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

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
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ARINC, INC. TAX DEFERRED SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/1985

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
ARINC INCORPORATED

2551 RIVA RD
ANNAPOLIS, MD 21401-7435

2551 RIVA RD
ANNAPOLIS, MD 21401-7435

2b Employer Identification Number (EIN)
53-0023720

2c Sponsor's telephone number
410-266-4057

2d Business code (see instructions)
517000

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.	10/14/2010	CAROLYN WOOD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	KEITH WELSH
	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")
ARINC INCORPORATED

2551 RIVA RD
ANNAPOLIS, MD 21401-7435

3b Administrator's EIN
53-0023720

3c Administrator's telephone number
410-266-4057

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	4033
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**	2905
b	Retired or separated participants receiving benefits	**6b**	62
c	Other retired or separated participants entitled to future benefits	**6c**	1148
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	4115
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	17
f	Total. Add lines **6d** and **6e**	**6f**	4132
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	4046
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	138
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2F 2H 2J 2K 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)	X	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)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**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)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
ARINC, INC. TAX DEFERRED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
ARINC INCORPORATED

D Employer Identification Number (EIN)
53-0023720

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

FIDELITY INV INST OPS CO

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65 60	RECORDKEEPER	53341	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

GRANT THORNTON

36-6055558

(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 16	ATTORNEY/LEGAL	37880	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IVINS, PHILLIPS, AND BAKER

52-1229560

(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 29	ATTORNEY/LEGAL	23013	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SC AND H TAX AND ADVISORY SERVICES

20-5991824

(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	ATTORNEY/LEGAL	15663	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STOUT CAUSEY AND HORN

52-1743645

(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	ACCOUNTANT/AUDITOR	6504	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

401K ADVISORS

120 VANTIS, SUITE 400
ALISO VIEJO, CA 92656

(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	CONSULTANT	7500	Yes [ ] No [X]	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AF EUROPAC GROWTH R5 - AMERICAN FUN 95-2566717	0.05%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AF FUNDAMNTL INVS R5 - AMERICAN FUN 95-2566717	0.05%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AF GROWTH OF AMER R5 - AMERICAN FUN 95-2566717	0.05%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ARTIO INTL EQ I - US BANCORP FUND S 39-0281260	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BLKRK EQ DIV I - PNC GLOBAL INVESMN 04-2871943	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DAVIS NY VENTURE Y - BOSTON FINANCI 04-2526037	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
GS STR US EQ INST - BOSTON FINANCIA 04-2526037	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
H AND W DIVRSD VAL I - US BANCORP 39-0281260	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM INTREPID GR SEL - BOSTON FINANC 04-2526037	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LM CM VALUE I - BOSTON FINANCIAL DA 04-2526037	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NUVEEN TW VAL OPPS I - BOSTON FINAN 04-2526037	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ROYCE VALUE PLUS SER - BOSTON FINAN 04-2526037	0.45%

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: GRANT THORNTON,LLP	**b** EIN: 36-6055558	
c Position: ACCOUNTANT		
d Address: 1 SOUTH STREET, SUITE 2400 BALTIMORE, MD 21202	**e** Telephone: 410-685-4000	

Explanation: STRATEGIC

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ARINC, INC. TAX DEFERRED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ARINC INCORPORATED

D Employer Identification Number (EIN)
53-0023720

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: MASTER DIFINED CONTRIBUTIONS TRUST

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

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)
53-0023720-007	M	55834383

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 ARINC, INC. TAX DEFERRED SAVINGS PL

b Name of plan sponsor ARINC INCORPORATED

c EIN-PN 53-0023720-005

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

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a Plan name

b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ARINC, INC. TAX DEFERRED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
ARINC INCORPORATED

D Employer Identification Number (EIN)
53-0023720

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	4321265	5276779
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	57856406	55834383
(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)	184054159	259921409
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	246231830	321032571
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	246231830	321032571

