

<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>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>
B	This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 01/01/1994
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) INTERMEC, INC. 6001 36TH AVENUE WEST EVERETT, WA 98203-1264	2b Employer Identification Number (EIN) 95-4647021 2c Sponsor's telephone number 425-348-2600 2d Business code (see instructions) 334110

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.	10/16/2010	FRANK MCCALLICK
	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") INTERMEC, INC. 6001 36TH AVENUE WEST EVERETT, WA 98203-1264	3b Administrator's EIN 95-4647021 3c Administrator's telephone number 425-348-2600
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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	2903
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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	132
b Retired or separated participants receiving benefits.....	6b	19
c Other retired or separated participants entitled to future benefits.....	6c	2352
d Subtotal. Add lines 6a , 6b , and 6c	6d	2503
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	11
f Total. Add lines 6d and 6e	6f	2514
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	2511
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:
 2F 2H 2J 2K 3H

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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 INTERMEC, INC.	D Employer Identification Number (EIN) 95-4647021

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
FIDELITY INVESTMENTS INSTITUTIONAL
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)

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

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

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

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

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

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

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

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

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

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

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

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
ABF SM CAP VAL INV - STATE STREET	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.
ABF SM CAP VAL INV - STATE STREET	0.35%
04-1867445	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AF GRTH FUND AMER A - AMERICAN	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 GRTH FUND AMER A - AMERICAN	0.25%
95-2566717	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CLIPPER FUND	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.
CLIPPER FUND	0.15%
04-2526037	

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
COLUMBIA ACORN Z - COLUMBIA	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.
COLUMBIA ACORN Z - COLUMBIA	0.35%
04-2838628	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARBOR CAP APPR INST - HARBOR	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.
HARBOR CAP APPR INST - HARBOR	0.10%
34-1953399	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OAKMARK INTL I - BOSTON FINANCIAL	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.
OAKMARK INTL I - BOSTON FINANCIAL	0.35%
04-2526037	

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
OAKMARK SELECT I - BOSTON FINANCIAL	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.
OAKMARK SELECT I - BOSTON FINANCIAL 04-2526037	0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIMCO TOT RETURN ADM - BOSTON FIN.	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.
PIMCO TOT RETURN ADM - BOSTON FIN. 04-2526037	.025%

(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:

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.
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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 INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM	B Three-digit plan number (PN) ► 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 INTERMEC, INC.	D Employer Identification Number (EIN) 95-4647021

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MANAGED INCOME PORTFOLIO II

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN 04-3022712-025	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10506017
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**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) 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 <u>INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM</u>	B Three-digit plan number (PN) <u>002</u>
	C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERMEC, INC.</u>
D Employer Identification Number (EIN) <u>95-4647021</u>	

Part I	Asset and Liability Statement
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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)	995809	416502
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15957818	13562602
(2) U.S. Government securities.....	1c(2)	37706609	28150226
(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)	39047815	49271980
(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)	292971	178119
(9) Value of interest in common/collective trusts.....	1c(9)	12285964	10506017
(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)	70171395	85999129
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	176458381	188084575

Liabilities

g Benefit claims payable	1g	0	47366
h Operating payables	1h	654038	0
i Acquisition indebtedness	1i		
j Other liabilities	1j	84406	252994
k Total liabilities (add all amounts in lines 1g through 1j)	1k	738444	300360

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	175719937	187784215
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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)	197521	
(B) Participants	2a(1)(B)	1492283	
(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)		1689804

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1571830	
(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)	13258	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1585088

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	932090	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1717043	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2649133

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	51281025	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	50062860	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1218165

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	7488999	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		7488999
(6) Net investment gain (loss) from common/collective trusts	2b(6)		583410
(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)		22518620
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		37733219

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25359659	
(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)		25359659
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		-23147
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	17461	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	306297	
(4) Other	2i(4)	8671	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		332429
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		25668941

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12064278
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: GRANT THORNTON LLP

(2) EIN: 36-6055558

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		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERMEC, INC.</u>	D Employer Identification Number (EIN) <u>95-4647021</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): <u>04-6568107</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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): _____

Intermec
Financial Security and Savings Program

*Financial Statements as of and for the Years Ended
December 31, 2009 and 2008, and
Supplemental Schedules as of and for the Year Ended
December 31, 2009*

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

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Report of Independent Certified Public Accountants

To The Retirement Plan Committee of
Intermec Financial Security and Savings Program

We were engaged to audit the accompanying statements of net assets available for benefits of the Intermec Financial Security and Savings Program (the "Plan") as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management.

