

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	☐ a multiemployer plan; ☐ a 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 TEKTRONIX 401(K) PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 08/01/1971
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) TEKTRONIX, INC. P.O. BOX 500, MS 50-490 BEAVERTON, OR 97077-0001	2b Employer Identification Number (EIN) 93-0343990 2c Sponsor's telephone number 503-627-5522 2d Business code (see instructions) 335900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	PAMELA HAWORTH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") INVESTMENT AND ADMINISTRATIVE COMMITTEE P.O. BOX 500, MS 50-490 BEAVERTON, OR 97077-0001	3b Administrator's EIN 93-0657174 3c Administrator's telephone number 503-627-5522
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	6905
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1887
b Retired or separated participants receiving benefits.....	6b	369
c Other retired or separated participants entitled to future benefits.....	6c	3251
d Subtotal. Add lines 6a , 6b , and 6c	6d	5507
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	119
f Total. Add lines 6d and 6e	6f	5626
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	5502
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2H 2J 2K 3H 2T

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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<div><div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury</div><div>Internal Revenue Service</div></div><div><div>Department of Labor</div><div>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
<div>A Name of plan</div> <div>TEKTRONIX 401(K) PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>	
<div>C Plan sponsor's name as shown on line 2a of Form 5500.</div> <div>TEKTRONIX, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>93-0343990</div>	

Part I	<div>Information Concerning Insurance Contract Coverage, Fees, and Commissions</div> <div>Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.</div>
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1 Coverage Information:

<div>(a) Name of insurance carrier</div> <div>HARTFORD LIFE INSURANCE COMPANY</div>

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3317783	71153	GA-10688A	0	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4****5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 2427047**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)** 33564(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**

▶

(6) Total additions **7c(6)** 33564**d** Total of balance and additions (add **b** and **c(6)**). **7d** 2460611**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2460611(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)** 2460611**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	
Specify nature of costs ▶		

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<div><div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan TEKTRONIX 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. TEKTRONIX, INC.	D Employer Identification Number (EIN) 93-0343990	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3317783	71153	GA-10688B	0	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	3689041
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	67427
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	67427
d	Total of balance and additions (add b and c(6)).	7d	3756468
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3756468
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	3756468
f	Balance at the end of the current year (subtract e(5) from d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	
Specify nature of costs ▶		

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan TEKTRONIX 401(K) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 TEKTRONIX, INC.		D Employer Identification Number (EIN) 93-0343990

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PACIFIC INVESTMENT MGMT CORP	840 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92600-6397

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
UAM	PO BOX 2798 BOSTON, MA 02208-2798

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

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)

ERNST & YOUNG

PO BOX 828135
PHILADELPHIA, PA 19182

13-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	105000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ORRICK, HERRINGTON, SUTCLIFFE

PO BOX 61000
SAN FRANCISCO, CA 94161

92-2952627

(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?
29 50	LEGAL	22644	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RV KUHNS & ASSOCIATES

PO BOX 6989
PORTLAND, OR 97228

93-0910652

(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?
27 50	CONSULTANT	27971	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER HR CONSULTING

PO BOX 905234
CHARLOTTE, NC 28290

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?
16 50 70	CONSULTANT	647488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER HR SERVICES, LLC

INVESTORS WAY
NORWOOD, MA 02062-1584

20-1932099

(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 37 38 49 50 60 62 64 65 99	RECORDKEEPER	15975	Yes ☒ No ☐	Yes ☐ No ☒	37150	Yes ☐ No ☒

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

NORTHERN TRUST COMPANY

50 S. LASALLE STREET
CHICAGO, IL 60603

36-1561860

(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?
19 21 25 50	TRUSTEE	226520	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
MERCER HR SERVICES, LLC	15 38 59 60	36359
(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.	
UAM PO BOX 2798 BOSTON, MA 02208-2798	RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING SUB-TRANSFER AGENCY FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan TEKTRONIX 401(K) PLAN		B Three-digit plan number (PN) ► 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TEKTRONIX, INC.		D Employer Identification Number (EIN) 93-0343990
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: CF COLLECTIVE SHORT TERM INVESTMENT		
b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY		
c EIN-PN 36-6036794-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1606200
a Name of MTIA, CCT, PSA, or 103-12 IE: MFB NTGI-QM COLTV DAILY AGG		
b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY		
c EIN-PN 45-6138589-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35168399
a Name of MTIA, CCT, PSA, or 103-12 IE: MFB NTGI-QM COLTV DAILY S & P EQT		
b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY		
c EIN-PN 45-6138589-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92645011
a Name of MTIA, CCT, PSA, or 103-12 IE: MFB NTGI-QM COLTV DAILY AGG NON-LND		
b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY		
c EIN-PN 45-6138589-088	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43394126
a Name of MTIA, CCT, PSA, or 103-12 IE: MFB NTGI-QM COLTV DAILY S&P NON-LND		
b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY		
c EIN-PN 45-6138589-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89839679
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan TEKTRONIX 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 TEKTRONIX, INC.	D Employer Identification Number (EIN) 93-0343990	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	414698	171102
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	502817	
	(2) Participant contributions	1b(2)	981255	
	(3) Other.....	1b(3)	9689693	702260
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	19160197	62745806
	(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)	2150	
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	12000	70186
	(B) Common	1c(4)(B)	90728350	122578690
	(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)	5638543	5095342
	(9) Value of interest in common/collective trusts.....	1c(9)	236756932	262653416
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(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)	64745692	83166544
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	161812186	110654695
	(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	590444513	647838041

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	389731	
i Acquisition indebtedness	1i	9651922	
j Other liabilities	1j		120466
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10041653	120466

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	580402860	647717575
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	9919308	
(B) Participants	2a(1)(B)	16570333	
(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)		26489641

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4202	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	-1	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	346571	
(F) Other	2b(1)(F)	442402	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		793174
(2) Dividends: (A) Preferred stock	2b(2)(A)	2661	
(B) Common stock	2b(2)(B)	948776	
(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)		951437
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	162015462	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	155379097	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		6636365

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	28610946	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		28610946
(6) Net investment gain (loss) from common/collective trusts	2b(6)		56756609
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		10453164
c Other income.....	2c		10941768
d Total income. Add all income amounts in column (b) and enter total.....	2d		141633104

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	73272376	
(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)		73272376
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1046013	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1046013
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		74318389

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		67314715
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:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>TEKTRONIX 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TEKTRONIX, INC.</u>	D Employer Identification Number (EIN) <u>93-0343990</u>

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

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

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)
----------------	--

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Tektronix 401(k) Plan

Employer Identification Number: 93-0343990; Plan Number: 002

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

December 31, 2009

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Units or Shares	(c) Cost	(d) Current Value
<u>Interest-bearing Cash</u>			
Australian dollar	223,039	\$ 223,039	\$ 223,039
British pound sterling	1,615	1,615	1,615
Canadian dollar	46,740	46,740	46,740
Czech koruna	68,681	68,681	68,681
Danish krone	24,102	24,102	24,102
Euro	164,996	164,996	164,996
Hong Kong dollar	127,159	127,159	127,159
Mexican peso	20,528	20,528	20,528
NTGI COLTV GOVT STIF REGISTERED	60,674,003	60,674,003	60,674,003
Polish zloty	157,948	157,948	157,948
South African rand	112,579	112,579	112,579
Turkish lira	28	28	28
United States dollar	1,124,388	1,124,388	1,124,388
Total Interest-bearing Cash		\$ 62,745,806	\$ 62,745,806
<u>Preferred Stock</u>			
HENKEL AG & CO KGAA NON-VTG PRF NPV	382	\$ 19,356	\$ 19,966
PORSCHE AUTO HL SE NON VTG PRF NPV	178	13,652	11,171
VOLKSWAGEN AG NON VTG PRF NPV	414	35,988	39,049
Total Preferred Stock		\$ 68,996	\$ 70,186
<u>Common Stock</u>			
3M CO COM	481	\$ 27,677	\$ 39,764
A.P. MOLLER-MAERSK SER'B'DKK1000	5	32,727	35,286
ABB LTD CHF1.54 (REGD)	5,325	73,851	102,714
ABBOTT LAB COM	6,168	322,774	333,010
ACCENTURE PLC SHS CL A NEW	1,300	50,809	53,950
ACCIONA SA EUR1	57	7,685	7,450
ACCOR EUR3	4,233	215,376	232,304

