

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>G&K SERVICES NON-CONTRIBUTORY PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>006</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/14/1997</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>006</u>	1c Effective date of plan <u>07/14/1997</u>	
1b Three-digit plan number (PN) ▶	<u>006</u>				
1c Effective date of plan <u>07/14/1997</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>G&K SERVICES, CO.</u> <u>5995 OPUS PARKWAY, SUITE 500</u> <u>MINNETONKA, MN 55343-9078</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>41-1670526</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>952-912-5500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>812330</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>41-1670526</u>	2c Sponsor's telephone number <u>952-912-5500</u>	2d Business code (see instructions) <u>812330</u>	
2b Employer Identification Number (EIN) <u>41-1670526</u>					
2c Sponsor's telephone number <u>952-912-5500</u>					
2d Business code (see instructions) <u>812330</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/12/2013 Date	CAROLE OHNSTEIN Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 117
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	49
b Retired or separated participants receiving benefits.....	6b	13
c Other retired or separated participants entitled to future benefits.....	6c	52
d Subtotal. Add lines 6a , 6b , and 6c	6d	114
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	114
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1G		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **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.

A Name of plan <u>G&K SERVICES NON-CONTRIBUTORY PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>G&K SERVICES, CO.</u>	D Employer Identification Number (EIN) <u>41-1670526</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>	
2 Assets:	
a Market value	2a <u>524673</u>
b Actuarial value	2b <u>524673</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>6</u> <u>55122</u>
b For terminated vested participants.....	3b <u>60</u> <u>285180</u>
c For active participants:	
(1) Non-vested benefits.....	3c(1) <u>6674</u>
(2) Vested benefits.....	3c(2) <u>161314</u>
(3) Total active	3c(3) <u>51</u> <u>167988</u>
d Total	3d <u>117</u> <u>508290</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.72 %</u>
6 Target normal cost.....	6 <u>115990</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/30/2013</u>
	Signature of actuary	Date
<u>MATT THOMPSON</u>		<u>11-04242</u>
	Type or print name of actuary	Most recent enrollment number
<u>MERCER</u>		<u>612-642-8818</u>
	Firm name	Telephone number (including area code)
<u>333 SOUTH 7TH STREET, SUITE 1400</u> <u>MINNEAPOLIS, MN 55402-2427</u>		
	Address of the firm	

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

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

Schedule SB (Form 5500) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>2.46%</u>		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		88925
b	Interest on (a) using prior year's effective interest rate of <u>6.37%</u> except as otherwise provided (see instructions)		5665
c	Total available at beginning of current plan year to add to prefunding balance		94590
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	103.22 %
15	Adjusted funding target attainment percentage	15	103.22 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.81 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/30/2013	175000				
			Totals ►	18(b)	175000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 159562
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 2.06%	2nd segment: 5.25%	3rd segment: 6.32 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	115990	
b Excess assets, if applicable, but not greater than line 31a	31b	16383	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	99607	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	99607	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	159562	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	59955	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>G&K SERVICES NON-CONTRIBUTORY PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>G&K SERVICES, CO.</u>	D Employer Identification Number (EIN) <u>41-1670526</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	105375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO

41-1592157

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 38 50 59 60 62 63	PARTY IN INTEREST	2484	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>G&K SERVICES NON-CONTRIBUTORY PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>006</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>G&K SERVICES, CO.</u>	D Employer Identification Number (EIN) <u>41-1670526</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: G&K SV INC & ASSOC CO PN PN MTR TRS

b Name of sponsor of entity listed in (a): G&K SERVICES, INC.

c EIN-PN <u>41-0449530-008</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>355054</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM INVESTMENT FUND G

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN <u>41-6292499-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>75162</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
A Name of plan <u>G&K SERVICES NON-CONTRIBUTORY PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES</u>		B Three-digit plan number (PN) <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>G&K SERVICES, CO.</u>		D Employer Identification Number (EIN) <u>41-1670526</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	200000	175000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	1392	75162
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	331768	355054
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	533160	605216

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	533160	605216
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	175000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		175000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		100
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		33667
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		208767

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24757	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		24757
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	107477	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	382	
(4) Other	2i(4)	4095	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		111954
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		136711

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		72056
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: MCGLADREY LLP

(2) EIN: 42-0714325

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>G&K SERVICES NON-CONTRIBUTORY PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>G&K SERVICES, CO.</u>	D Employer Identification Number (EIN) <u>41-1670526</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>41-6257133</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>8</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

Financial Report
December 31, 2012

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Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of G&K Services Non-Contributory Pension Plan for Collective Bargaining Employees (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 5, which was certified or provided by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2012 and 2011, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules, Schedule H, line 4i—schedule of assets (held at end of year) and Schedule H, line 4j—schedule of reportable transactions, as of or for the year ended December 31, 2012, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance With the Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "McGladrey LLP". The signature is written in a cursive, flowing style.