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 information summarized in Note 4, 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 financial statements and supplemental schedules. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified 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.

Grant Thornton LLP

Seattle, Washington
October 14, 2010

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ASSETS:		
Investments—at fair value		
Mutual funds	\$ 85,999,129	\$ 70,171,395
Common stock	49,271,980	39,047,815
U.S. Government & agencies obligations	28,150,226	37,706,609
Cash and cash equivalents	13,562,602	15,957,818
Common/collective trusts	10,506,017	12,285,964
Participant loans	178,119	292,971
	<u>187,668,073</u>	<u>175,462,572</u>
Total Investments	187,668,073	175,462,572
Receivables:		
Dividends, interest and other receivables	416,502	523,410
Due from brokers for securities sold	-	472,399
	<u>416,502</u>	<u>995,809</u>
Total receivables	416,502	995,809
Total assets	188,084,575	176,458,381
LIABILITIES:		
Due to brokers for securities purchased	-	481,580
Benefit claims payables	47,366	-
Accrued administrative expenses	252,994	256,864
	<u>300,360</u>	<u>738,444</u>
Total liabilities	300,360	738,444
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	<u>187,784,215</u>	<u>175,719,937</u>
Adjustment from fair value to contract value for interest in collective trust related to fully benefit-responsive investment contracts	<u>131,999</u>	<u>498,569</u>
NET ASSETS AVAILABLE FOR BENEFITS AT CONTRACT VALUE	<u>\$ 187,916,214</u>	<u>\$ 176,218,506</u>

The accompanying notes are an integral part of these financial statements.

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ADDITIONS:		
Investment gain:		
Net appreciation (depreciation) in fair value of investments	\$ 31,442,623	\$ (62,104,782)
Dividends and interest	4,234,222	3,866,885
	<u>35,676,845</u>	<u>(58,237,897)</u>
Total investment gain (loss)		
Contributions:		
Employee	1,492,283	2,090,893
Employer	197,521	244,279
	<u>1,689,804</u>	<u>2,335,172</u>
Total contributions		
Total additions (deductions)	37,366,649	(55,902,725)
DEDUCTIONS:		
Withdrawals by participants	25,336,512	23,628,578
Administrative expenses	332,429	478,421
	<u>25,668,941</u>	<u>24,106,999</u>
Total deductions		
NET CHANGE	11,697,708	(80,009,724)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	176,218,506	256,228,230
	<u>176,218,506</u>	<u>256,228,230</u>
End of year	<u>\$ 187,916,214</u>	<u>\$ 176,218,506</u>

The accompanying notes are an integral part of these financial statements.

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

NOTES TO FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2009 AND 2008

1. DESCRIPTION OF THE PLAN

The following description of the Intermec (the “Company” or “Plan Sponsor”) Financial Security and Savings Program (“FSSP” or the “Plan”) provides only general information. Participants should refer to the FSSP documents for a more complete description of the FSSP’s provisions.

General—The FSSP is a defined contribution plan that was spun off from and is a continuation of the Western Atlas, Inc. Financial Security and Savings Program, effective November 1, 1997, as a result of Western Atlas, Inc.’s decision to spin off the Industrial Automation Systems and the Automated Data Systems segments into a new, publicly traded company, Intermec, Inc.

On June 30, 2006, the Plan Sponsor introduced a new retirement plan program (Intermec 401(k)). Effective June 30, 2006, the majority of plan participants became 100 percent vested and were transferred to the new Intermec 401(k). Certain employees who meet the Rule of 70 (age + years of service is equal to or greater than 70) on June 30, 2006, continue to be eligible to participate in the FSSP but are not be eligible to participate in the new Intermec 401(k).