Tektronix 401(k) Plan

Employer Identification Number: 93-0343990; Plan Number: 002

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

ACE LTD COM STK	725	38,367	36,540
ACTIVISION BLIZZARD INC COM STK	11,367	110,528	126,287
ADIDAS AG NPV	758	27,438	41,076
ADOBE SYS INC COM	7,005	152,194	257,644
ADR ARM HLDS PLC SPONSORED ISIN US0420681068	100,900	623,589	863,704
ADR AU OPTRONICS CORP SPONSORED ADR	5,717	45,897	68,547
ADR CEMEX SAB DE CV	4,383	58,867	51,807
ADR CTRIP COM INTL LTD AMERICAN DEP SHS AMERICAN DEP SHS	10,600	561,768	761,716
ADR ENSCO INTL PLC SPONSORED ADR	1,989	61,899	79,441
ADR GAFISA S A SPONSORED ADR REPSTG 2 COM SHS	9,100	306,349	294,476
ADR GRUPO TELEVISIA SA DE CV SPONSORED ADR REPSTG ORD PARTN SPONS ADR	1,980	36,956	41,105
ADR HDFC BK LTD ADR REPSTG 3 SHS	1,805	120,391	234,794
ADR HOME INNS & HOTELS MGMT INC SPONSORED ADR	8,700	148,886	307,545
ADR ICICI BK LTD	2,013	71,430	75,910
ADR INFOSYS TECHNOLOGIES LTD SPONSORED ADR REPSTG 1 EQUITY SH	525	21,341	29,017
ADR JSC MMC NORILSK NICKEL SPONSORED ADR	6,477	47,862	92,945
ADR MECHTEL OAO SPONSORED ADR	1,350	25,372	25,407
ADR MOBILE TELESYSTEMS OJSC SPONSORED	384	17,174	18,774
ADR NETEASE COM INC SPONSORED	10,900	409,240	409,949
ADR NOKIA CORP SPONSORED ADR	4,400	55,491	56,540
ADR OPEN JT STK CO-VIMPEL COMMUNICATIONSSPONSORED ADR	685	10,705	12,734
ADR STERLITE INDS INDIA LTD ADS	2,142	30,960	39,027
ADR TAIWAN SEMICONDUCTOR MFG CO LTD SPONSORED ADR	9,586	103,533	109,664
ADR TEVA PHARMACEUTICAL INDS	5,860	261,337	329,215
ADR UNITED MICROELECTRONICS CORP SPONSORED ADR NEW	3,158	9,184	12,253
ADR VODAFONE GROUP PLC NEW SPONSORED ADRNEW ADR	2,500	50,150	57,725
AECOM TECHNOLOGY CORP DELAWARE COM	9,800	267,952	269,500

Tektronix 401(k) Plan

Employer Identification Number: 93-0343990; Plan Number: 002

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

AEGON NV COM STK EUR0.12	5,474	42,997	35,656
AEON MALL CO LTD NPV	300	6,547	5,781
AEROPORTS DE PARIS EUR3	981	65,986	79,284
AES CORP COM	3,129	28,782	41,647
AETNA INC	2,600	74,513	82,420
AGILENT TECHNOLOGIES INC COM	45,000	860,652	1,398,150
AGNICO EAGLE MINES COM NPV	624	36,455	33,880
AGRIUM INC COM	17,100	830,754	1,051,650
AGRIUM INC COM NPV	726	36,836	45,304
AIR PROD & CHEM INC COM	3,288	201,410	266,525
AISIN SEIKI CO NPV	876	14,657	24,936
AK STL HLDG CORP COM STK PAR \$0.01	2,400	46,817	51,240
AKER SOLUTIONS ASA NOK2	36,100	225,446	471,497
AKZO NOBEL NV EUR2	7,264	300,621	483,582
ALCATEL-LUCENT EUR2	6,675	27,438	22,812
ALCON INC COM CHF0.20	1,475	137,809	242,416
ALFA LAVAL AB NPV	565	7,482	7,834
ALLERGAN INC COM	44,437	1,815,946	2,799,975
ALLIANZ SE (SE SOCIETAS EUROPEAE)	1,032	101,762	129,040
ALSTOM EUR7.0	531	32,277	37,376
ALTRIA GROUP INC COM	7,731	122,736	151,760
ALUMINA LTD NPV	15,050	25,445	24,905
AMAZON COM INC COM	2,875	149,460	386,745
AMER ELEC PWR CO INC COM	3,789	112,334	131,819
AMER MOVIL SAB DE C V SPONSORED ADR			
REPSTG SER L SHS	2,501	96,839	117,497
AMEREN CORP COM	1,317	31,648	36,810
AMERICAN EXPRESS CO	2,577	51,096	104,420
AMERIPRISE FINL INC COM	1,800	65,192	69,876
AMGEN INC COM	4,608	250,605	260,675
AMP LIMITED NPV(POST RECON)	4,184	22,935	25,475
ANADARKO PETRO CORP COM	1,380	80,367	86,140
ANALOG DEVICES INC COM	41,000	783,236	1,294,780
ANDRITZ AG NPV (BR)	25	1,321	1,453
ANGANG STEEL CO LT 'H'CNV1	10,000	22,860	22,079
ANGLO AMERICAN USD0.54945	5,161	104,074	225,941
ANHEUSER-BUSCH INBEV NV	506	19,356	26,422
ANSYS INC COM	16,400	481,286	712,744
AOL INC COM STK	453	8,454	10,546
APACHE CORP COM	225	16,769	23,213
APPLE INC	3,880	360,287	818,137

Tektronix 401(k) Plan

Employer Identification Number: 93-0343990; Plan Number: 002

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

ARCELORMITTAL NPV	1,706	48,186	78,766
ARCHER-DANIELS-MIDLAND CO COM	4,644	124,962	145,404
ASAHI BREWERIES NPV	1,200	18,599	22,068
ASAHI GLASS CO NPV	1,000	8,191	9,431
ASCIANO GROUP NPV(STAPLED)	10,221	15,478	16,730
ASIAINFO HLDGS INC COM	10,200	188,950	310,794
ASML HOLDING NEW	8,625	152,862	296,993
ASSIC GENERALI SPA EUR1	1,949	42,765	52,627
ASTRAZENECA ORD USD0.25	1,335	60,082	62,745
AT&T INC COM	14,297	390,634	400,745
ATHENAHEALTH INC COM MON STOCK	17,600	703,542	796,224
ATLANTIA S.P.A	823	17,641	21,550
ATLAS COPCO AB SER'A'NPV	1,588	11,556	23,419
AUST & NZ BANK GRP NPV	4,763	62,260	98,009
AUTODESK INC COM	33,100	633,057	841,071
AUTOLIV INC SDR USD1	350	14,295	15,613
AUTOZONE INC COM	99	15,629	15,649
AVIVA ORD GBP0.25	59,483	332,234	382,207
AVON PRODUCTS INC COM USD0.25	6,430	171,937	202,545
AXA EUR2.29	15,772	301,297	374,282
BANCO POPOLARE EUR3.60	1,333	12,449	10,079
BANCO SANTANDER EUR0.50(REGD)	16,005	170,601	265,225
BANK OF AMERICA CORP	6,134	98,608	92,378
BANK OF CHINA LTD 'H'CNY1	91,000	35,743	49,290
BANK OF COMMUNICATIONS CO 'H'	16,000	21,394	18,592
BANK OF IRELAND ORD STK EUR0.64	4,002	19,623	7,608
BARCLAYS ORD GBP0.25	22,697	120,229	101,160
BARRICK GOLD CORP COM NPV CAD	3,033	138,012	119,949
BAYER AG - ORD SHS	4,030	233,143	323,563
BB&T CORP COM	4,656	110,154	118,123
BCA MPS EUR0.67	8,952	19,463	15,772
BCA POP DI MILANO EUR4.00	2,966	24,319	21,192
BECTON DICKINSON & CO COM	287	19,628	22,633
BED BATH BEYOND INC COM	7,250	266,529	280,068
BEIERSDORF AG EUR1	87	3,686	5,733
BEIJING CAPITAL INTERNATIONAL			
AIRPORTS 'H' CNY1	17,351	8,709	11,502
BELLE INTERNATIONAL HKD0.01	7,000	8,771	8,179
BENESSE HOLDINGS INC NPV	200	8,791	8,357
BEST BUY INC COM STK	4,900	138,742	193,354
BG GROUP ORD GBP0.10	1,836	31,359	33,266