Minneapolis, Minnesota
October 11, 2013

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

Statements of Net Assets Available for Benefits December 31, 2012 and 2011

	2012	2011
Assets:		
Investments, at fair value (Notes 3 and 4):		
Collective trust fund	\$ 75,162	\$ 1,392
Interest in the G&K Services, Inc. and Associated Companies Master Trust (Note 5)	<u>355,054</u>	<u>331,768</u>
Total investments	430,216	333,160
Employer contributions receivable	<u>175,000</u>	<u>200,000</u>
Total assets	605,216	533,160
Net assets available for benefits	\$ 605,216	\$ 533,160

See Notes to Financial Statements.

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

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2012 and 2011

	2012	2011
Investment results (Note 3):		
Interest in the G&K Services, Inc. and Associated Companies Master Trust (Note 5):		
Net appreciation	\$ 26,399	\$ 5,896
Interest and dividend income	7,268	9,476
Interest income on collective trust fund	100	30
Employer contributions	175,000	200,000
Net investment results and contributions	208,767	215,402
Benefit distributions	(24,757)	(75,044)
Administrative expenses	(111,954)	(85,173)
Net increase	72,056	55,185
Net assets available for benefits:		
Beginning of year	533,160	477,975
End of year	\$ 605,216	\$ 533,160

See Notes to Financial Statements.

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

Notes to Financial Statements

Note 1. Plan Description

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

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

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

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

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

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

Note 2. Summary of Significant Accounting Policies

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

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

Investment valuation and income recognition: Investments are presented at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Retirement Committee determines the valuation policies utilizing information provided by its investment advisors and the Plan's Trustee. See Notes 4 and 5 for a discussion of fair value measurements.

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

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

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

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

Funding policy: Participants are not permitted to make contributions to the Plan. The Company's funding policy is to make annual contributions to the Plan in amounts actuarially determined to be sufficient to fund the benefits provided by the Plan, to satisfy the minimum funding requirements of ERISA, and to comply with current federal income tax laws. The Plan has met the ERISA minimum funding requirements for 2012 and 2011.

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

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

Subsequent events: The Plan Administrator has evaluated subsequent events through October 11, 2013, the date the financial statements were available to be issued.

Recent pronouncement: In 2011, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*. ASU 2011-04 converges the fair value measurement guidance in U.S. GAAP and International Financial Reporting Standards. Some amendments clarify the application of existing fair value measurement requirements, and others change a particular principle for measuring fair value for disclosing fair value measurement information. In addition, ASU 2011-04 requires additional fair value or disclosures. The adoption of ASU 2011-04 as of January 1, 2012, did not have a material effect on the Plan for G&K Services, Inc. and Associated Companies Master Trust's (Master Trust) net assets available for benefits or changes in net assets available for benefits.

Pending pronouncement: In 2012, the Financial Accounting Standards Board issued ASU 2012-04, *Technical Corrections and Improvements*, which includes technical corrections and improvements related to fair value measurements, which the Plan or the Master Trust have not yet fully adopted, as the effective date is for fiscal periods beginning after December 15, 2012.

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

Notes to Financial Statements

Note 3. Information Certified or Provided by the Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted by such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified or provided by the Trustee, except for comparing such information certified or provided by the Trustee to the information included in the Plan's financial statements and supplemental schedules. The Trustee certified to the completeness and accuracy of all investment information disclosed in the accompanying financial statements and supplemental schedules, including the fair value of investments held at December 31, 2012 and 2011, and net investment results for the years then ended.

Note 4. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2012 and 2011.

Collective trust fund: The collective trust fund is valued at the net asset value (NAV) as reported by the investment manager at year-end.

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

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

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011. The following tables do not include the Plan's interest in the Master Trust because that information is presented in a separate table (see Note 5).