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	17308751	
	(B) Participants	2a(1)(B)	17526492	
	(C) Others (including rollovers)	2a(1)(C)	1604991	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		36440234
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	296746	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		296746
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	6608515	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		6608515
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		52278537
c Other income	2c		2232622
d Total income. Add all **income** amounts in column (b) and enter total	2d		97856654
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22902637	
(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)		22902637
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		14479
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)	138797	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		138797
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		23055913
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		74800741
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: KPMG **(2)** EIN: 13-5565207

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
ARINC, INC. TAX DEFERRED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
ARINC INCORPORATED

D Employer Identification Number (EIN)
53-0023720

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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): 04-6568107

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 of 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

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**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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):

---

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):

ARINC, INC. TAX DEFERRED SAVINGS PLAN

Financial Statements

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

ARINC, INC. TAX DEFERRED SAVINGS PLAN

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* * * * * * *

The other schedules required by Schedule H, Line 4 of the Department of Labor Form 5500, Annual Return/Report of Employee Benefit Plan, are not applicable and are therefore omitted.

KPMG LLP
1 East Pratt Street
Baltimore, MD 21202-1128

Independent Auditors' Report

Participants and Administrator
ARINC, Inc. Tax Deferred Savings Plan:

We were engaged to audit the accompanying statement of net assets available for benefits of the ARINC, Inc. Tax Deferred Savings Plan (the Plan) as of December 31, 2009 and the related statement of changes in net assets available for benefits for the year then ended and the supplemental Schedule H, line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the plan as of December 31, 2008 were audited by other auditors. Their report, dated October 15, 2009, expressed an unqualified opinion on the financial statements taken as a whole.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 2009 financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and supplemental schedule that we did not audit, we were unable to and do not express an opinion on the accompanying 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

October 11, 2010

KPMG LLP is a Delaware limited liability partnership, the U.S. member firm of KPMG International Cooperative ("KPMG International"), a Swiss entity.

ARINC, INC. TAX DEFERRED SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	2009	2008
Investments, at fair value (note 4)		
Registered investment companies, as certified by trustee	$ 259,921,410	184,054,159
Interest in ARINC Incorporated Master Defined Contribution Trust (note 5)	56,928,741	55,443,196
	316,850,151	239,497,355
Loans to participants, as certified by trustee	5,276,779	4,321,265
Net assets reflecting all investments at fair value	322,126,930	243,818,620
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(1,094,359)	2,413,210
Net assets available for benefits	$ 321,032,571	246,231,830

See accompanying notes to financial statements.

ARINC, INC. TAX DEFERRED SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2009

Additions:		
Investment income (note 4)		
Interest and dividends	$	6,905,261
Net appreciation in fair value of investments		52,278,537
Interest in ARINC Incorporated Master Defined Contribution Trust investment income (note 5)		2,232,622
		61,416,420
Contributions:		
Employee contributions		17,526,492
Employer contributions:		17,308,751
Rollover contributions		1,604,991
		36,440,234
Total additions		97,856,654
Deductions:		
Benefits paid to participants or beneficiaries		22,902,637
Deemed distributions of participant loans		14,479
Administrative expenses		138,797
Total deductions		23,055,913
Net increase in net assets available for benefits		74,800,741
Net assets available for benefits, beginning of year		246,231,830
Net assets available for benefits, end of year	$	321,032,571

See accompanying notes to financial statements.

(1) Description of the Plan

(a) General

The following description of the ARINC, Inc. Tax Deferred Savings Plan is provided for general purposes only. Participants should refer to the Plan document for more complete information. The ARINC, Inc. Tax Deferred Savings Plan (the Plan) is a defined contribution plan, established in 1985 and qualified under the Employee Retirement Income Security Act of 1974 (ERISA), for the benefit of all eligible employees of ARINC Incorporated and its subsidiaries (collectively, the Company).

The Plan is intended to encourage savings by employees, assist them in meeting major financial needs and supplementing retirement benefits, and induce them to remain in the employment of the Company. A description of the Plan Agreement, including information regarding vesting, contributions, benefits and participant loans, is available in the Summary Plan Description booklet issued to all Plan participants.

The authority to manage, control and interpret the Plan is vested in the Company's Pension Committee, appointed by the Company's Board of Directors.

