                                                                                                                                                                                                                                                  |
| <b>Form of benefits</b>                     |                                                                                                                                                                                                                                                                                                                                                  |
| ▪ Automatic form for unmarried participants | Life annuity with 10 year certain.                                                                                                                                                                                                                                                                                                               |
| ▪ Automatic form for married participants   | Actuarially reduced Joint and 50% Survivor annuity                                                                                                                                                                                                                                                                                               |
| ▪ Optional forms                            | <ul style="list-style-type: none"> <li>▪ Life Annuity</li> <li>▪ Lump Sum</li> <li>▪ Joint and 50% Survivor Annuity</li> <li>▪ Joint and 100% Survivor Annuity</li> </ul>                                                                                                                                                                        |
| <b>Actuarial Equivalence</b>                | Benefit option payments are based on 1951 GAM projected by Scale C to 1970 mortality and 5.00% interest.                                                                                                                                                                                                                                         |
| <b>Miscellaneous</b>                        |                                                                                                                                                                                                                                                                                                                                                  |
| ▪ Maximum benefits                          | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2011 the limit is \$195,000.                                                                                                                                                                                                                   |

**Plan provision changes since prior valuation**

Maximum benefits were updated from 2010 to 2011. For 2011, the limit is \$195,000, which is unchanged from 2010.

**Schedule SB, Line 24 — Change in Actuarial Assumption**

- Interest discounts and mortality rates were updated from 2010 to 2011 in accordance with PPA.
- The expected investment return for 2011 was changed from 7.75% to 7.50% to reflect the change in the allocation of assets held in the master trust.
- The expense load for the target normal cost was increased from \$60,000 to \$70,000.

**Schedule SB, Line 26 — Schedule of Active Participant Data**

| Attained age | Years of vesting service |     |     |       |       |       |       |       |       |         |       |
|--------------|--------------------------|-----|-----|-------|-------|-------|-------|-------|-------|---------|-------|
|              | Under 1                  | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & up | Total |
| Under 25     |                          |     |     |       |       |       |       |       |       |         |       |
| 25-29        |                          |     |     |       |       |       |       |       |       |         |       |
| 30-34        |                          |     | 2   |       |       |       |       |       |       |         | 2     |
| 35-39        |                          |     | 1   |       | 2     |       |       |       |       |         | 3     |
| 40-44        |                          |     | 3   | 1     |       |       |       |       |       |         | 4     |
| 45-49        |                          |     |     | 1     |       | 1     |       |       |       |         | 2     |
| 50-54        |                          |     | 2   | 1     |       |       |       |       |       |         | 3     |
| 55-59        |                          |     |     |       | 2     | 1     |       |       |       |         | 3     |
| 60-64        |                          |     |     | 1     |       |       |       |       |       |         | 1     |
| 65-69        |                          |     |     | 1     |       |       |       |       |       |         | 1     |
| 70 & up      |                          |     |     |       |       |       |       |       |       |         |       |
| Total        |                          |     | 8   | 5     | 4     | 2     |       |       |       |         | 19    |

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

**Schedule SB, Line 32 — Schedule of Amortization Bases**

The shortfall amortization charge is the sum of the shortfall base amortization for each plan year covered under PPA. Although a shortfall base can be negative, the combined shortfall amortization charge cannot be negative.

| <b>Shortfall bases</b>      |    |                                |                            |                             |
|-----------------------------|----|--------------------------------|----------------------------|-----------------------------|
| <b>Year<br/>established</b> |    | <b>Outstanding<br/>balance</b> | <b>Years<br/>remaining</b> | <b>2011<br/>Installment</b> |
| 2010                        | \$ | 61,732                         | 6                          | \$ 11,214                   |
| 2011                        |    | 52,243                         | 7                          | 8,396                       |
| Total                       | \$ | 113,975                        |                            | \$ 19,610                   |

**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 65.

| (A)<br>Retirement<br>age | (B)<br>Number of employees<br>expected to retire | (C)<br>(A) X (B) |
|--------------------------|--------------------------------------------------|------------------|
| 65                       | 1,000.00                                         | 65,000.00        |
| Total                    | 1,000.00                                         | 65,000.00        |
| Average                  |                                                  | 65               |

**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                     | 2.67%   |
| ▪ Next 15 years                     | 5.69%   |
| ▪ Over 20 years                     | 6.44%   |

**Mortality sponsor elections**

|                          |                                                                                                                                                                                                                                                    |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ▪ Healthy 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. |
| ▪ Pre-1995 disabilities  | N/A                                                                                                                                                                                                                                                |
| ▪ Post-1994 disabilities | N/A                                                                                                                                                                                                                                                |

**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              | N/A                                                                                                        |
| ▪ Flat-dollar benefit increases | N/A                                                                                                        |
| ▪ Social Security wage base     | N/A                                                                                                        |
| ▪ Inflation                     | N/A                                                                                                        |
| ▪ Expected investment return    | 7.5% for 2011, 7.75% for 2010, and 8.00% prior to 2010                                                     |
| ▪ Expenses                      | 3-year average of administrative expenses rounded to nearest \$10,000 (\$70,000 for the current plan year) |