	Assets at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Collective trust fund	\$ 75,162	\$ -	\$ -	\$ 75,162

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Collective trust fund	\$ 1,392	\$ -	\$ -	\$ 1,392

The Plan follows guidance on how entities should estimate fair value of certain alternative investments. The fair value of investments within the scope of this guidance can now be determined using NAV per share as a practical expedient, when the fair value is not readily determinable, unless it is probable that the investment will be sold at something other than NAV. The following table includes investments where NAV is available as a practical expedient:

Investment	Fair Value at December 31		Redemption Frequency	Redemption Notice Period
	2012	2011		
Wells Fargo Short-Term Investment Fund (a)	\$ 75,162	\$ 1,392	Immediate	None

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

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

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

The fair value of the Plan's interest in the Master Trust is based on the beginning-of-year value of the Plan's interest in the trust plus actual contributions and allocated investment results less actual benefit distributions and allocated administrative expenses. The Plan's share of the Master Trust's total investments approximated 0.6 percent December 31, 2012 and 2011. Each plan has an undivided interest in the net assets of the Master Trust. Investment results are allocated to the plans in proportion to their share of the net assets of the Master Trust.

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

Notes to Financial Statements

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

A summary of the fair value of the Master Trust's assets, including investments, at December 31, 2012 and 2011, is as follows:

	December 31	
	2012	2011
Investments:		
Collective trust fund	\$ 226,915	\$ 245,437
Common and preferred stock	6,271,250	5,586,690
Mutual funds	39,899,112	33,185,766
Hedge funds	12,576,994	11,904,618
Total investments	58,974,271	50,922,511
Receivables for pending trades	189,165	170,011
Net assets of the Master Trust	<u>\$ 59,163,436</u>	<u>\$ 51,092,522</u>
Plan's interest in the Master Trust	<u>\$ 355,054</u>	<u>\$ 331,768</u>

Individual investments representing more than 5 percent of the Master Trust's net assets as of December 31, 2012 and 2011, are as follows:

	Fair Value at December 31	
	2012	2011
Vanguard Institutional Index Fund	\$ 17,987,693	\$ 15,801,713
Vanguard Long Term Investment Grade Fund	15,193,747	13,594,325
Pinehurst Institutional LTD CL B1 Ser 49	6,641,242	6,134,546
Common Sense Fund; Long Biased	5,169,681	5,062,318
NTGI Collective Daily Russell 2000 Index Fund	4,554,264	3,463,722

During 2012 and 2011, the investments in the Master Trust (including investments bought and sold as well as held during the year) appreciated (depreciated) in fair value as follows:

	Years Ended December 31	
	2012	2011
Collective trust fund	\$ -	\$ -
Common and preferred stock	475,028	(847,118)
Mutual funds	3,298,203	1,170,879
Hedge funds	1,052,495	290,413
	<u>\$ 4,825,726</u>	<u>\$ 614,174</u>

Investment income of the Master Trust, composed primarily of dividends and interest, was \$1,352,611 and \$1,169,105 in 2012 and 2011, respectively.

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

Notes to Financial Statements

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

The following is a description of the valuation methodologies used for assets held in the Master Trust measured at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011.

Collective trust fund: Shares of a collective trust fund held by the Master Trust are valued at the NAV as reported by the investment manager at year-end.

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

Mutual funds: The shares of Level 1 mutual funds are valued based on quoted prices of identical shares in active markets for shares held by the Plan at year-end. The shares of Level 2 and Level 3 mutual funds are reported at fair value based on the underlying investments.

Hedge funds: Interest is calculated independently by the funds' administrator and is reviewed by the management team.

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2012 and 2011:

	Assets at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Collective trust fund	\$ 226,915	\$ -	\$ -	\$ 226,915
Common stock:				
British shares	665,918	-	-	665,918
European shares	730,003	-	-	730,003
Japanese shares	113,621	-	-	113,621
Swiss shares	151,908	-	-	151,908
American depository shares	4,609,800	-	-	4,609,800
Mutual funds:				
Bond fund	15,193,747	-	-	15,193,747
Equity funds	17,987,693	-	-	17,987,693
Index funds	2,163,408	4,554,264	-	6,717,672
Hedge funds:				
Equity funds	-	-	7,407,313	7,407,313
Long/short equity fund	-	-	5,169,681	5,169,681
Total assets in the Master Trust, at fair value	\$ 41,843,013	\$ 4,554,264	\$ 12,576,994	\$ 58,974,271