Tektronix 401(k) Plan

Employer Identification Number: 93-0343990; Plan Number: 002

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

BHP BILLITON LTD NPV	6,573	144,221	254,901
BHP BILLITON PLC USD0.50	4,956	87,514	159,664
BIOGEN IDEC INC COM STK	712	33,239	38,092
BK OF MONTREAL COM NPV	1,459	61,684	77,727
BK OF NOVA SCOTIA COM NPV	1,921	71,845	90,191
BK OF YOKOHAMA NPV	3,400	18,218	15,412
BLACKBOARD INC COM	11,800	362,037	535,602
BLOCK H & R INC COM	2,632	49,370	59,536
BLUESCOPE STEEL NPV	8,394	24,949	23,478
BNP PARIBAS EUR2	6,180	320,262	495,652
BOMBARDIER INC CLASS'B'S/VTG NPV	6,400	27,072	29,303
BORAL LIMITED NPV	954	4,495	5,105
BORG WARNER INC COM	9,750	215,326	323,895
BOSKALIS WESTMNSTR CVA EUR0.80	143	5,092	5,550
BOUYGUES EUR1	517	21,703	27,019
BP ORD USD0.25	25,475	191,888	246,830
BRAMBLES LTD NPV	2,271	11,997	13,848
BRIDGESTONE CORP NPV	2,200	35,426	38,425
BRISTOL MYERS SQUIBB CO COM	3,449	71,830	87,087
BRITISH AMERICAN TOBACCO ORD GBP0.25	10,090	267,485	328,565
BROADCOM CORP CL A	26,809	460,705	843,143
BT GROUP ORD GBP0.05	7,317	9,576	15,951
BUNGE LTD	750	39,704	47,873
BUZZI UNICEM SPA EUR0.60	822	14,715	13,303
C H ROBINSON WORLDWIDE INC COM NEW			
COM NEW	3,728	204,682	218,945
CA INC COM	435	8,061	9,770
CADBURY PLC GBP0.10	4,616	40,064	59,447
CAIRN ENERGY PLC ORD GBP0.006154	5,330	24,645	28,627
CAMERON INTL CORP COM STK	11,400	427,225	476,520
CAN PACIFIC RYS COM NPV	770	31,119	41,712
CANADIAN IMP BANK COM NPV	818	41,814	53,176
CANADIAN OIL SANDS TRUST UNITS	399	12,734	11,384
CANON INC NPV	2,820	93,481	118,440
CAREFUSION CORP COM	1,345	30,459	33,638
CARMAX INC COM	16,000	206,220	388,000
CARNIVAL CORP COM PAIRED	2,075	51,298	65,757
CARNIVAL PLC ORD USD1.66	504	16,970	17,376
CARREFOUR EUR2.50	1,372	55,595	66,062
CASINO GUICH-PERR EUR1.53	62	4,402	5,562
CATERPILLAR INC COM	800	26,221	45,592

Tektronix 401(k) Plan

Employer Identification Number: 93-0343990; Plan Number: 002

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

CBS CORP NEW CL B	7,828	75,573	109,983
CELESIO AG NPV(REGD)	266	7,306	6,755
CELGENE CORP COM	3,860	208,763	214,925
CEMEX SA CPO NPV(REP 2'A' & 1'B')	20,838	21,863	24,868
CENOVUS ENERGY INC COM NPV	1,155	23,239	29,196
CENTRAL JAPAN RLWY NPV	3	25,714	20,044
CENTURYTEL INC COM STK	346	9,417	12,529
CEPHALON INC CON	88	5,188	5,492
CERNER CORP COM	33,223	1,277,424	2,738,904
CF INDS HLDGS INC COM	203	15,462	18,428
CFAO NPV	501	19,661	20,608
CGG VERITAS EUR0.40	210	4,857	4,498
CHEVRON CORP COM	2,953	215,185	227,351
CHIBA BANK NPV	2,800	17,124	16,663
CHINA CITIC BK COR 'H'CNY1	11,000	6,992	9,405
CHINA COAL ENERGY 'H'CNY1	9,000	12,584	16,528
CHINA COMMUNICATIONS CONSTRUCTION CNY1	7,000	8,225	6,707
CHINA CONSTRUCTION BANK'H'CNY1	332,000	274,176	285,585
CHINA DONGXIANG (G HKD0.01	16,000	11,694	12,381
CHINA LIFE INSURANCE CO 'H' CNY1	25,000	106,296	123,645
CHINA MENGNIU DAIR HKD0.1	15,000	44,238	53,682
CHINA MERCHANT HLD HKD0.10	7,344	14,195	23,915
CHINA PAC INS GR-H	3,800	13,862	15,143
CHINA RESOURCE ENTERPRISE HKD1	6,000	20,279	21,937
CHINA SHENHUA ENERGY CO 'H'	6,000	26,440	29,404
CHINA UNICOM LTD HKD0.10	28,000	39,360	37,121
CHINA YURUN FOOD GROUP LTD	5,000	13,230	14,831
CHIPOTLE MEXICAN GRILL INC COM STK	3,100	207,084	273,296
CHUBB CORP COM	1,557	62,423	76,573
CHUNGHWA TELECOM CO LTD #2057600 2/8/10	970	16,644	18,013
CIE DE ST-GOBAIN EUR4	1,313	51,320	71,717
CIE FINANCIE RICHEMONT CHF	8,888	142,594	298,602
CIMAREX ENERGY CO COM	1,200	51,167	63,564
CISCO SYSTEMS INC	23,341	421,103	558,784
CITRIX SYS INC COM	30,700	906,018	1,277,427
CME GROUP INC COM STK	1,722	408,591	578,506
CMNTY HLTH SYS INC NEW COM	22,200	673,206	790,320
CMS ENERGY CORP COM	800	8,088	12,528
CNPC (HONG KONG) HKD0.01	10,000	10,053	13,309