Effective January 1, 2008, the Company amended the ARINC Managed Services LLC 401(k) Plan and the ARINC Companies Tax Deferred Savings Plan, both sub-plans of the ARINC, Inc. Tax Deferred Savings Plan, to eliminate make-up matching contributions.

On December 15, 2008, ARINC Technical Services LLC became a participating employer in the ARINC Managed Services LLC 401(k) Plan, a sub-plan of the ARINC, Inc. Tax Deferred Savings Plan. Additionally, the ARINC Managed Services LLC 401(k) Plan was renamed the ARINC Managed & Technical Services 401(k) Plan. Employees of ARINC Technical Services LLC are considered eligible employees of the ARINC Managed & Technical Services 401(k) Plan as of their date of hire with ARINC Technical Services LLC. The ARINC Companies Tax Deferred Savings Plan, also a sub-plan of the ARINC, Inc. Tax Deferred Savings Plan was amended to exclude employees of ARINC Technical Services LLC from participating.

(b) Eligibility

All employees of the Company, including part-time employees, are eligible to participate on the first day of the month following their date of hire.

(c) Contributions

Participants may contribute to the Plan subject to limitations imposed by the Internal Revenue Code (IRC) and by the Pension Committee, which were up to $16,500 ($22,000 if age 50 or older) for the year ended December 31, 2009. Union participants may contribute up to 18% and 10% of their pre-tax annual compensation for non-highly compensated employees and highly compensated employees, respectively. Non-union participants may contribute up to 40% and 11% of their pre-tax annual compensation for non-highly compensated employees and highly compensated employees, respectively. Participants may also contribute amounts representing rollovers from other qualified plans. Contributions are subject to other IRC limitations.

Effective April 1, 2006 through April 30, 2009, participants in the ARINC Companies Tax Deferred Savings Plan received a profit sharing contribution equal to 3% of eligible compensation. Beginning May 1, 2009 the profit sharing contribution was replaced with a safe harbor matching contribution equal to 100% of the first 3% of eligible compensation that a participant contributes to the Plan plus 50% of participant contributions between 3 and 5% of eligible compensation. In addition, effective April 1, 2006 these participants receive an age-based profit-sharing contribution equal to a percentage of his or her eligible compensation. The age-based profit-sharing contribution percentage is based on the participant's age at the beginning of the applicable Plan year in accordance with the following age-based contribution schedule:

Age at the Beginning of the Plan Year	Contribution percentage (until April 30, 2009)	Contribution percentage as of May 1, 2009
Under 25	2.0%	2.0%
25 – 29	2.3	2.0
30 – 34	3.1	2.0
35 – 39	4.0	2.2
40 – 44	5.2	2.9
45 – 49	6.5	3.7
50 – 54	8.3	4.7
55 – 59	10.1	5.6
60 and over	11.6	6.4

Participants in the ARINC Managed Services LLC 401(k) Plan receive a profit sharing contribution equal to 3% of eligible compensation and a matching contribution equal to 100% up to the first 2.5% of eligible compensation.

(d) Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings, and is charged with an allocation of administrative expenses, if applicable. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(e) Vesting

Participants are immediately vested in their contributions and actual earnings thereon. Union employees are not eligible to receive employer contributions. ARINC Companies Tax Deferred Savings Plan participants are 100% vested in the safe harbor matching contribution. Participants in the ARINC Managed Services LLC 401(k) Plan are always 100% vested in their profit sharing contribution. In addition, non-union employees employed on December 31, 1998, became immediately vested in the Company matching contribution. For non-union employees who began employment on or after January 1, 1999, vesting of employer matching contributions was based on years of service as follows:

Years of service	Vesting percentage
Less than 1	0%
1	20
2	40
3	60
4	80
5	100

Participants who receive an age-based profit-sharing contribution vest as follows:

Years of service	Vesting percentage
Less than 1	0%
1	20
2	40
3	60
4	80
5	100

A year of service is based on a Plan year in which the participant is credited with one full year of service. Non-union participants will automatically vest 100% in their employer contributions account upon the earlier of their normal retirement age (65), disability or death.