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

Notes to Financial Statements

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

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Collective trust fund	\$ 245,437	\$ -	\$ -	\$ 245,437
Common stock:				
British shares	518,426	-	-	518,426
European shares	452,972	-	-	452,972
Japanese shares	142,422	-	-	142,422
Swiss shares	108,016	-	-	108,016
American depository shares	4,364,854	-	-	4,364,854
Mutual funds:				
Bond fund	13,594,325	-	-	13,594,325
Equity funds	15,801,712	-	-	15,801,712
Index fund	3,463,722	-	-	3,463,722
Hedge funds:				
Equity funds	-	326,007	6,842,300	7,168,307
Long/short equity fund	-	-	5,062,318	5,062,318
Total assets in the Master Trust, at fair value	<u>\$ 38,691,886</u>	<u>\$ 326,007</u>	<u>\$ 11,904,618</u>	<u>\$ 50,922,511</u>

The following table presents a reconciliation of Level 3 assets held during the year ended December 31, 2012:

Balance at December 31, 2011	\$ 11,904,618
Net unrealized gains	672,376
Purchases	-
Reclassifications	-
Balance at December 31, 2012	<u>\$ 12,576,994</u>

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

Investment	Fair Value at December 31		Redemption Frequency	Redemption Notice Period
	2012	2011		
Collective trust fund (a)	\$ 226,915	\$ 245,437	Immediate	None
Hedge funds:				
Equity funds (b)	-	7,168,307	Semiannual	100 days
Long/short equity fund (c)	7,407,313	5,062,318	Semiannual	100 days
Mutual fund (d)	4,554,264	3,463,722	Immediate	None

There are no unfunded commitments related to the categories of investments where NAV is available as a practical expedient.

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

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

Notes to Financial Statements

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

- (b) The investment seeks stable, predictable returns with low volatility. These funds invest in equity securities that provide broad diversification and capture market inefficiencies by identifying overvalued and undervalued stocks.
- (c) The investment seeks long-term capital growth. These funds normally invest in stocks of similar-sized companies they believe will increase significantly in value over time.
- (d) The fund seeks to approximate the risk and return characterized by the Russell 2000 Index. This Index is commonly used to represent the small cap segment of the U.S. equity market. The fund may make limited use of futures and/or options for the purpose of maintaining equity exposure.

As discussed in Note 1, investments are presented at fair value. Level 3 investments are valued at their daily or monthly net asset value (NAV) per share or the equivalent. NAV per share or the equivalent is used for fair value purposes as a practical expedient and represents an unobservable valuation input. NAVs are calculated by the investment manager or sponsor of the fund. Level 3 investments represent investments in hedge funds or funds of hedge funds as well as other commingled equity funds. Investments in hedge funds or funds of hedge funds are not valued using quoted prices in active markets. The classification level of the Level 3 investments is determined by the ability to redeem the investment at net asset value in the near term of the measurement date. All investments that are not redeemable at the net asset value reported by the investment managers within 90 days of the fiscal year-end because of a lockup period or gate, but that may be redeemed at a future date, are classified as Level 3.

Note 6. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by the Actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death or retirement) between the valuation date and the expected date of payment.

The actuarial valuation was performed as of January 1, 2012. There were no significant differences between December 31, 2011, and January 1, 2012, that would cause the actuarial valuation not to be representative as of December 31, 2011.

Significant assumptions underlying the actuarial computation as of December 31, 2011, the benefit information date, are as follows:

Actuarial cost method	Unit credit method
Rate of return on investments	7.50 percent
Mortality basis	The assumed healthy mortality is the RP-2000 sex distinct combined healthy mortality table projected to 2017 without an adjustment for collar.
Retirement age	Various rates between ages 62 and 65

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

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

Notes to Financial Statements

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

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

	December 31, 2011
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 46,098
Other participants	340,441
Nonvested benefits	6,489
Total actuarial present value of accumulated plan benefits	<u>\$ 393,028</u>

The changes in actuarial present value of accumulated plan benefits for the year ended December 31, 2011, were as follows:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 411,080
Increase (decrease) during the year attributable to:	
Net benefits accumulated and (gains) losses	17,342
Increase for interest due to decrease in discount period	28,708
Benefits paid	(75,044)
Change in actuarial assumptions	10,942
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 393,028</u>

Note 7. Plan Termination

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

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

- a. The amount participants or their beneficiaries who were entitled to receive benefit payments at least three years prior to the plan termination or that amount participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b. All benefits guaranteed by the PBGC, if any.
- c. All vested benefits (determined prior to termination) not guaranteed by the PBGC.
- d. All other accrued benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disabilities and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

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

Notes to Financial Statements

Note 7. Plan Termination (Continued)

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

Note 8. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Note 9. Party-in-Interest Transactions

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

Note 10. Income Tax Status

The Plan obtained its latest determination letter on May 23, 2012, in which the Internal Revenue Service stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The Plan has been amended subsequent to the version of the Plan that received the determination letter. However, management believes that the Plan is operated in accordance with, and qualifies under, the applicable requirements of the Code and related state statutes, and that the Plan has maintained its tax-exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities beyond three years.