Tektronix 401(k) Plan

Employer Identification Number: 93-0343990; Plan Number: 002

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

COACH INC COM	18,100	531,226	661,193
COCA COLA CO COM	2,599	124,966	148,143
COCA COLA ENTERPRISES INC COM	2,100	25,263	44,520
COGNIZANT TECHNOLOGY SOLUTIONS			
CORP CL ACL A	9,100	175,382	412,230
COLGATE-PALMOLIVE CO COM	3,635	248,701	298,615
COMCAST CORP NEW-CL A	6,704	105,756	113,029
COMMONWEALTH BANK OF AUSTRALIA			
NPV	2,631	82,490	129,786
COMMSCOPE INC COM	20,400	366,844	541,212
COMPUTER SCI CORP COM	1,046	41,295	60,176
COMPUWARE CORP COM	1,938	14,295	14,012
CONOCOPHILLIPS COM	3,500	172,424	178,745
CONSTELLATION BRANDS INC CL A CL A	2,500	38,219	39,825
CORNING INC COM	11,236	138,822	216,967
COSCO PACIFIC LTD HKD0.10	4,000	6,290	5,122
CREDIT AGRICOLE SA EUR3	5,766	95,792	102,251
CREDIT SUISSE AG CHF0.04(REGD)	2,312	86,313	114,510
CREE INC COM	12,600	257,303	710,262
CRH ORD EUR0.32	3,015	66,645	82,622
CSX CORP COM	318	10,325	15,420
CUMMINS INC	12,700	585,449	582,422
CVS CAREMARK CORP COM STK	2,094	61,985	67,448
D R HORTON INC COM	1,500	14,406	16,305
DAIKIN INDUSTRIES NPV	263	6,716	10,340
DAIMLERCHRYSLER ORD NPV(REGD)	2,849	121,094	152,181
DAIWA SECS GROUP INC	3,700	23,566	18,481
DANONE EUR0.25	1,850	100,906	113,683
DANSKE BANK A/S DKK10	625	9,029	14,220
DEAN FOODS CO NEW COM	1,650	29,674	29,766
DELL INC COM STK	11,550	168,503	165,858
DENSO CORP NPV	1,623	37,101	48,466
DENWAY MOTORS LTD HKD0.10	70,000	36,423	44,596
DEUTSCHE BANK AG NPV(REGD)	1,334	78,057	94,588
DEUTSCHE BK AG COM STK ISIN			
DE0005140008 SDL 505964X	1,100	39,560	78,001
DEUTSCHE BOERSE AG NPV(REGD)	437	32,932	36,365
DEUTSCHE POST AG NPV(REGD)	22,348	332,622	432,380
DEUTSCHE TELEKOM NPV(REGD)	4,024	50,524	59,409
DEVON ENERGY CORP NEW COM	5,046	303,609	370,881
DEVRY INC DEL COM	3,264	176,248	185,167

Tektronix 401(k) Plan

Employer Identification Number: 93-0343990; Plan Number: 002

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

DIAGEO ORD GBX28.935185	7,530	116,126	131,812
DIAMOND OFFSHORE DRILLING INC COM	351	31,085	34,545
DICKS SPORTING GOODS INC OC-COM	28,200	479,138	701,334
DIRECTV COM CL A COM CL A	8,010	178,382	267,134
DISCOVER FINL SVCS COM STK	2,783	27,851	40,938
DNB NOR ASA NOK10	2,600	19,207	28,242
DONGFANG ELECT COR 'H'CN1	800	3,912	4,292
DOVER CORP COM	1,222	46,243	50,847
DRESSER-RAND GROUP INC COM	8,727	153,238	275,860
DSV DKK1	759	13,130	13,757
DTE ENERGY CO COM	1,299	40,838	56,623
DU PONT E I DE NEMOURS & CO COM STK	3,300	88,906	111,111
E.ON AG COM STK	12,569	467,398	527,116
EAST JAPAN RAILWAY CO NPV	600	45,604	37,832
EASTMAN CHEM CO COM	475	19,029	28,614
EATON CORP COM	3,400	218,730	216,308
EBAY INC COM	750	17,626	17,655
ECOLAB INC COM	9,400	331,157	419,052
EDF EUR0.5	656	35,037	39,116
EDISON INTL COM	555	17,827	19,303
EDWARDS LIFESCIENCES CORP COM	6,200	490,968	538,470
EISAI CO NPV	376	15,347	13,813
ELECTR ARTS COM	33,340	549,012	591,785
EMC CORP COM	15,159	170,747	264,828
ENAGAS SA EUR1.50	9,189	161,029	203,362
ENCANA CORP COM NPV	1,155	26,303	37,580
ENERGIAS DE PORTUGAL SA EUR1(REGD)	4,359	17,111	19,438
ENI SPA EUR1	5,855	130,439	149,528
ENTERGY CORP NEW COM	258	20,227	21,115
ERICSSON(LM)TEL SER'B' NPV	8,719	67,148	80,473
ERSTE GROUP BANK AG NPV	5,639	250,810	210,840
ESPRIT HOLDINGS HKD0.10	3,600	23,025	24,026
EUROPEAN AERONAUTIC DEFENCE & SPACE EUR1	7,172	136,483	144,935
EVRAZ GROUP SA GDR EACH REPR 1/3 ORD REGS	1,050	31,019	29,720
EXELON CORP COM	414	23,818	20,232.2
EXPEDIA INC DEL COM	1,338	31,617	34,400
EXPEDITORS INTL WASH INC COM	7,616	256,802	264,504
EXPRESS SCRIPTS INC COM	3,520	240,810	304,304
EXXON MOBIL CORP COM	4,828	385,241	329,221

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

F P L GROUP INC COM	58	2,919	3,064
FAMILYMART CO NPV	100	3,273	2,949
FANUC LTD NPV	6,587	476,337	610,622
FEDEX CORP COM	4,295	221,808	358,418
FEDT INVESTORS INC CL B	1,633	42,570	44,908
FERROVIAL SA EUR0.2	2,500	28,433	29,502
FIAT SPA EUR5	1,735	24,014	25,515
FINNING INTL INC COM NPV	311	5,120	4,948
FIRST SOLAR INC COM	1,688	226,953	228,555
FLSMIDTH & CO A/S SER'B'DKK20	131	7,389	9,270
FLUGHAFEN A ZUERICH CHF50	129	30,240	38,840
FLUGHAFEN WIEN AG NPV	823	36,322	41,092
FLUOR CORP NEW COM	18,175	816,407	818,602
FORD MTR CO DEL COM PAR \$0.01 COM PAR \$0.01	10,647	82,738	106,470
FOREST LABORATORIES INC	800	22,823	25,688
FORTESCUE METALS GRP LTD NPV	2,054	7,493	8,202
FORTIS BK BELGIUM UNIT(FORTIS SA / NV NPV/0.42)	10,103	42,530	38,021
FORTUM OYJ EUR3.40	582	14,464	15,840
FOXCONN INTL HLDGS USD0.04	10,000	8,184	11,633
FRANCE TELECOM EUR4	19,200	503,039	480,148
FRAPORT (FRANKFURT AIRPORT SERVICES) NPV	5,451	234,210	283,739
FREEPORT-MCMORAN COPPER & GOLD INC	388	27,904	31,153
FRESENIUS SE COMMON STOCK	349	17,576	21,757
FRKLN RES INC COM	136	14,249	14,328
FUKUOKA FINANCIAL NPV	2,000	8,918	6,918
GALP ENERGIA EUR1	726	12,743	12,583
GAP INC COM	2,064	27,637	43,241
GARMIN LTD COM STK	1,300	38,688	39,910
GAZPROM ADR REP 4 ORD RUB5	7,650	141,327	195,075
GDF SUEZ EUR1	1,712	71,053	74,389
GENERAL DYNAMICS CORP COM	4,493	286,071	306,288
GENERAL ELECTRIC CO	20,570	313,517	311,224
GENERAL MILLS INC COM	479	28,554	33,918
GILEAD SCIENCES INC	6,686	326,180	289,370
GIVAUDAN AG CHF10	218	178,137	174,295
GKN ORD GBP0.10	3,984	7,355	7,527
GLAXOSMITHKLINE ORD GBP0.25	10,682	199,993	227,611
GOLDCORP INC COM NPV	1,135	48,930	44,768