**Demographic assumptions**

|                              |                                                          |                                   |  |
|------------------------------|----------------------------------------------------------|-----------------------------------|--|
| Withdrawal                   | None                                                     |                                   |  |
| Disability incidence         | None                                                     |                                   |  |
| Retirement age               | 100% at the later of age 65 and 5 years of participation |                                   |  |
| Benefit commencement age for |                                                          |                                   |  |
| ▪ Future vested deferred     | 65                                                       |                                   |  |
| ▪ Current vested deferred    | 65                                                       |                                   |  |
| Spouse assumptions           | <b><u>Male participants</u></b>                          | <b><u>Female participants</u></b> |  |
| ▪ Percentage married         | 80.00%                                                   | 65.00%                            |  |
| ▪ Spouse age difference      | 3 years younger                                          | 3 years older                     |  |

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

| <b>Form of payment</b>                                | <b><u>10 Year C&amp;C</u></b> | <b><u>Lump Sum</u></b> |
|-------------------------------------------------------|-------------------------------|------------------------|
| ▪ Active retirements                                  | 0%                            | 100%                   |
| ▪ Current vested deferred                             | 100%                          | 0%                     |
| <b>Unpredictable contingent event assumptions</b> N/A |                               |                        |

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

### Actuarial methods

#### Asset methods

We used financial data submitted by the trustee as of July 1, 2011 without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

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

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

#### Participant methods

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

- **Participants included:** The plan sponsor provides us with data on all potential plan participants as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

#### 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:

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

- 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.
- 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 benefit increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **projected funding target** is the present value of benefits based on credited service as of the beginning of the plan year and projected benefit that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the 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 effective July 1, 2009, are included in this valuation.

- **Plan amendments excluded:** None.
- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **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:* The plan provides late retirement actuarial increases to participants who defer retirement beyond the normal retirement age. This valuation includes increases for current participants over age 65.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). Because the plan is collectively bargained and only covers union employees, the top-heavy rules do not apply.

**Schedule SB, Part V — Summary of Plan Provisions**

|                                                  |                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date and plan year                     | Original plan: June 30, 1970<br>Restated plan: July 1, 2009<br>Plan year: July 1 through June 30.                                                                                                                                                                                               |
| Status of the plan                               | There are no ongoing accruals in this plan as there are no active employees at the location covered by the plan as documented in the closing agreement dated December 13, 2006. All employees active in this plan are currently working at other locations and are no longer accruing benefits. |
| Significant events that occurred during the year | None                                                                                                                                                                                                                                                                                            |

**Definitions**

| ▪ Participation                 | Minimum age of 21 and minimum of 12 months of service in which an employee is credited with at least 1,000 hours of service. An eligible employee enters the plan on the July 1st nearest the date the employee satisfies the eligibility requirements.<br>The plant was closed in December 2006, and thus closed to any future entrants.                                                                               |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------|-------------|----|---|-----|---|-----|---|-----|---|-----|-----------|------|
| ▪ Employer contributions        | Actuarially determined as required to meet IRS funding standards.                                                                                                                                                                                                                                                                                                                                                       |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| ▪ Employee contributions        | None allowed.                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| ▪ Vesting Service               | A participant's vesting in his/her age 65 plan benefit is as given by the following schedule: <table> <tr> <th><u>Years of Vesting Service</u></th><th><u>Percent Vested</u></th></tr> <tr> <td>Less than 3</td><td>0%</td></tr> <tr> <td>3</td><td>20%</td></tr> <tr> <td>4</td><td>40%</td></tr> <tr> <td>5</td><td>60%</td></tr> <tr> <td>6</td><td>80%</td></tr> <tr> <td>7 or more</td><td>100%</td></tr> </table> | <u>Years of Vesting Service</u> | <u>Percent Vested</u> | Less than 3 | 0% | 3 | 20% | 4 | 40% | 5 | 60% | 6 | 80% | 7 or more | 100% |
| <u>Years of Vesting Service</u> | <u>Percent Vested</u>                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| Less than 3                     | 0%                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| 3                               | 20%                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| 4                               | 40%                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| 5                               | 60%                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| 6                               | 80%                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| 7 or more                       | 100%                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| ▪ Credited service              | One Year of Service was given if an employee completed at least 1,000 hours of service during a plan year (for vesting and benefit service).<br>The collective bargaining agreement was terminated in December 2006, concurrent with the plant closing, thereby ceasing all future service accruals as of that date.                                                                                                    |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |
| ▪ Compensation                  | Code Section 415 compensation that is actually paid in gross income during any given plan year.                                                                                                                                                                                                                                                                                                                         |                                 |                       |             |    |   |     |   |     |   |     |   |     |           |      |

**Normal retirement**

|               |                                                                                                                                                                                                                                                            |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ▪ Eligibility | Later of age 65 and 5 years of participation.                                                                                                                                                                                                              |
| ▪ Benefit     | 0.77% of compensation for each year of service, not to exceed 26 years of service.<br>The collective bargaining agreement was terminated in December 2006, concurrent with the plant closing, thereby ceasing all future benefit accruals as of that date. |