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

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2012**

Description of Investment	Cost	Fair Value
Collective trust fund:		
Wells Fargo Short-Term Investment Fund	\$ 75,162	\$ 75,162
Interest in the G&K Services, Inc. and Associated Companies Master Trust	322,021	355,054
	<u>\$ 397,183</u>	<u>\$ 430,216</u>

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

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

**Schedule H, Line 4j—Schedule of Reportable Transactions
Year Ended December 31, 2012**

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price
Wells Fargo Bank, N.A.	Wells Fargo Short-Term Investment Fund	\$ 327,111	\$ 253,538

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

Cost of Asset		Current Value of Asset on Transaction Date		Net Gain (Loss)	
\$	580,649	\$	580,649	\$	-

**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

2012**This Form is Open to Public
Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

► **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.**A** Name of plan**B** Three-digit
plan number (PN) ►

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

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

G & K Services, Co.

D Employer Identification Number (EIN)

41-1670526

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2012**2** Assets:**a** Market value **2a** 524,673**b** Actuarial value **2b** 524,673**3** Funding target/participant count breakdown:

(1) Number of participants

(2) Funding Target

a For retired participants and beneficiaries receiving payment **3a** 6 55,122**b** For terminated vested participants **3b** 60 285,180**c** For active participants:(1) Non-vested benefits **3c(1)** 6,674(2) Vested benefits **3c(2)** 161,314(3) Total active **3c(3)** 51 167,988**d** Total **3d** 117 508,290**4** If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐**a** Funding target disregarding prescribed at-risk assumptions **4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... **4b****5** Effective interest rate **5** 5.72 %**6** Target normal cost **6** 115,990**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***M.T.*

Signature of actuary

9/30/2013

Date

Matt Thompson

Type or print name of actuary

11-04242

Most recent enrollment number

Mercer

(612) 642-8818

Firm name

Telephone number (including area code)

333 South 7th Street, Suite 1400

Minneapolis

MN 55402-2427

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) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>2.46</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		88,925
b Interest on (a) using prior year's effective interest rate of <u>6.37</u> % except as otherwise provided (see instructions)		5,665
c Total available at beginning of current plan year to add to prefunding balance		94,590
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	103.22 %
15 Adjusted funding target attainment percentage	15	103.22 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.81 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/30/2013	175,000				
Totals ▶			18(b)	175,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	159,562

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
2.06 %2nd segment:
5.25 %3rd segment:
6.32 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)..... **31a** 115,990**b** Excess assets, if applicable, but not greater than line 31a **31b** 16,383**32** Amortization installments:**a** Net shortfall amortization installment..... Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..**34** 99,607

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 99,607**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 159,562**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 59,955**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment**42****43** Excess installment acceleration amount to be carried over to future plan years**43**

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

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

(A) Retirement age	(B) Retirement Percent	(C) Number of employees expected to retire per 10,000 retireemnets	(D) (A) x (C)
55	0	0	0
56	0	0	0
57	0	0	0
58	0	0	0
59	0	0	0
60	0	0	0
61	0	0	0
62	40.00%	4,000	248,000
63	20.00%	1,200	75,600
64	20.00%	960	61,440
65	100.00%	3,840	249,600
Total		10,000	634,640
Average			63.46

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

• Segment rates or full yield curve	Segment
• Look-back months	4
• First 5 years	2.06%
• Next 15 years	5.25%
• Over 20 years	6.32%

Mortality sponsor elections

• Healthy and disabled participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
-------------------------------------	--

417(e) lump sums

Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.

Other economic assumptions

• Salary increases	Not applicable
• Social Security wage base	Not applicable
• Inflation	Not applicable
• Expected investment return	7.75% per year for years 2010 and 2011. 7.50% per year for 2012
• Expenses	The prior year's administrative expenses adjusted for the difference in PBGC premiums and rounded.