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

GOLDMAN SACHS GROUP INC COM	3,078	310,127	519,690
GOME ELEC HKD	62,643	10,858	22,782
GOOGLE INC CL A CL A	1,099	381,944	681,358
GPO TELEVISA SA CPO'S			
25'A'22'B'35'D'35'L'	3,094	10,648	12,899
GREENHILL & CO INC COM	7,100	491,550	569,704
GSI COMM INC COM STK	7,400	176,715	187,886
H J HEINZ	44	1,743	1,881
HAMBURGER HAFEN NPV (REGD) 'A'	56	2,513	2,169
HANSEN NAT CORP COM	27,303	906,731	1,048,435
HARMAN INTL INDS INC NEW COM STK			
USD0.01	20,000	669,362	705,600
HARRIS CORP COM	910	26,101	43,271
HASEKO CORPORATION NPV	164,000	171,214	116,268
HEIDELBERGCEMENT NPV	1,155	73,079	79,924
HEINEKEN NV EUR1.60	2,776	96,151	132,490
HENGAN INTL COMMON STOCK	5,000	33,799	37,142
HENKEL AG & CO KGAA NPV(BR)	130	5,289	5,810
HENNES & MAURITZ SER'B'NPV	433	16,553	24,099.7
HERTZ GLOBAL HLDGS INC COM	1,900	15,498	22,648
HEWLETT PACKARD CO COM	12,396	465,242	638,518
HITACHI CONST MACH NPV	238	3,916	6,174
HOCHTIEF AG NPV	152	12,680	11,678
HOLCIM CHF2(REGD)	437	19,059	34,030
HOME DEPOT INC COM	2,971	68,646	85,951
HONDA MOTOR CO NPV	10,189	228,283	340,381
HONEYWELL INTL INC COM STK	6,136	195,164	240,531
HONG KONG EXCHANGES & CLEAR	1,900	30,891	34,158
HOSPIRA INC COM	184	6,861	9,384
HOYA CORP NPV	1,000	22,542	26,425
HSBC HLDGS ORD USD0.50(HONGKONG REG)	26,378	206,883	304,124
HSBC HLDGS ORD USD0.50(UK REG)	28,457	254,263	325,720
HUDSON CITY BANCORP INC COM STK	3,497	52,298	48,014
HUMAN GENOME SCIENCES INC COM	9,663	264,758	295,688
HUMANA INC COM	904	28,378	39,677
HUNT J B TRANS SVCS INC COM	20,200	528,199	651,854
HUTCHISON WHAMPOA HKD0.25	3,500	18,088	24,104
IGM FINANCIAL INC COM NPV	192	7,683	7,767
IHS INC COM CL A COM CL A	6,800	350,637	372,708
ILIAD NPV	24	2,881	2,876
ILL TOOL WKS INC COM	4,700	178,829	225,553

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

ILLUMINA INC COM	19,400	647,249	594,610
IMPERIAL TOBACCO ORD GBP0.10	2,254	64,638	71,341
INDITEX EUR0.15	616	29,206	38,348
INDUSTRIAL & COMMERCIAL BANK CHINA 'H'	252,000	194,021	209,295
ING GROEP NV CVA EUR0.24	13,157	138,095	130,251
INGERSOLL-RAND PLC COM STK	2,200	57,283	78,628
INS AUSTRALIA NPV	3,786	11,789	13,722
INTEL CORP COM	25,057	371,728	511,163
INTERCONTINENTALEXCHANGE INC COM	4,600	480,267	516,580
INTERCONTL HOTELS ORD GBP0.13617	891	12,459	12,849
INTERNATIONAL BUSINESS MACHS CORP COM	3,201	276,144	419,011
INTESA SANPAOLO EUR0.52	19,666	77,693	88,880
INTUITIVE SURGICAL INC COM NEW STK	1,200	133,118	363,984
INVESCO LTD COM STK USD0.10	11,240	163,556	264,028
ITALCEMENTI EUR1	1,121	18,199	15,400
ITOCHU CORP NPV	6,446	32,359	47,222
ITT CORP INC COM	268	12,060	13,330
IVANHOE MINES COM NPV	1,137	14,050	16,822
JABIL CIRCUIT INC COM	2,050	30,165	35,609
JAPAN STEEL WORKS LTD NPV	322	3,949	4,078
JFE HOLDINGS INC NPV	1,100	37,571	43,128
JOHNSON & JOHNSON COM	5,190	313,864	334,288
JOHNSON CTL INC COM	22,400	347,241	610,176
JONES APPAREL GROUP INC COM	3,300	19,338	52,998
JPMORGAN CHASE & CO COM	15,758	555,096	656,636
JUNIPER NETWORKS INC COM	31,794	553,820	847,946
KAWASAKI HEAVY IND NPV	2,000	5,458	5,027
KBC GROUP SA NPV	1,240	61,561	54,040
KELLOGG CO COM	4,223	224,596	224,664
KESKO OYJ EUR2 SER'B'	576	19,612	19,074
KIMBERLY-CLARK CORP COM	1,151	60,704	73,330
KINGFISHER ORD GBP0.157142857	4,585	16,644	16,955
KINROSS GOLD CORP COM	1,205	25,233	22,264
KIRIN HOLDINGS CO NPV	2,500	34,960	40,013
KOHL'S CORP COM	42,145	1,778,026	2,272,880
KOMATSU NPV	2,600	37,950	54,014
KOMERCNI BANKA CZK500	1,150	176,857	245,510
KONICA MINOLTA HLD NPV	500	5,054	5,113
KONINKLIJKE KPN	10,096	155,984	171,505

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

KRAFT FOODS INC CL A	1,748	42,142	47,511
KUBOTA CORP NPV	1,841	14,151	16,809
KURITA WATER INDS NPV	130	4,282	4,050
KYOCERA CORP NPV	152	10,698	13,339
L-3 COMMUNICATIONS HLDG CORP COM	118	8,706	10,260
LAFARGE EUR4	704	51,099	58,392
LAWSON INC NPV	100	4,390	4,404
LEGAL & GENERAL GP ORD GBP0.025	15,503	21,612	20,178
LENOVO GROUP LIMITED HKD0.025	64,000	37,127	40,113
LI & FUNG LTD HKD0.025	4,000	11,029	16,636
LINDE AG NPV	3,909	314,942	472,006
LKQ CORP COM LKQ CORP	23,900	301,091	468,201
LLOYDS BANKING GP ORD GBP0.1	123,962	115,985	101,471
LOCKHEED MARTIN CORP COM	1,160	89,679	87,406
LOGITECH INTL CHF0.25(REGD)	269	5,149	4,666
LONMIN ORD USD1	591	15,406	18,696
L'OREAL EUR0.20	376	37,206	42,078
LORILLARD INC COM STK	855	61,208	68,597
LOWES COS INC COM	12,620	259,765	295,182
LTD BRANDS	1,944	19,518	37,403
LUKOIL OIL COMPANY SPON ADR REP 1 ORD RUB0.025	2,850	135,649	163,163
LVMH MOET HENNESSY LOUIS VUITTON EUR0.30	573	44,182	64,437
M & T BK CORP COM	488	30,929	32,642
M UFJ LEASE	140	4,487	4,203
MACQUARIE GP LTD NPV	284	8,675	12,362
MACQUARIE INFRASTRUCTURE GROUP NPV(STAPLED)	5,750	7,440	6,904
MACYS INC COM STK	3,200	33,120	53,632
MAKITA CORP NPV	200	4,731	6,810
MAN SE ORD NPV	484	20,264	37,804
MANULIFE FINL CORP COM NPV	2,461	47,353	45,377
MAP GROUP	19,985	34,107	54,460
MARATHON OIL CORP COM	2,153	56,133	67,217
MARKS & SPENCER GP ORD GBP0.25	4,070	19,199	26,421
MARSEILLE KLINIKEN NPV	927	9,407	6,118
MASCO CORP COM	1,700	16,187	23,477
MC DONALDS CORP COM	5,958	363,741	372,018
MCAFEE INC COM	5,800	202,066	235,306
MEDIASET EUR0.52	1,137	6,305	9,356