The FSSP covers each employee who is not eligible to participate in any other defined contribution plan sponsored by an affiliate company, and who is not covered under a collective bargaining agreement (unless such collective bargaining agreement specifically provides for participation in the Plan), and meets the Rule of 70 criteria. The employee shall be eligible to enroll in the Plan on the first day of employment or reemployment with the Employer, unless otherwise provided in a supplement to the Plan applicable to the participating employer by which such employee is employed. The FSSP is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Contributions—The FSSP is composed of an FSSP Part I Account and an FSSP Part II Account. Participants may deposit from 1% to 4% of their annual compensation into their FSSP Part I Account. A participant’s FSSP Part I Account deposits provide the basis for determining the extent to which the participant is entitled to receive a pension under the Company’s other retirement plans. Participants who deposit 4% of their annual compensation into their FSSP Part I Account may deposit an additional 1% to 71% of their annual compensation into their FSSP Part II Account. FSSP Part II Account deposits receive a 50% Company matching contribution up to the first 4% of their Part II Account deposits. The aggregate amount of contributions for any plan year to the FSSP is subject to the maximum under the Internal Revenue Code (the “Code”), as amended; such maximum for 2009 is \$16,500, with an additional \$5,500 of catch-up available for participants over 50 years old.

A participant may change the contribution percentage rate on a daily basis.

Participant Accounts—Each participant’s account is credited with the participant’s contributions and allocations of (a) the Company’s matching contribution and (b) investment earnings, net of administrative expenses. Allocations are based on participant contributions or account balances as defined in the Plan. Forfeited balances of terminated participants’ nonvested accounts are used to reduce subsequent Company matching contributions.

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

NOTES TO FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2009 AND 2008

Vesting—Participants are immediately vested in their contributions plus investment earnings thereon. Vesting in the Company's matching contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants are 25% vested after two full years of service and receive an additional 25% vesting for each full year of service thereafter until 100% vesting is attained after five full years of service. Full vesting also occurs if a participant (while in the employment of the Company) dies or becomes totally disabled or terminates employment on or after his or her 65th birthday. Due to the partial Plan freeze, all participants were granted 100% vesting on June 30, 2006.

Investment Options— FSSP Part I Account deposits are invested solely in a retirement fund managed by Institutional Capital Corporation (Intermec Retirement Fund). These amounts represent non-participant directed funds and are guaranteed a return of not less than five percent compounded annually, with any returns less than five percent to be provided by the Intermec Pension Plan.

FSSP Part II Account and Company matching contributions are invested, as designated by the participant, in one or more various investment funds currently available under the Plan.

Participants may change the allocation of future contributions among the funds daily. Participants may also transfer existing account balances between such funds on a daily basis. Participants may make changes in allocation or transfers on a daily basis.

Loans to Participants—Active participants may borrow from their vested FSSP Part II Accounts to a maximum amount of the lesser of 50% of such account balances or \$50,000. The interest rate on such loans is the lowest prime rate published in *The Wall Street Journal* on the day the loan is processed. At December 31, 2009, interest rates on participant loans receivable ranged from 4% to 10% per annum. Loans to participants are recorded at cost, which approximates fair value.

FSSP loan repayments are made by means of payroll deductions. The maximum repayment period for a loan is 15 years if the proceeds are used to purchase the participant's principal residence; otherwise, the maximum repayment period for a loan is four years. The entire balance may be repaid at any time.

Payment of Benefits—Upon termination of service, Part I Account contributions are required to be paid either as a single lump sum or may be rolled over into the Intermec Pension Plan. The Part II Accounts may be paid out, rolled over into other plans, or maintained in the FSSP. Amounts under \$5,000 are required to be paid out as lump-sum distributions.

Forfeited Amounts—At December 31, 2009 and 2008, forfeited accounts totaled \$106,057 and \$72,305, respectively. Amounts in the forfeiture accounts are used to offset employer contributions on an ongoing basis.

Administrative Expenses— All major administrative expenses of the Plan are paid by the Plan unless otherwise paid by the Company, at the Company's discretion. Certain administrative expenses are paid to the Plan Sponsor. Fees paid to the Plan Sponsor were \$1,238 and \$8,228 in 2009 and 2008, respectively.