Demographic assumptions

Withdrawal	See table of sample rates.
Disability incidence	See table of sample rates.
Retirement age	Active Participants are assumed to retire at the following rates:

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

• Benefit commencement age for	
– Future vested deferred	65
– Current vested deferred	65

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

• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>		
— Percentage married	85%	65%		
— Spouse age difference	5 years younger	5 years older		
Form of payment	<u>Lump sum</u>	<u>Single life</u>	<u>100% J&S</u>	<u>50% J&S</u>
• Active retirements	N/A	65%	35%	0%
• Future vested deferred	N/A	65%	35%	0%
• Future disabilities	N/A	100%	0%	0%
• Future deaths	N/A	0%	0%	100%
• Current vested deferred (Contributory)	100%	N/A	N/A	N/A
• Current vested deferred (Non - Contributory)	N/A	65%	35%	0%
Unpredictable contingent event assumptions	N/A			

Table of Sample Rates

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

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

The asset valuation method is the fair market value

Participant Methods

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

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

Minimum Funding Methods

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

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and benefit rates 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.

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

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

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

Effective date and plan year	Original plan: July 14, 1997 Restated plan: January 1, 2011 Plan year: Calendar year except for the short plan year July 14, 1997, to December 31, 1997.
Most recent amendment	Restatement effective January 1, 2011
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None.
Definitions	
• Covered employees	Any hourly employee of a Plan of the Company which has been designated the right to participate in this plan.
• Participation	An hourly paid employee shall be eligible to participate in the plan on the January 1 coinciding with or next following completion of six months of employment with the company. <u>Coyne Participants</u> The later of March 21, 2005 and the date of employment with the Employer.
• Vesting service	Vesting Service shall be equal to Credited Service, except that participants who were members of the Pension Plan Covering Certain Hourly Employees of National Linen Service or the Coyne Pension Plan shall be credited with vesting service under those plans.

Schedule SB, Part V — Summary of Plan Provisions

- **Credited service** For the short plan year beginning July 14, 1997, and ending December 31, 1997, a Participant shall receive credit for .46 of a year of Credited Service if he completes at least 460 Service Hours during this short period.

After December 31, 1997, a year of service is credited for a participant who is credited with at least 1,000 hours of service during a plan year. In the year of hire or termination, a partial year of Credited Service will be given if fewer than 1,000 hours are worked.

Coyne Participants

On or after March 21, 2005, a year of service is credited for a participant who is credited with at least 1,000 hours of service during the 12-consecutive month period beginning with each anniversary of the employee's date of hire. Maximum credited service is 30 years.

- **Accrued benefit** A participant's accrued pension is equal to the benefit level corresponding to the participating plant where the participant works multiplied by his years of credited service. See below for current benefit levels.

<u>Location</u>		<u>Benefit Level on January 1, 2009</u>
Augusta	\$	8.50 ^(a)
Birmingham		3.00
Chattanooga		4.00
Huntington		5.00
Louisville		5.00
Portland		4.00 ^(b)
Schenectady		5.00
Waterbury and Long Island		
Inside Employees		10.50
Outside Employees		18.50

a)	<u>Effective Date</u>		<u>Benefit Rate</u>
	07/14/1997	\$	5.00
	01/01/1998		5.25
	01/01/1999		5.50
	01/01/2000		5.75
	01/01/2001		6.00
	01/01/2002		6.25
	01/01/2003		6.75
	01/01/2004		7.25
	01/01/2005		7.75
	01/01/2006		8.50

Schedule SB, Part V — Summary of Plan Provisions

Termination on or after the effective date results in corresponding benefit rate being used for all years of service.

- (b) \$3.00 for credited service between July 14, 1997 and August 31, 1997, \$4.00 for credited service between September 1, 1997 and May 1, 1998.

Normal retirement

- | | |
|---------------|-----------------|
| • Eligibility | 65th birthday |
| • Benefit | Accrued pension |

Early retirement

- | | |
|---------------|--|
| • Eligibility | A participant is eligible for an early retirement benefit following attainment of age 62 and completion of 20 years of credited service. |
|---------------|--|

Coyne Participants

A participant is eligible for an early retirement benefit following attainment of age 62 and completion of 10 years of vesting service.