(f) Forfeitures

Forfeitures of Company matching and profit-sharing contributions are used to reduce future Company contributions, fund the restoration of forfeitures, and pay administrative expenses of the Plan at the discretion of the Plan Administrator. Forfeitures used to reduce Company contributions during the year ended December 31, 2009 totaled $262,316. Forfeitures used to pay administrative expenses of the Plan totaled $133,081 during the year ended December 31, 2009. Forfeitures available at December 31, 2009 and 2008 totaled $604,404 and $416,169, respectively.

(g) Benefit Payments

Participants or their beneficiaries are eligible for distributions upon termination, retirement, death or disability. Participants (or designated beneficiaries) may be paid the vested amounts due to them in a lump sum or in an annuity. Members or beneficiaries with account balances less than or equal to $1,000 are required to receive the distribution in a single lump-sum payment. Participants may also receive hardship withdrawals for reasons of financial hardship.

(h) Loans to Participants

Participants may borrow from their account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested participant account. Loans used to purchase a primary residence may be repaid over ten years. Loans for all other purposes must be repaid in 5 years. The loans are secured by the balance in the participant's account and bear interest at prime plus 1%. Principal and interest is paid ratably through payroll deductions.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles.

As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AlCPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans* (the FSP), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by the FSP, the statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Certain reclassifications have been made to the prior year's financial statements to conform to the current year presentation.

(b) New Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board (FASB) issued ASU No. 2010-06, *Fair Value Measurements and Disclosures (Topic 820): Improving Disclosures about Fair Value Measurements.* ASU No. 2010-06 outlines certain new disclosures and clarifies some existing disclosure requirements about fair value measurement as set forth in Accounting Standards Codification (ASC) Topic 820-10. ASU No. 2010-06 amends ASC Topic 820-10 to now require that (a) a reporting entity disclose separately the amounts of significant transfers in and out of Level l and Level 2 fair value measurements and describe the reasons for the transfers; and (b) in the

reconciliation for fair value measurements using significant unobservable inputs, a reporting entity should present separately information about purchases, sales, issuances, and settlements. In addition, ASU No. 2010-06 clarifies existing disclosures on (a) how a reporting entity should provide fair value measurement disclosures for each class of assets and liabilities, and (b) how a reporting entity should provide disclosures about the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements. ASU No. 2010-06 is effective for the Plan in 2010, except for the disclosures about purchases, sales, issuances, and settlements in the roll forward of activity in Level 3 fair value measurements. These disclosures will be effective for the Plan in 2011. This is not expected to materially impact the Plan.

(c) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and assumptions.

(d) Investment Valuation and Income Recognition

Investments in registered investment companies are based on quoted market information.

Investments in the ARINC Incorporated Master Defined Contribution Trust (Master Trust) are reported at fair value. Short term investments are reported at cost, which approximates fair value. Fixed income securities, including asset-backed securities, commercial mortgage-backed securities and collateralized mortgage obligations are valued using quotes from independent pricing vendors. Common and collective trusts are valued at the Net Asset Value (NAV) of shares held by the Plan at year-end and are primarily comprised of indexed funds and a stable value fund. There are no known commitments or restrictions on the common and collective trusts except for some withdrawal restrictions as it relates to liquidation by the Plan Sponsor. The Plan Sponsor has no plans to liquidate these funds. Synthetic investment contracts are investment contracts that limit potential losses, if any, in the fixed assets securities portfolio. The contract is termed a “wrap” since it is based on the fair value of the underlying fixed asset securities. The wrap agreements are stated at fair value based on rebid or replacement cost based upon fluctuations in the fair value of the fixed income securities.

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

(e) Payment of Benefits

Benefit payments are recorded when paid.