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

NOTES TO FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2009 AND 2008

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The financial statements of the FSSP have been prepared in accordance with accounting principles generally accepted in the United States of America.

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. The Plan invests in investment contracts through a collective trust. The Statement of Net Assets Available for Benefits presents the fair value of the investment in the collective trust as well as the adjustment of the investment in the collective trust from fair value to contract value relating to the investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition—The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in fair value is the net gain or loss on disposition of investments plus the net unrealized increase or decrease in fair value during the year of investments held at year-end.

New Accounting Standards— In April 2009, FASB Staff Position 157-4, "Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly" (FSP), was issued and later codified into ASC 820. The FSP expanded disclosures and required that major category for debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and risks of the investments. The Plan adopted this guidance effective for the year ending December 31, 2009. The adoption did not have a material impact on the Plan's financial statements.

In September 2009, the FASB issued guidance which is effective for the first reporting period ending after December 15, 2009. The guidance permits, as a practical expedient, an entity holding investments in certain entities that calculate net asset value per share or its equivalent for which the fair value is not readily determinable, to measure the fair value of such investments on the basis of that net asset value per share or its equivalent without adjustment. The guidance also expands the required disclosures for certain investments with a reported net asset value (NAV). Such disclosures include the nature of any restrictions on an investor's ability to redeem its investments at the measurement date, any unfunded commitments, and the investment strategies of the investee. The Plan has adopted the new guidance for the year ended December 31, 2009. The adoption did not have a material impact on the fair value determination and disclosure of applicable investments. The adoption had no impact on the statements of net assets available for benefits and statement of changes in net assets available for benefits.

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NOTES TO FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2009 AND 2008

In January 2010, new guidance clarifies and requires new disclosures about fair value measurements. The clarifications and requirements to disclose the amounts and reasons for significant transfers between Level 1 and Level 2, as well as significant transfers in and out of Level 3 of the fair value hierarchy is effective for periods beginning after December 15, 2009. The new guidance also requires that purchases, sales, issuances and settlements be presented gross in the Level 3 reconciliation and that requirement is effective for years beginning after December 15, 2010. Levels 1, 2 and 3 of fair value measurements are defined in Note 5. The Plan is currently evaluating the impact of its pending adoption on the Plan's financial statements.

In September 2010, the FASB issued guidance clarifying the classification and measurement of participant loans by defined contribution pension plans. The clarification requires participant loans of a defined contribution pension plan to be classified as notes receivable from participants and measured at their unpaid principal balance, plus any accrued but unpaid interest. Currently, participant loans are classified as investments and measured at fair value. The new guidance is effective for fiscal years ending after December 15, 2010 and must be applied retrospectively, with early adoption permitted. Plan management does not expect that the adoption of this new guidance will have a material impact on the Plan's net assets, as the fair value of the participant loans currently reported approximates the carrying value of the participant loans.

Use of Estimates—The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for Plan benefits and changes therein. Actual results could differ from those estimates.

Benefit Payments—Benefits are recorded when paid upon termination of service or disability as defined in the Plan document. In the event of death, the spouse or designated beneficiary can elect to receive benefits at a reduced rate based upon elections made at the time of death. Benefits payable to participants who have requested distributions from the FSSP but have not yet been paid are not reflected in the financial statements.

Reclassifications—Certain amounts on the December 31, 2008 financial statements have been reclassified to conform to the current period presentation. These changes had no effect on the statement of net assets available for benefits or the statement of changes in net assets available for changes as previously reported.

3. COLLECTIVE INVESTMENT TRUST

The Fidelity Managed Income Portfolio II (the Fund) is an investment fund option available to participants in the Plan. The Fund is a collective investment trust which includes benefit-responsive guaranteed investment contracts.

As is described in Note 2, because the Fund contains investments that are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Fund. Contract value represents contributions made plus earned income, less

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

NOTES TO FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2009 AND 2008

participant withdrawals. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value plus all earned income up to the date of withdrawal.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The income factor is determined daily based upon the income earned on all investments in the Fund. The average yield was 2.74% and 3.40% for the years ended December 31, 2009 and 2008, respectively. The average yield based on interest rate credited to participants was 1.53% and 3.48% for the years ended December 31, 2009 and 2008, respectively. The crediting interest rate is based on an agreed-upon formula with the issuer, but cannot be less than zero.