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

MEDIOBANCA SPA C/W			
18/03/11(MEDIOB)EUR9	893	0	138
MEDIOBANCA SPA EUR0.5	3,702	47,322	44,165
MEMC ELECTR MATLS INC COM	36,700	583,570	499,854
MERCADOLIBRE INC COM STK	12,100	365,016	627,627
MERCK & CO INC NEW COM	8,767	235,695	320,346
METLIFE INC COM	2,250	64,759	79,538
METRO AG ORD NPV	698	38,034	42,632
METSO OYJ NPV	480	13,784	16,962
MICHAEL PAGE INTL ORD GBP0.01	30,582	104,984	187,121
MICHELIN (CGDE) EUR2(REGD)	285	11,633	21,909
MICROCHIP TECHNOLOGY INC COM	10,730	247,206	311,814
MICRON TECH INC COM	3,760	32,768	39,706
MICROSOFT CORP COM	31,960	661,609	974,460
MITSUBISHI CORP NPV	4,900	69,304	121,322
MITSUBISHI ELEC CP NPV	2,653	16,155	19,521
MITSUBISHI ESTATE CO LTD	2,000	32,946	31,753
MITSUBISHI GAS CHM NPV	47,869	221,199	239,615
MITSUBISHI HVY IND NPV	2,000	8,283	7,004
MITSUBISHI UFJ FIN NPV	71,700	422,820	348,122
MITSUI & CO LTD NPV	7,000	74,438	98,577
MITSUI FUDOSAN CO LTD NPV	1,750	30,859	29,287
MITSUI MINING & SM NPV	1	2	3
MOLSON COORS BREWING CO CL B CL B	1,033	46,241	46,650
MONSANTO CO NEW COM	1,273	93,868	104,068
MORGAN STANLEY COM STK USD0.01	3,000	75,570	88,800
MOTOROLA INC COM	7,000	31,010	54,320
MUENCHENER RUECKVE NPV(REGD)	161	20,454	25,102
MYER HOLDINGS LTD NPV	4,969	18,628	16,267
N V R INC COM	95	47,307	67,517
NATL AUSTRALIA BK NPV	4,404	85,243	108,524
NATL BK OF CANADA COM NPV	268	13,026	15,400
NESTE OIL OYJ NPV	1,212	22,191	21,597
NESTLE SA CHF0.10(REGD)	6,757	283,940	328,127
NETAPP INC COM STK	31,545	699,740	1,084,833
NEWCREST MINING LTD NPV	1,139	37,120	36,191
NEWMONT MINING CORP NEW COM	1,649	72,664	78,014
NEWS CORP CL A COM	11,400	85,886	156,066
NEXEN INC COM	2,600	52,612	62,218
NEXEN INC COM NPV	806	20,419	19,390
NGK INSULATORS LTD NPV	2,000	27,505	43,397

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

NIDEC CORPORATION NPV	800	34,764	73,387
NIKON CORP JPY50	1,500	27,834	29,454
NINTENDO CO LTD NPV	108	39,174	25,569
NIPPON BUILDING FD REIT	1	9,108	7,584
NIPPON STEEL CORP NPV	7,000	27,938	28,197
NIPPON TELEGRAPH & TELEPHONE CORP NPV	500	23,493	19,604
NISOURCE INC COM	600	4,891	9,228
NISSAN MOTOR CO LTD	5,000	24,747	43,504
NOBEL BIO CARE HOLD CHF.4	420	9,021	14,131
NOKIA OYJ EUR0.06	1,620	24,996	20,733
NOMURA HOLDINGS NPV	8,700	70,710	63,641
NORFOLK SOUTHN CORP COM	212	9,975	11,113
NORSK HYDRO ASA NOK1.098	9,025	59,237	76,099
NORTHROP GRUMMAN CORP COM	1,400	65,807	78,190
NOVARTIS AG CHF0.50(REGD)	9,987	421,954	545,843
NOVATEK OAO GDR EACH REPR 10 SHS'REGS'	450	23,072	29,880
NOVO-NORDISK AS DKK1 SER'B'	1,158	58,553	74,130
NTT DOCOMO NPV	21	37,177	29,235
NUVASIVE INC COM	5,900	212,425	188,682
NVIDIA CORP COM	52,900	456,380	988,172
O REILLY AUTOMOTIVE INC COM	18,300	679,313	697,596
OCCIDENTAL PETROLEUM CORP	4,850	331,633	394,548
OFFICE DEPOT INC COM	6,400	41,383	41,280
OLD MUTUAL PLC ORD GBP0.10	17,210	22,027	30,348
OLYMPUS CORP NPV	100	2,715	3,201
OMV AG NPV(VAR)	2,791	73,716	122,935
ORACLE CORP COM	16,995	313,193	417,057
ORIX CORP NPV	190	11,927	12,797
ORKLA ASA NOK1.25	4,589	41,392	45,161
OTP BANK NYRT HUF100	4,005	71,497	116,016
OWENS CORNING NEW COM STK	6,100	88,331	156,404
PACCAR INC COM	10,200	287,458	369,954
PACTIV CORP COM	1,607	25,566	38,793
PANASONIC CORP	5,420	78,288	77,142
PANERA BREAD CO CL A	3,400	180,176	227,698
PARKSON RETAIL GRO HKD0.02	6,000	10,951	10,585
PARMALAT S.P.A EUR1	3,664	10,116	10,267
PENNEY J.C CO INC COM	900	17,730	23,949
PEPSICO INC COM	6,571	366,118	399,517

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

PERNOD RICARD NPV EUR 1.55	160	11,771	13,753
PFIZER INC COM STK \$.11 1/9 PAR	19,826	327,454	360,635
PG& E CORP COM	417	16,150	18,619
PHILIP MORRIS INTL INC COM	800	34,808	38,552
PHILIPS ELEC(KON) EUR0.20	2,835	54,981	84,116
PING AN INSURANCE GROUP 'H' CNY1	4,854	37,095	42,568
PITNEY BOWES INC COM	1,591	39,350	36,211
POLO RALPH LAUREN CORP CL A	2,700	217,060	218,646
POTASH CORP SASK COM NPV	898	84,982	97,985
PPR EUR4	379	39,152	45,807
PRECISION CASTPARTS CORP COM	13,379	893,544	1,476,373
PRECISION DRILL T TRUST UNITS	47,031	289,557	343,194
PRICELINE COM INC COM NEW STK	31	6,358	6,774
PROCTER & GAMBLE CO COM	4,325	264,181	262,225
PRUDENTIAL ORD GBP0.05	6,210	44,750	64,181
PUB STORAGE COM	115	9,112	9,367
PUBLICIS GROUPE SA EUR0.40	678	16,097	27,724
PULTE GROUP INC	3,600	38,434	36,000
QANTAS AIRWAYS NPV	2,029	5,257	5,456
QUALCOMM INC COM	5,515	200,277	255,124
QUALITY SYS INC COM STK	3,100	125,873	194,649
QUANTA SVCS INC COM	34,266	685,934	714,103
QWEST COMMUNICATIONS INTL INC COM	7,345	28,433	30,922
RAIFFEISEN INTL BK NPV (REGD)	164	10,012	9,294
RANDSTAD HLDGS NV EUR0.10	463	21,841	23,184
RANGE RES CORP COM	17,300	694,734	862,405
RAYTHEON CO USD0.01	1,610	72,140	82,947
RED HAT INC COM	25,792	347,662	796,973
REED ELSEVIER NV EUR0.07	44,909	515,629	554,190
RENAULT SA EUR3.81	1,233	35,120	64,040
REPSOL YPF SA EUR1	887	25,026	23,830
RESEARCH IN MOTION LTD COM	587	41,016	39,646
RESONA HOLDINGS NPV	800	11,609	8,061
REXAM ORD GBX64.285714	51,331	233,944	240,884
REYNOLDS AMERICAN INC COM	1,929	81,733	102,179
RICOH CO LTD NPV	1,660	21,290	23,430
RIO TINTO LIMITED NPV	6,821	195,364	459,410
RIO TINTO ORD GBP0.10	10,610	267,372	580,828
ROBERT HALF INTL INC COM	6,600	137,748	176,418
ROCHE HLDGS AG GENUSSSCHEINE NPV	3,735	520,628	635,176
ROLLS ROYCE GROUP ORD GBP0.20	29,936	175,498	233,734