(f) Investment Manager

Since April 2, 2007, Fidelity Investments Institutional Operations Company, Inc. has served as the transfer agent and record keeper for the Plan. Fidelity Management Trust Company (FMTC) serves as the trustee for the Plan. The assets of the Plan are and have been managed by: Standish Mellon

Asset Management LLC Asset Advisors (Standish Mellon), a wholly owned subsidiary of Bank of NY Mellon Corporation (formerly Mellon Bank); Mellon HR Solutions (Mellon HR), an indirect wholly owned subsidiary of Bank of NY Mellon Corporation (formerly Mellon Bank); Alger; American Funds; Columbia; Davis; Fidelity; First Pacific Advisors, Inc. (FPA Capital); Franklin; Goldman Sachs; Hotchkis & Wiley; ING; Janus; JP Morgan; Julius Baer; Legg Mason; Munder; Northern Institutional; Nuveen; PIMCO; Ranier; Royce; and Vanguard.

(g) Administrative Expenses

The Company has the authority to require the Plan to pay administrative expenses of the Plan.

(h) Participant Loans

Participant loans are reported at amortized cost.

(3) Financial Information Certified by the Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained certifications from FMTC as of, and for the year ended December 31, 2009, that information included in the accompanying financial statements relating to the Plan's investments and related investment income, and all information in the supplemental schedule except for the fair value of the stable value fund and the adjustment from fair value to contract value for the stable value fund is complete and accurate and presented solely upon reliance of those certifications.

(4) Investments

The information summarized below and the related information set forth in the financial statements and supplemental schedule; except for the fair value of the stable value fund and the adjustment from fair value to contract value for the stable value fund as of and for the year then ended has been certified by the trustee. The 2008 information was audited by other auditors. The individual investments, at fair value, representing five percent or more of the Plan's net assets available for benefits are as follows:

	December 31	
	2009	**2008**
Fidelity Investments Freedom 2020 Fund	$ 20,225,163	14,481,653
Fidelity Investments Freedom 2025 Fund	22,527,288	14,944,266
Fidelity Investments Freedom 2030 Fund	16,472,818	*
FPA Capital Fund, Inc.	34,244,707	21,800,605
Artio International Equity I Fund	22,098,400	19,389,616

* Represents less than 5% of net assets available for benefits.

(Continued)

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $52,278,537 as follows:

	2009
Registered investment companies	$ 52,278,537

(5) ARINC Incorporated Master Defined Benefit Trust

Effective October 1, 1990, the Company created the Master Trust. Fidelity Management Trust Company serves as the custodian and trustee of the Master Trust. The Plan has a 100% interest in the Master Trust's net assets as of December 31, 2009 and 2008.

The Plan's interest in the Master Trust, at fair value, is as follows:

	December 31	
	2009	2008
Other receivables	$ 284,597	124,510
Investments, at fair value:		
Interest-bearing cash	4,892,211	5,468,558
Fixed income securities	23,240,402	—
Common and collective trusts	28,692,674	720,502
Synthetic investment contract wrapper	61,994	—
Corporate debt instruments	—	49,133,327
Total investments, at fair value	56,887,281	55,322,387
Other liabilities	(243,137)	(3,701)
Interest in ARINC Incorporated Master Defined Contribution Trust, at fair value	$ 56,928,741	55,443,196

Total investment income earned by the Master Trust is as follows:

	Year ended December 31, 2009
Net appreciation in fair value of investments	
Fixed income securities	$ 1,171,065
Common and collective trusts	1,139,774
	2,310,839
Interest and dividends	69,793
Less administrative expenses	(148,010)
	$ 2,232,622

(Continued)

(6) Fair Value Measurements

The Plan adopted Financial Accounting Standards Board (FASB) ASC 820, Fair Value Measurements and Disclosures (ASC 820) effective January 1, 2008. ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level l measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level l Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets.

Level 2 Inputs to the valuation methodology include quoted prices for similar instruments in active markets: quoted prices for identical or similar instruments in inactive markets, and model derived valuations whose significant inputs are observable.