4. INFORMATION CERTIFIED BY TRUSTEES (UNAUDITED)

The Plan administrator has obtained certification from Fidelity Management Trust Company (Fidelity), the Trustee of the Plan, that the following unaudited information included in the Plan's financial statements and supplemental schedules is complete and accurate:

- a. Investment assets, as shown in the statement of net assets available for benefits as of December 31, 2009 and 2008.
- b. Trust transactions, including investment income and securities transactions, as shown in the statement of changes in net assets available for benefits for the years ended December 31, 2009 and 2008.
- c. Information included in the supplemental schedule of assets (held at end of year) as of December 31, 2009, the supplemental schedule of assets (acquired and disposed of within year) and the supplemental schedule of reportable transactions for the year ended December 31, 2009.

The Plan administrator elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under the provisions of ERISA, information certified by a trust company or an insurance company need not be subjected to independent audit.

5. FAIR VALUE MEASUREMENTS

FASB Statement No. 157, *Fair Value Measurements*, 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 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB Statement No. 157 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
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INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

NOTES TO FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2009 AND 2008

Level 2	Inputs to the valuation methodology include <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability;• inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Investments classified within level 3 whose fair value measurements consider several inputs may include level 1 or level 2 inputs as components of the overall fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009.

Mutual funds: Valued based on quoted market value of the fund, which represents the net asset value (NAV) of shares held by the Plan at year end.

Money Market funds: Valued at cost, which approximates fair value.

Common stocks and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Common collective trust: Valued using the net asset value of the underlying securities at fair value and the value of the investment contracts (See Note 3).

Participant loans: Valued at outstanding loan balances, which approximate fair value.

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

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

NOTES TO FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2009 AND 2008

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

<u>Asset</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds				
U.S. large cap growth	\$ 2,854,402	\$ -	\$ -	\$ 2,854,402
U.S. large cap blend	41,223,989	-	-	41,223,989
U.S. mid cap value	2,054,553	-	-	2,054,553
U.S. mid cap growth	5,198,651	-	-	5,198,651
U.S. small cap	845,022	-	-	845,022
International equity	7,795,853	-	-	7,795,853
Fixed income	15,552,973	-	-	15,552,973
Lifecycle	10,473,686	-	-	10,473,686
Total mutual funds	85,999,129	-	-	85,999,129
Money Market Account	13,562,602	-	-	13,562,602
Common Stock	49,271,980	-	-	49,271,980
U.S. Government Securities	28,150,226	-	-	28,150,226
Common Collective Trust	-	10,506,017	-	10,506,017
Participant Loans	-	-	178,119	178,119
Total	<u>\$ 176,983,937</u>	<u>\$ 10,506,017</u>	<u>\$ 178,119</u>	<u>\$ 187,668,073</u>

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

NOTES TO FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2009 AND 2008

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

Assets at Fair Value as of December 31, 2008

<u>Asset</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 70,171,395	\$ -	\$ -	\$ 70,171,395
Money Market Account	15,957,818	-	-	15,957,818
Common Stock	39,047,815	-	-	39,047,815
U.S. Government Securities	37,706,609	-	-	37,706,609
Common Collective Trust	-	12,285,964	-	12,285,964
Participant Loans	-	-	292,971	292,971
Total	<u>\$ 162,883,637</u>	<u>\$ 12,285,964</u>	<u>\$ 292,971</u>	<u>\$ 175,462,572</u>

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2009 and 2008. In addition, participant loans are stated at cost, which approximates fair value.