- | | |
|-----------|------------------|
| • Benefit | Accrued pension. |
|-----------|------------------|

Coyne Participants

Accrued pension with the following reductions if commencement of payment precedes the normal retirement date:

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

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

Deferred vested

- | | |
|---------------|--|
| • Eligibility | Termination of employment for reasons other than death, disability or retirement (normal or early) and the participant has completed 5 years of vesting service. |
| • Benefit | Participant shall be entitled to a deferred accrued pension (payable for life) commencing at age 65. |

Disability

- | | |
|---------------|---|
| • Eligibility | A participant who becomes totally and permanently disabled after completing five years of credited service shall be eligible for a disability retirement pension. |
|---------------|---|

Coyne Participants

A participant who becomes disabled while actively employed and is either a) an Outside employee who has attained age 55 and completed 10 years of vesting service, or b) an Inside employee who has attained age 60 and completed 20 years of vesting service, is eligible to receive a disability retirement pension.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	<p>The benefit is the accrued pension and is payable on the first day of the seventh month next following disability.</p> <p><u>Coyne</u></p> <p>The benefit is the accrued pension and is payable on the first day of the month next following disability.</p>
Pre-retirement death	
• Eligibility	<p>Benefits will be payable upon the death of an employee when death occurs (i) during active employment, provided such employee has completed at least five years of Vesting Service at the time of death; (ii) during the time an employee is receiving disability benefits, (iii) after an employee retired and is receiving a form of benefit which provides payment to a survivor; or (iv) after termination if the employee is entitled to a deferred retirement benefit which has not yet commenced. Benefits will be calculated in the following manner:</p>
• Benefit	<p>(a) The beneficiary of an employee who dies while receiving retirement benefits will receive payment in accordance with the optional benefit selected.</p> <p>(b) The surviving spouse of an active or terminated participant who dies after becoming entitled to a deferred retirement benefit shall receive a death benefit commencing on the date the employee would have been eligible to receive retirement benefits. The amount of benefit shall be equal to 50% of the monthly pension that would have been payable to the employee had he terminated on his date of death (if not already terminated), survived until he was first eligible to retire and retired, electing to receive a 50% joint and survivor benefit.</p>
Form of benefits	
• Automatic form for unmarried participants	Life Annuity
• Automatic form for married participants	<p>If, on the date pension payments commence, the retiree has an Eligible Spouse and does not elect otherwise, the pension will be automatically payable in the form of a 50% Joint and Survivor benefit which shall be the actuarial equivalent of the life annuity otherwise payable.</p>
• Optional forms	<p>An employee will be entitled to convert his life annuity to an optional benefit on an actuarially equivalent basis. The options include 50%, 75% and 100% Joint and Survivor Annuities, and 10 and 15 Year Certain and Life Annuities.</p> <p><u>Coyne</u></p> <p>An employee will be entitled to convert his life annuity to an optional benefit on an actuarially equivalent basis. The options include 50%, 66 $\frac{2}{3}$%, 75% or 100% Joint & Survivor annuities, and 10-Year Certain & Life annuities.</p>
• Optional form conversion factors	<p>Mortality - Current year 417(e) unisex mortality</p> <p>Interest- 7%</p>

Schedule SB, Part V — Summary of Plan Provisions

Small Pensions	In the event the lump sum value of terminated Participant's benefit is less than \$5,000 such pension shall be paid in a single lump sum payment.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2012 the limit is \$200,000.

Schedule SB, Part V — Summary of Plan Provisions***Former G&K Services Contributory Pension Plan***

Effective date and plan year	Plan year: Calendar year
Status of the plan	Frozen as of December 31, 1999. Merged into this Plan effective December 31, 1999.
Significant events that occurred during the year	None.
Definitions	
• Participation	Participants in the G&K Services Contributory Pension Plan for Collective Bargaining Employees prior to the merger into this Plan.
• Vesting service	A year of Vesting Service is credited for each year a participant is credited with at least 1,000 hours of service. Service with a prior employer is credited for former National Linen and Coyne employees.
• Credited service	All benefits have been frozen since at least December 31, 1999.
• Accrued pension	Benefits frozen as of December 31, 1999 or earlier.
Normal retirement	
• Eligibility	65th birthday
• Benefit	Participant shall receive a monthly retirement benefit equal to his accrued pension payable in the 10 Year Certain & Life form.
Early retirement	
• Eligibility	A participant is eligible for an early retirement benefit following attainment of age 55 and completion of 20 years of credited service.
• Benefit	The amount of benefit is equal to his accrued pension. The employee portion can be withdrawn anytime after termination.
Deferred vested	
• Eligibility	In the event of termination of employment for reasons other than death, disability or retirement (normal or early), and the participant has completed at least 5 years of vesting service.
• Benefit	Employee shall be entitled to a deferred accrued benefit (payable for life) commencing at age 65. A participant must have at least 20 years of credited service to be eligible to commence their benefit prior to age 65.

Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death	
• Eligibility	Benefits will be payable upon the death of an employee when death occurs (i) during active employment, provided such employee has completed at least five years of Credited Service at the time of death; (ii) after an employee retired and is receiving a form of benefit which provides payment to a survivor; or (iii) after termination if the employee is entitled to a deferred retirement benefit which has not yet commenced. Benefits will be calculated in the following manner:
• Benefit	<p>(a) The beneficiary of an employee who dies while receiving retirement benefits will receive payment in accordance with the optional benefit payment method selected.</p> <p>(b) The surviving spouse of an active or terminated participant who dies after becoming entitled to a deferred retirement benefit shall receive a death benefit commencing on the date the employee would have been eligible to receive retirement benefits. The amount of benefit shall be equal to 50% of the monthly pension that would have been payable to the employee had he terminated on his date of death (if not already terminated), survived until he was first eligible to retire and retired, electing to receive a 50% joint and survivor benefit.</p> <p>(c) If, after all benefits have been paid, the sum of those payments is less than the employee contributions with interest, then the difference will be paid to the appropriate beneficiary.</p>
Form of benefits	
• Automatic form for unmarried participants	Life annuity with 120 payments guaranteed.
• Automatic form for married participants	If, on the date pension payments commence, the retiree has an Eligible Spouse and does not elect otherwise, the pension will be automatically payable in the form of a 50% Joint and Survivor benefit which shall be the actuarial equivalent of the 10 Year Certain & Life annuity otherwise payable.
• Optional forms	The following options are potentially available depending upon the Participant's status at commencement: The options include Life Annuity; 5, 10 and 15 Year Certain & Life; 50% and 75% Joint & Survivor Annuities; Social Security Level Income option; or a lump sum.
• Optional form conversion factors	<p>Mortality - Current year 417(e) unisex mortality</p> <p>Interest- Rate defined in Section 417(e)</p>
Small Pensions	In the event the lump sum value of terminated Participant's benefit is less than \$5,000 such pension shall be paid in a single lump sum payment.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2012 the limit is \$200,000.

Schedule SB, Part V — Summary of Plan Provisions***Benefits Included or Excluded***

Unless noted below, all benefits provided by the plan, as restated and amended effective January 1, 2011, are included in this valuation.

- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* Current active participants over normal retirement age are valued including the late retirement actuarial increase.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) 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% of the present value for all participants). However, we expect that the plan is not top-heavy since it is our understanding this plan consists solely of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **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.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan Provision Changes Since Prior Valuation

Maximum benefit amounts under IRS rules were updated from 2011 to 2012.

Schedule SB, Line 24 — Change in Actuarial Assumptions

Long term rate of return on assets changed from 7.75% to 7.50%.

Schedule SB, Line 26 — Schedule of Active Participant Data**Distribution of active participants as of January 1, 2012**

Attained age	Years of credited service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	
Under 25		3									3
25-29		2	1								3
30-34	2	1	2								5
35-39		4	2								6
40-44	1	5	6								12
45-49			5								5
50-54		1	6								7
55-59			2								2
60-64			6								6
65-69			2								2
70 & up											
Total	3	16	32								51

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

See Supplemental Schedules attached to the IQPA Opinion and Financial Statements

See Supplemental Schedules attached to the IQPA Opinion and Financial Statements

See Supplemental Schedules attached to the IQPA Opinion and Financial Statements

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2012 or fiscal plan year beginning		01/01/2012	and ending
		12/31/2012	
A This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan;	☐ a multiple-employer plan; or ☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report; ☐ an amended return/report;	☐ the final return/report; ☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☒		
D Check box if filing under:	☒ Form 5558; ☐ special extension (enter description)	☐ automatic extension;	☐ the DFVC program;

Part II Basic Plan Information —enter all requested information			
1a Name of plan G&K SERVICES NON-CONTRIBUTORY PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES	1b Three-digit plan number (PN) ►	006	
	1c Effective date of plan	07/14/1997	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) G&K SERVICES, CO. 5995 OPUS PARKWAY, SUITE 500 MINNETONKA MN 55343-9078	2b Employer Identification Number (EIN)	41-1670526	
	2c Sponsor's telephone number	(952) 912-5500	
	2d Business code (see instructions)	812330	

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

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

SIGN HERE		10/11/2013	CAROLE OHNSTEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/11/2013	CAROLE OHNSTEIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

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

Form 5500 (2012)
v. 120126

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	117
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	49
b Retired or separated participants receiving benefits		6b	13
c Other retired or separated participants entitled to future benefits.....		6c	52
d Subtotal. Add lines 6a , 6b , and 6c		6d	114
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	114
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1G			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	