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

ROPER INDS INC NEW COM	14,593	636,502	764,235
ROSNEFT OJSC GDR EACH REPR 1 ORD			
'REGS'	15,450	108,078	132,484
ROWAN COMPANIES INC COM	642	8,293	14,535
ROYAL BK OF CANADA COM NPV	2,309	95,248	124,221
ROYAL BK SCOT GRP ORD GBP0.25	16,810	12,348	7,927
ROYAL DUTCH SHELL 'A'SHS EUR0.07			
(DUTCH LIST)	8,374	208,478	253,508
ROYAL DUTCH SHELL 'A'SHS EUR0.07 (UK			
LIST)	5,269	153,769	160,133
ROYAL DUTCH SHELL 'B'ORD EUR0.07	6,657	162,621	194,737
RWE AG NPV	673	59,943	65,621
SAFeway INC COM NEW	2,656	56,603	56,546
SALESFORCE COM INC COM STK	8,600	370,573	634,422
SALZGITTER AG ORD NPV	275	28,160	27,003
SANDVIK AB NPV	4,672	27,162	56,534
SANKYO CO LTD NPV	5,600	285,699	279,113
SANOFI-AVENTIS EUR2	8,278	527,993	653,940
SAP AG ORD NPV	1,208	44,272	57,195
SARA LEE CORP COM	2,000	19,580	24,360
SBM OFFSHORE NV EUR0.25	375	8,087	7,411
SCHLUMBERGER LTD COM STK	7,851	330,362	511,022
SCHNEIDER ELECTRIC EUR8	483	36,481	56,672
SCHWAB CHARLES CORP COM NEW	11,300	184,441	212,666
SEADRILL LTD USD2	563	10,177	14,424
SEAGATE TECHNOLOGY HLDGS COM			
USD0.00001	2,500	40,506	45,475
SEMPRA ENERGY INC COM STK	105	4,476	5,878
SGS SA CHF1(REGD)	6	7,613	7,841
SHERWIN-WILLIAMS CO COM	323	19,259	19,913
SHIN-ETSU CHEMICAL NPV	6,600	305,571	370,783
SHISEIDO CO LTD NPV	1,000	18,004	19,131
SHIZUOKA BANK NPV	3,000	30,140	25,941
SIEMENS AG NPV(REGD)	7,015	497,754	646,259
SILVER WHEATON COR COM NPV	750	12,999	11,361
SINGAPORE AIRLINES NPV	23,000	145,448	244,752
SKAND ENSKILDA BKN SER'A'NPV	37,969	221,879	235,787
SKF AB SER'B'NPV	2,360	20,453	40,853
SL- CORE USA SUB FD	535	3,707	8,031
SMC CORP NPV	2,450	256,281	277,120
SMITH INTL INC COM	4,400	99,791	119,548

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

SMITHFIELD FOODS INC COM	1,500	18,868	22,785
SMURFIT KAPPA GROUP PLC ORD EUR0.001	23,396	58,051	209,712
SNAM RETE GAS EUR1	48,630	226,292	242,108
SOCIETE GENERALE EUR1.25	2,153	128,648	151,207
SOLARWINDS INC COM	8,700	166,466	200,187
SONOCO PROD CO COM	700	16,212	20,475
SONY CORP NPV	974	23,356	27,935
SONY FINANCIAL HOL NPV	121	429,746	314,799
SOUTHWESTERN ENERGY CO COM	5,160	171,660	248,712
SPRINT NEXTEL CORP	20,000	63,954	73,200
SPX CORP COM	350	17,130	19,145
STANDARD CHARTERED ORD USD0.50	3,631	73,049	92,350
STANLEY ELECTRIC NPV	200	4,004	4,009
STARBUCKS CORP COM	7,100	69,858	163,726
STARWOOD HOTELS & RESORTS			
WORLDWIDE INC COM STK	25,680	528,310	939,118
STATE STR CORP COM	4,145	166,379	180,473
STATOILHYDRO ASA NOK2.50	5,363	92,610	134,428
STEEL DYNAMICS INC COM	2,300	37,394	40,756
STORA ENSO OYJ NPV SER'R'	2,388	12,363	16,720
STOREBRAND ASA SER'A'NOK5	2,783	18,083	19,058
SUEZ ENVIRONNEMENT EUR4	535	12,803	12,377
SULZER AG-REG COMSTK	520	39,866	40,795
SUMITOMO METAL IND NPV	4,000	10,366	10,699
SUMITOMO MITSUI FINANCIAL GROUP NPV	3,100	117,806	88,077
SUMITOMO REALTY & DEVELOPMENT NPV	1,500	28,644	28,020
SUMITOMO TRUST & BANKING CO NPV	7,000	37,659	34,062
SUN LIFE FINL INC COM NPV	373	10,618	10,763
SUNCOR ENERGY INC COM NPV 'NEW'	3,804	75,218	135,019
SUNCORP-METWAY LTD NPV	1,898	12,156	14,834
SUPER VALU INC COM	3,200	50,511	40,672
SURUGA BANK NPV	500	5,119	4,329
SUZUKI MOTOR CORP NPV	2,474	40,045	60,591
SVENSKA CELLULOSE SER'B'NPV	2,870	24,253	38,367
SWATCH GROUP CHF2.25(BR)	64	8,767	16,214
SWEDBANK AG SEK20 SER'A'	1,911	18,245	19,003
SWEDISH MATCH NPV	486	9,011	10,680
SWISS REINSURANCE AG CHF0.1(REGD)	1,237	45,569	59,723
SWISSCOM AG CHF1(REGD)	75	21,346	28,701
SYMANTEC CORP COM	7,849	114,151	140,419
SYNGENTA AG REG CHF0.1	229	51,167	64,397

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

SYSCO CORP COM	476	10,919	13,299
TAKEDA PHARMACEUTICAL CO NPV	334	17,096	13,741
TALISMAN ENERGY IN COM NPV	5,733	64,731	107,677
TARGET CORP COM STK	6,799	326,212	328,868
TD AMERITRADE HLDG CORP COM STK	40,300	782,184	781,014
TECHNIP NPV	8,938	289,826	633,496
TECK RESOURCES LIMITED	1,645	35,443	57,775
TELECOM ITALIA SPA EUR0.55	19,779	31,618	30,875
TELEFONICA SA EUR1	21,276	472,844	595,862
TELEKOM AUSTRIA(TA NPV(BR)	696	9,965	9,936
TELEKOMUNIKASI IND SER'B'IDR250	13,248	11,972	13,326
TELENOR ASA ORD NOK6	3,919	46,929	54,985
TELIASONERA AB NPV	5,404	33,212	39,243
TENET HEALTHCARE CORP COM	3,526	12,805	19,005
TERADYNE INC COM	2,844	29,224	30,516
TESCO ORD GBP0.05	21,716	136,727	150,091
TEXAS INSTRUMENTS INC COM	12,852	221,073	334,923
TEXTRON INC COM	1,200	12,621	22,572
THERMO FISHER CORP	4,345	151,611	207,213
THYSSENKRUPP AG NPV	355	9,950	13,446
TIME WARNER CABLE INC COM	3,481	119,775	144,079
TIME WARNER INC USD0.01	4,976	114,601	145,001
TJX COS INC COM NEW	2,646	98,589	96,711
TNT NV EUR0.48	19,832	400,875	611,760
TOKIO MARINE HOLDINGS INC NPV	500	13,734	13,588
TOKYO ELECTRON NPV	7,500	256,481	476,932
TOLL HLDGS LTD NPV	3,168	25,112	24,901
TORONTO-DOMINION COM NPV	1,587	81,966	99,851
TOSHIBA CORP NPV	7,000	35,831	38,423
TOTAL EUR2.5	4,180	221,715	269,906
TOYOTA MOTOR CORP NPV	6,498	231,307	270,823
TRAVELERS COS INC COM STK	1,245	55,177	62,076
TRIMBLE NAV LTD COM	22,414	461,924	564,833
TULLOW OIL ORD GBP0.10	1,436	29,487	30,262
TYCO ELECTRONICS LTD F	5,200	94,330	127,660
UBS AG CHF0.10	30,894	439,310	479,660
UNI-CHARM CORP NPV	260	21,526	24,326
UNICREDIT SPA EUR0.50	63,874	223,818	214,674
UNILEVER NV CVA EUR0.16	3,536	92,929	115,417
UNION PAC CORP COM	267	12,763	17,061
UNITED PARCEL SVC INC CL B	150	7,288	8,606