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

The instruments fair value measurement level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The table below presents the Plan's investable assets as of December 31, 2009, aggregated by the three-level hierarchy:

	December 31, 2009	Level 1	Level 2	Level 3
Assets:				
Registered investment companies	$ 259,921,410	259,921,410	—	—
Total	$ 259,921,410	259,921,410	—	—

	December 31, 2008	Level 1	Level 2	Level 3
Assets:				
Registered investment companies	$ 184,054,159	184,054,159	—	—
Total	$ 184,054,159	184,054,159	—	—

(Continued)

Master Trust

The table below presents the Plan's Master Trust's investable assets as of December 31, 2009 aggregated by the three-level value hierarchy:

	December 31, 2009	Level 1	Level 2	Level 3
Assets:				
Cash and cash equivalents	$ 4,892,211	4,892,211	—	—
Fixed income securities	23,240,402	—	23,240,402	—
Common and collective trusts	28,692,674	—	28,692,674	—
Synthetic investment contract wrapper	61,994	—	—	61,994
Total	$ 56,887,281	4,892,211	51,933,076	61,994

The table below presents the Plan's Master Trust's investable assets as of December 31, 2008, aggregated by the three-level hierarchy:

	December 31, 2008	Level 1	Level 2	Level 3
Assets:				
Cash and cash equivalents	$ 5,468,558	5,468,558	—	—
Corporate debt instruments	49,133,327	24,484,114	24,595,842	53,371
Common collective trust	720,502	—	720,502	—
Total	$ 55,322,387	29,952,672	25,316,344	53,371

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009:

Balance January 1	$ 53,371
Purchase, sales, issuances and settlements (net)	8,623
Balance at end of year	—
	$ 61,994

(7) Synthetic Investment Contracts

The Plan enters into synthetic investment contracts (SICS) with certain insurance companies and financial institutions (the Contract Issuers). Under these SICS, the Plan enters into a wrap agreement with a financial institution at a stated yield on fixed income securities purchased by the Plan.

(Continued)

There are no reserves against contract value for credit risk of the contract issuers or otherwise. The crediting interest rates are based on a formula agreed upon with the issuers, but it may not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting.

The relationship of future crediting rates and the adjustment to contract value reported in the statement of net assets available for benefits is provided through the mechanism of the crediting rate formula. The difference between the contract value and the fair market value of the investments of each contract is periodically amortized into each contract's crediting rate.

Key factors that could influence future average interest crediting rates include, but are not limited to, plan cash flows, changes in interest rates, total return performance of the fair market value bond strategies underlying each SIC or other investments held by the fund, or the initiation of an extended termination of one or more SIC contracts by the manager or the Contract Issuer.

Certain events limit the ability of the Plan to transact at contract value with the issuers. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Contract issuers are not allowed to terminate the agreements prior to the scheduled maturity date.

The following are the average yields of the guaranteed investment contracts for the years ended December 31:

		2009	2008
Average yields:			
Based on actual earnings	$	3.77%	4.61%
Based on interest rate credited to participants		3.92	4.54

(Continued)

The following table presents the fair value, contract value adjustments to contract value and major credit ratings for each of the SICS and wrapper contracts held by the plan as of December 31, 2009 and 2008:

	Major credit ratings		Investments at fair value	Wrapper contracts at fair value	Adjustment to contract value
Bank of America, N.A. (03-055)	AAA+/Aaa	$	9,965,959	12,528	(414,991)
Monumental Life (Aegon) (MDAOO921TR)	AAA+/Aaa		4,193,655	3,864	(143,803)
NATIXIS (1234-01)	AAA+/Aa1		9,329,416	2,723	(92,966)
Rabobank (ARN080601)	AAA+/Aa1		8,177,669	23,923	(84,531)
State Street Bank (104048)	AAA+/Aa1		10,394,508	15,168	(116,373)
ING Life & Annuity Co.	AAA+/Aaa		9,080,788	3,788	(230,162)
Total		$	51,141,995	61,994	(1,082,826)

Investment contracts with insurance companies are as follows as of December 31, 2008:

	Major credit ratings		Investments at fair value	Wrapper contracts at fair value	Adjustment to contract value
Bank of America, N.A. (03-055)	AAA+/Aaa	$	12,457,232	6,771	261,135
Monumental Life (Aegon) (MDAOO921TR)	AAA+/Aaa		6,259,784	7,005	3,027
NATIXIS (1234-01)	AAA+/Aa1		8,225,400	9,417	623,013
Rabobank (ARN080601)	AAA+/Aa1		7,205,989	11,001	567,181
State Street Bank (104048)	AAA+/Aa1		9,164,453	13,986	689,320
ING Life & Annuity Co.	AAA+/Aaa		5,767,098	5,191	237,527
Total		$	49,079,956	53,371	2,381,203

(8) Tax Status

The Plan obtained its latest determination letter on June 4, 2006, in which the IRS stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe the Plan is currently being operated in compliance with the applicable requirements of the IRC.

(9) Party-in-Interest Investments

During the year ended December 31, 2009, the assets of the Plan invested in the ARINC Incorporated Master Defined Contribution Trust, the Bank of NY Mellon (formerly Mellon Bank), and Fidelity Investments Institutional Operations Company, Inc. All loans from the Plan are made to Plan participants. The Company provides the Plan with certain accounting and administrative services for which no fees are charged. All such transactions qualify as party-in-interest transactions.

(Continued)

(10) Risks and Uncertainties

The Plan provides for investments in funds that, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities may occur and could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

(11) Subsequent Events

Management has evaluated all subsequent events and transactions through October 11, 2010, the date the financial statements were issued. The Plan did not have any material recognizable subsequent events during the period.

ARINC, INC. TAX DEFERRED SAVINGS PLAN

Plan Sponsor: ARINC Incorporated

Plan Sponsor EIN: 53-0023720

Plan Number: 005

Schedule H, Line 4(i) – Schedule of Assets (Held at end of Year)

December 31, 2009

Identity of issue	Description of investment	Fair value
American Funds EuroPacific Growth Fund Class 5	Registered investment company	$ 7,643,722
American Funds Growth Fund of America Fund Class R5	Registered investment company	8,237,593
American Funds Fundamental Investors Fund R5	Registered investment company	1,638,034
Artio International Equity I Fund	Registered investment company	22,098,400
BlackRock Equity Dividend I Fund	Registered investment company	2,548,981
New York Venture Fund Class Y Fund	Registered investment company	10,495,034
PIMCO Total Return Fund	Registered investment company	12,780,888
Ranier Small/Mid Cap Class I Fund	Registered investment company	5,238,658
Fidelity Investments Freedom Income Fund	Registered investment company	636,754
Fidelity Investments Freedom 2000 Fund	Registered investment company	2,234,172
Fidelity Investments Freedom 2005 Fund	Registered investment company	2,875,155
Fidelity Investments Freedom 2010 Fund	Registered investment company	11,177,933
Fidelity Investments Freedom 2015 Fund	Registered investment company	15,529,288
Fidelity Investments Freedom 2020 Fund	Registered investment company	20,225,163
Fidelity Investments Freedom 2025 Fund	Registered investment company	22,527,288
Fidelity Investments Freedom 2030 Fund	Registered investment company	16,472,818
Fidelity Investments Freedom 2035 Fund	Registered investment company	8,268,719
Fidelity Investments Freedom 2040 Fund	Registered investment company	5,450,505
Fidelity Investments Freedom 2045 Fund	Registered investment company	2,621,566
Fidelity Investments Freedom 2050 Fund	Registered investment company	1,311,867
FPA Capital Fund, Inc.	Registered investment company	34,244,707
Nuveen Tradewinds Value Opportunity Fund class R	Registered investment company	12,220,124
Royce Value Plus Fund Service class	Registered investment company	6,991,748
Total Bond Market Index Fund	Registered investment company	11,750,621
Institutional Index Fund-Institutional Shares	Registered investment company	14,701,672
ARINC Incorporated Master Defined Contribution Trust	Interest in ARINC Incorporated Master Trust	55,834,382
Participant loans*	Interest rates ranging from 4.25% to 10.50%, terms ranging from 1 to 10 years	5,276,779
Total		$ 321,032,571

* Denotes party-in-interest

See accompanying independent auditors' report.