	<u>2009</u>	<u>2008</u>
Balance, beginning of year	\$ 292,971	\$ 343,812
Purchases, sales, issuances, and settlements (net)	<u>(114,852)</u>	<u>(50,841)</u>
Balance, end of year	<u>\$ 178,119</u>	<u>\$ 292,971</u>

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

NOTES TO FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2009 AND 2008

6. INVESTMENTS IN EXCESS OF 5% OF NET ASSETS

The fair values of individual investments that represent 5% or more of the Plan's net assets are as follows as of December 31:

	2009	2008
Intermec Retirement Fund*	\$ 78,946,091	\$ 78,683,519
Fidelity Dividend Growth Fund**	37,091,170	28,266,998
PIMCO Total Return Fund	15,552,973	15,368,952
Fidelity Managed Income Portfolio II**	10,638,016	12,285,963
Fidelity Retirement Money Market **	N/A	9,758,875

*Nonparticipant-directed

**Party in Interest

Information about net assets relating to the nonparticipant-directed investments is as follows as of December 31:

	2009	2008
Cash and cash equivalents	\$ 1,326,365	\$ 1,587,323
U.S. government and agency obligations	28,150,226	37,706,609
Common stocks	49,271,980	39,047,815
Dividends and interest receivable	14,073	491,727
Due from brokers for securities sold	402,429	504,083
Benefit claims payable	(47,366)	-
Due to brokers for securities sold	-	(481,580)
Accrued administrative expenses	(171,616)	(172,458)
	<u>\$ 78,946,091</u>	<u>\$ 78,683,519</u>

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

NOTES TO FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2009 AND 2008

Information about change in net assets relating to the nonparticipant-directed investments is as follows for the year ended December 31:

	2009	2008
	<u> </u>	<u> </u>
Contributions	\$ 557,131	\$ 745,581
Net appreciation (depreciation)	11,123,688	(19,130,765)
Benefit payments	(11,111,196)	(9,329,856)
Administrative expenses	<u>(307,051)</u>	<u>(375,726)</u>
	<u>\$ 262,572</u>	<u>\$ (28,090,766)</u>

7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2009	2008
	<u> </u>	<u> </u>
Net assets available for benefits per the financial statements	\$ 187,916,214	\$ 176,218,506
Less: Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>(131,999)</u>	<u>(498,569)</u>
Net assets available for benefits per the Form 5500	<u>\$ 187,784,215</u>	<u>\$ 175,719,937</u>

The following is a reconciliation of net increase in net assets per the financial statements to the Form 5500:

Total net increase (decrease) in net assets per the financial statements	\$ 11,697,708	\$ (80,009,724)
Less: Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>366,571</u>	<u>(408,760)</u>
Total net increase (decrease) in net assets per the Form 5500	<u>\$ 12,064,279</u>	<u>\$ (80,418,484)</u>

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

NOTES TO FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2009 AND 2008

8. TRANSACTIONS WITH RELATED PARTIES

Certain Plan investments are managed by an entity affiliated with Fidelity Management Trust Company, the trustee of the Plan. These transactions qualify as party-in-interest.

9. FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed Intermec, Inc. by a letter dated March 18, 2003, that the Plan was designed in accordance with applicable sections of the Code. The Plan, which is described in Note 1, was spun off and is a continuation of the Western Atlas, Inc. Financial Security and Savings Program. The Plan has been amended since receiving the determination letter. However, in the opinion of the Plan administrator, the Plan and its related trust are currently operating in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

10. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the FSSP to discontinue its contributions at any time and to terminate the FSSP subject to the provisions of ERISA. In the event of the Plan's termination, participants will become 100% vested in their accounts.

11. RISKS AND UNCERTAINTIES

The Plan utilizes various investment instruments, including U.S. government securities, corporate debt instruments, and corporate stocks. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

12. SUBSEQUENT EVENTS

In accordance with ASC 855, the Company evaluated subsequent events through the date these financial statements were available to be issued, October 14, 2010. The Company is not aware of any subsequent events which would require recognition or disclosure in the financial statements, except effective March 1, 2010 the 401k and FSSP were amended to normalize provisions between the two plans and to merge the FSSP into the 401k. FSSP participants were enrolled in the 401k effective March 1, 2010 subject to provisions of the 401k except for vesting, investment and payment of Part I deposits.