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

UNITED TECHNOLOGIES CORP COM	7,417	444,187	514,814
UNITEDHEALTH GROUP INC COM	389	10,347	11,857
UNUM GROUP	1,600	29,760	31,232
US BANCORP	4,000	74,371	90,040
VALEO EUR3	297	9,789	10,453
VALERO ENERGY CORP COM STK NEW	4,600	83,809	77,050
VALLOUREC(USIN A T EUR4	156	21,849	28,436
VEDANTA RESOURCES ORD USD0.10	332	13,748	13,998
VEOLIA ENVIRONNEME EUR5	1,137	34,297	37,724
VERISIGN INC COM	415	7,908	10,060
VERISK ANALYTICS INC CL A CL A	12,500	334,273	378,500
VERIZON COMMUNICATIONS COM	2,817	90,342	93,327
VERTEX PHARMACEUTICALS INC COM	3,800	143,343	162,830
VIACOM INC NEW CL B	3,602	82,762	107,087
VINCI EUR2.50	12,577	535,404	712,230
VISA INC COM CL A STK	2,990	182,267	261,505
VISTAPRINT NV COM USD0.001	5,900	206,034	334,294
VIVENDI SA EUR5.50	855	27,119	25,509
VMWARE INC CL A COM CL A COM	14,000	374,661	593,320
VODAFONE GROUP ORD USD0.11428571	273,644	548,399	635,002
VOEST-ALPINE AG NPV	577	20,099	21,276
VOLVO AB SER'B'NPV	3,916	34,065	33,702
VTB BANK(JSC) GDR REP 2000 ORD 'REGS'	9,194	35,238	43,304
WACKER CHEMIE AG NPV(BR)	50	7,621	8,761
WAL-MART STORES INC COM	3,673	205,083	196,322
WALT DISNEY CO	12,950	291,997	417,638
WANT WANT CHINA HO USD0.02	23,000	15,832	16,136
WASTE MGMT INC DEL COM STK	1,298	37,669	43,885
WATERS CORP COM	559	29,435	34,636
WATSCO INC COM	5,100	237,110	249,798
WEATHERFORD INTL LTD	12,790	147,735	229,069
WELLS FARGO & CO NEW COM STK	14,425	354,889	389,331
WESFARMERS LTD NPV	2,485	44,019	69,885
WESTERN UNION CO	53,333	769,756	1,005,327
WESTN DIGITAL CORP COM	2,892	49,255	127,682
WESTPAC BKG CORP NPV	5,128	82,540	116,680
WHITBREAD ORD GBP0.76797385	606	12,143	13,808
WM MORRISON SUPERMARKETS ORD GBP0.10	5,497	25,163	24,624
WOLSELEY GBP0.10	709	16,678	14,277
WPP PLC ORD GBP0.10	9,839	54,056	96,840

Tektronix 401(k) Plan

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

WYNN RESORTS LTD COM	800	43,210	46,584
XCEL ENERGY INC COM	50	928	1,061
XEROX CORP COM	4,210	31,980	35,617
XL CAP LTD COM STK	3,300	16,569	60,489
XSTRATA PLC ORD GBP	15,560	93,394	281,674
XTO ENERGY INC COM	4,800	184,405	223,344
YAHOO INC COM	14,430	198,086	242,135
YANZHOU COAL MINING CO 'H' CNY1	6,000	10,323	13,278
YARA INTERNATIONAL NOK1.7	1,664	60,365	75,958
YUE YUEN INDL HLDG HKD0.25	112,490	224,506	326,413
ZURICH FINL SVCS CHF0.10	1,693	344,452	370,945
Total Common Stock		<u>\$ 93,946,718</u>	<u>\$ 122,578,690</u>

Common and Collective Trusts

* COLTV SHORT TERM INVT FD	1,606,200	\$ 1,606,200	\$ 1,606,200
* MFB NTGI-QM COLLECTIVE DAILY AGGREGATE BD INDEX FD - NON LENDING	409,970	42,534,359	43,394,126
* MFB NTGI-QM COLLECTIVE DAILY AGGREGATE BOND FUND LENDING TIER H	87,186	32,977,614	35,168,399
* MFB NTGI-QM COLTV DAILY S&P 500 EQTY INDEX FD-LENDING	28,830	72,833,386	92,645,011
* MFB NTGI-QM COLTV DAILY S&P500 EQTY INDEX FD-CL C NON LENDING	27,819	79,588,360	89,839,679
Total Common and Collective Trusts		<u>\$ 229,539,920</u>	<u>\$ 262,653,416</u>

Registered Investments

ISHARES MSCI INDIA UNITS 9.7625	23,800	\$ 117,241	\$ 163,982
MFC ISHARES INC MSCI TAIWAN INDEX FD	43,985	484,887	570,485
* MFO ADVISORS INNER CIRCLE FD ICM SMALL CO INSTL CL	1,145,455	21,249,864	28,361,476
* MFO PIMCO FDS PAC INVT MGMT SER TOTAL RETURN FD INSTL CL	5,006,537	51,453,088	54,070,601
Total Registered Investments		<u>\$ 73,305,080</u>	<u>\$ 83,166,544</u>

Tektronix 401(k) Plan

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

Investment Contracts with Insurance Companies

GIC BANK OF AMERICA CNTRCT 02-070 RATE: 4.432% MAT: 00/00/00 SYNTHETIC	27,598,504	\$ 27,598,504	\$ 9,026,583
GIC JP MORGAN CHASE CNTRCT MORLEY228 RATE: 3.139% MAT: 00/00/00 SYNTHETIC	23,857,790	23,857,790	28,231,231
GIC MONUMENTAL CNTRCT MDA00451TR RATE: 3.890% MAT: 00/00/00 SYNTHETIC	23,794,703	23,794,703	23,841,255
GIC NEW YORK LIFE INS CNTRCT # GA- 34269 RATE: 3.990% MAT: 10/31/2013	8,898,089	8,898,089	24,090,923
GIC RABOBANK CNTRCT TEK060201 RATE: 3.118% MAT: 00/00/00 SYNTHETIC	25,337,339	25,337,339	25,464,704
Total Investment Contracts with Insurance Companies		<u>\$ 109,486,425</u>	<u>\$ 110,654,695</u>

Participant Loans

Total Participant Loans with interest rates ranging from 4.25% to 10.5%	5,095,342	5,095,342	5,095,342
Total Investments		<u>\$ 574,355,197</u>	<u>\$ 646,964,680</u>

* Denotes party-in-interest