**Early retirement**

|               |                                               |
|---------------|-----------------------------------------------|
| ▪ Eligibility | Age 60 and completion of 11 Years of Service. |
|---------------|-----------------------------------------------|

**Schedule SB, Part V — Summary of Plan Provisions**

|                                             |                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ▪ Benefit                                   | The actuarial equivalent of the accrued retirement benefit.                                                                                                                                                                                                                                                                                      |
| <b>Late retirement</b>                      |                                                                                                                                                                                                                                                                                                                                                  |
| ▪ Benefit                                   | The greater of A & B as follows:<br>A. Normal retirement benefit payable at the participant's termination of employment with the benefit amount calculated using years of benefit service.<br>B. The actuarial equivalent at the participant's attained age of the participant's normal retirement benefit determined at normal retirement date. |
| <b>Death</b>                                |                                                                                                                                                                                                                                                                                                                                                  |
| ▪ Benefit Pre-Retirement                    | If a vested participant dies prior to commencement of benefit payments, the beneficiary shall receive an actuarially equivalent lump sum payable immediately of the vested aggregate accrued benefit.                                                                                                                                            |
| ▪ Benefit Post-Retirement                   | As set forth in option elected.                                                                                                                                                                                                                                                                                                                  |
| <b>Form of benefits</b>                     |                                                                                                                                                                                                                                                                                                                                                  |
| ▪ Automatic form for unmarried participants | Life annuity with 10 year certain.                                                                                                                                                                                                                                                                                                               |
| ▪ Automatic form for married participants   | Actuarially reduced Joint and 50% Survivor annuity                                                                                                                                                                                                                                                                                               |
| ▪ Optional forms                            | <ul style="list-style-type: none"> <li>▪ Life Annuity</li> <li>▪ Lump Sum</li> <li>▪ Joint and 50% Survivor Annuity</li> <li>▪ Joint and 100% Survivor Annuity</li> </ul>                                                                                                                                                                        |
| <b>Actuarial Equivalence</b>                | Benefit option payments are based on 1951 GAM projected by Scale C to 1970 mortality and 5.00% interest.                                                                                                                                                                                                                                         |
| <b>Miscellaneous</b>                        |                                                                                                                                                                                                                                                                                                                                                  |
| ▪ Maximum benefits                          | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2011 the limit is \$195,000.                                                                                                                                                                                                                   |

**Plan provision changes since prior valuation**

Maximum benefits were updated from 2010 to 2011. For 2011, the limit is \$195,000, which is unchanged from 2010.

### **Schedule SB, Line 24 — Change in Actuarial Assumption**

- Interest discounts and mortality rates were updated from 2010 to 2011 in accordance with PPA.
- The expected investment return for 2011 was changed from 7.75% to 7.50% to reflect the change in the allocation of assets held in the master trust.
- The expense load for the target normal cost was increased from \$60,000 to \$70,000.

**Schedule SB, Line 26 — Schedule of Active Participant Data**

| Attained age | Years of vesting service |     |     |       |       |       |       |       |       |         |       |
|--------------|--------------------------|-----|-----|-------|-------|-------|-------|-------|-------|---------|-------|
|              | Under 1                  | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & up | Total |
| Under 25     |                          |     |     |       |       |       |       |       |       |         |       |
| 25-29        |                          |     |     |       |       |       |       |       |       |         |       |
| 30-34        |                          |     | 2   |       |       |       |       |       |       |         | 2     |
| 35-39        |                          |     | 1   |       | 2     |       |       |       |       |         | 3     |
| 40-44        |                          |     | 3   | 1     |       |       |       |       |       |         | 4     |
| 45-49        |                          |     |     | 1     |       | 1     |       |       |       |         | 2     |
| 50-54        |                          |     | 2   | 1     |       |       |       |       |       |         | 3     |
| 55-59        |                          |     |     |       | 2     | 1     |       |       |       |         | 3     |
| 60-64        |                          |     |     | 1     |       |       |       |       |       |         | 1     |
| 65-69        |                          |     |     | 1     |       |       |       |       |       |         | 1     |
| 70 & up      |                          |     |     |       |       |       |       |       |       |         |       |
| Total        |                          |     | 8   | 5     | 4     | 2     |       |       |       |         | 19    |

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

**Schedule SB, Line 32 — Schedule of Amortization Bases**

The shortfall amortization charge is the sum of the shortfall base amortization for each plan year covered under PPA. Although a shortfall base can be negative, the combined shortfall amortization charge cannot be negative.

| Shortfall bases     |    |                        |                    |                     |
|---------------------|----|------------------------|--------------------|---------------------|
| Year<br>established |    | Outstanding<br>balance | Years<br>remaining | 2011<br>Installment |
| 2010                | \$ | 61,732                 | 6                  | \$ 11,214           |
| 2011                |    | 52,243                 | 7                  | 8,396               |
| Total               | \$ | 113,975                |                    | \$ 19,610           |