* * * * *

SUPPLEMENTAL SCHEDULES

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

Schedule H, Part IV, Line 4i—Schedule of Assets (Held At End of Year) December 31, 2009

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current value
CASH AND CASH EQUIVALENTS				
* FIDELITY RETIREMENT MONEY MARKET PORTFOLIO			\$ 8,308,468	\$ 8,308,468
* FIDELITY CASH RESERVE			3,927,769	3,927,769
STATE STREET BANK SHORT TERM INVESTMENT FUND			1,326,365	1,326,365
TOTAL CASH AND CASH EQUIVALENTS			<u>13,562,602</u>	<u>13,562,602</u>
U.S. GOVERNMENT AND AGENCY OBLIGATIONS				
U.S. TREASURY BONDS	7.250% 05/15/2016		7,236,096	7,086,926
U.S. TREASURY BONDS	7.250% 08/15/2022		4,080,740	4,210,274
U.S. TREASURY NOTES	1.750% 11/15/2011		3,040,664	3,037,851
U.S. TREASURY NOTES	3.875% 05/15/2018		2,532,234	2,513,093
U.S. TREASURY NOTES	4.250% 11/15/2013		6,033,965	6,832,973
U.S. TREASURY NOTES	5.750% 08/15/2010		4,877,968	4,469,109
TOTAL U.S. GOVERNMENT AND AGENCY OBLIGATIONS			<u>27,801,667</u>	<u>28,150,226</u>
COMMON STOCKS				
ACCENTURE PLC CL A			752,865	784,350
AON CORP			1,073,405	1,023,678
BB&T CORP			1,154,928	1,139,113
CAPITAL ONE FINANCIAL CORP			834,544	1,255,635
CATERPILLAR INC			1,374,824	1,934,811
CORNING INC			930,140	1,068,809
COVIDIEN PLC			1,199,295	1,570,792
CSX CORP			1,315,020	2,085,070
CUMMINA INC			720,963	985,990
HALLIBURTON CO			1,603,438	2,026,501
HEWLETT-PACKARD CO			1,394,607	1,707,556
HONEYWELL INTL INC			1,550,461	2,038,400
INTEL CORP			1,406,775	1,885,980
JOHNSON CONTROLS INC			988,243	1,351,104
JPMORGAN CHASE & CO			1,269,365	1,716,804
LOWES COS INC			1,952,940	2,022,066
MARATHON OIL CORP			1,851,662	1,564,122
MERCK & CO INC NEW			1,432,200	2,199,525
NEWMONT MINING CORP			1,487,180	1,800,145
OCCIDENTAL PETROLEUM CORP			1,163,270	1,753,987
PEPSICO INC			2,771,630	2,717,760
PFIZER INC			2,293,886	2,740,324
SANOFI AVENTIS SPON ADR			2,004,286	2,002,770
TEXAS INSTRUMENTS INC			2,258,038	2,136,920
TEXTRON INC			398,032	487,179
US BANCORP DEL			1,929,037	1,860,451
VIACOM INC CL B			2,076,772	1,651,502
VODAFONE GROUP PLC SPON ADR			1,803,448	1,928,015
WELLS FARGO & CO			1,399,718	1,832,621
TOTAL COMMON STOCK			<u>42,390,972</u>	<u>49,271,980</u>

(Continued)

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

Schedule H, Part IV, Line 4i—Schedule of Assets (Held At End of Year) December 31, 2009

Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
LOANS TO PARTICIPANTS			
* INTERMEC, INC. LOAN POOL		\$ 178,119	\$ 178,119
TOTAL LOANS TO PARTICIPANTS		<u>178,119</u>	<u>178,119</u>
INTEREST IN MUTUAL FUNDS			
* FIDELITY LOW PRICED STOCK		2,111,871	2,054,553
* FIDELITY DIVERSIFIED INTERNATIONAL		3,333,638	2,786,872
* FIDELITY DIVIDEND GROWTH		36,098,063	37,091,170
* FIDELITY MID-CAP STOCK		1,850,021	1,752,051
* FIDELITY FREEDOM INCOME		59,393	58,359
* FIDELITY FREEDOM 2000		139,809	145,596
* FIDELITY FREEDOM 2010		2,396,872	2,383,526
* FIDELITY FREEDOM 2020		2,835,371	2,611,073
* FIDELITY FREEDOM 2030		1,601,315	1,438,399
* FIDELITY SPARTAN US EQUITY INDEX		810,392	797,373
* FIDELITY FREEDOM 2040		313,438	266,008
* FIDELITY FREEDOM 2005		38,303	44,834
* FIDELITY FREEDOM 2015		2,270,570	2,092,933
* FIDELITY FREEDOM 2025		1,131,262	986,010
* FIDELITY FREEDOM 2035		514,772	446,948
PIMCO TOTAL RETURN ADMINISTRATIVE CLASS		15,367,540	15,552,973
COLUMBIA ACORN FUND CLASS Z		3,524,143	3,446,600
CLIPPER FUND		905,110	602,068
HARBOR CAPITAL APPRECIATION		408,497	481,232
OAKMARK SELECT CLASS I		1,416,316	1,264,616
OAKMARK INTERNATIONAL CLASS I		5,160,800	5,008,981
AMERICAN FUNDS GROWTH FUND CLASS A		2,414,927	2,373,170
LONGLEAF PARTNERS		1,733,270	1,468,762
AMERICAN BEACON SMALL CAP VALUE FUND-PLAN AHEAD CLASS		1,009,122	845,022
TOTAL INTEREST IN MUTUAL FUNDS		<u>87,444,815</u>	<u>85,999,129</u>
INTEREST IN COMMON/COLLECTIVE TRUSTS			
* FIDELITY MANAGED INCOME PORTFOLIO II		10,638,016	10,506,017
TOTAL INTEREST IN COMMON/COLLECTIVE TRUSTS		<u>10,638,016</u>	<u>10,506,017</u>
TOTAL INVESTMENTS		<u>\$ 182,016,191</u>	<u>\$ 187,668,073</u>

* PARTY-IN-INTEREST

* INTEREST RATES ON PARTICIPANT LOANS RANGE FROM 4% to 10%

(Concluded)

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

Schedule H, Part IV, Line 4j—Schedule of Reportable Transactions
Year Ended December 31, 2009

<u>Identity of party involved</u>	<u>Description of asset (including interest rate and maturity in case of a loan)</u>	<u>Purchase price</u>	<u>Selling price</u>	<u>Cost of asset</u>	<u>Net gain or (loss)</u>
FIDELITY INVESTMENT COMPANY	STATE STREET BANK SHORT TERM INVESTMENT FUND	\$ 19,539,178			
FIDELITY INVESTMENT COMPANY	STATE STREET BANK SHORT TERM INVESTMENT FUND		\$ 19,799,131	19,799,131	-

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">2009</div> 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 _____ and ending _____		
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input checked="" type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a multiple-employer plan; or <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> an amended return/report;	<input type="checkbox"/> the final return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here	▶ <input type="checkbox"/>	
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> special extension (enter description) _____	<input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;

Part II Basic Plan Information -enter all requested information		
1 a Name of plan INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM	1b Three-digit plan number (PN) ▶	002
	1c Effective date of plan	01/01/1994
2 a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) INTERMEC, INC. 6001 36TH AVENUE WEST EVERETT WA 98203-1264	2b Employer Identification Number (EIN) 95-4647021	2c Sponsor's telephone number 425-348-2600
	2d Business code (see instructions) 334110	

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		Date	FRANK MCCALLICK
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	FRANK MCCALLICK
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	
	Signature of DFE		Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

Schedule H, Part IV, Line 4i—Schedule of Assets (Held At End of Year) December 31, 2009

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current value
CASH AND CASH EQUIVALENTS				
* FIDELITY RETIREMENT MONEY MARKET PORTFOLIO			\$ 8,308,468	\$ 8,308,468
* FIDELITY CASH RESERVE			3,927,769	3,927,769
STATE STREET BANK SHORT TERM INVESTMENT FUND			1,326,365	1,326,365
TOTAL CASH AND CASH EQUIVALENTS			<u>13,562,602</u>	<u>13,562,602</u>
U.S. GOVERNMENT AND AGENCY OBLIGATIONS				
U.S. TREASURY BONDS	7.250% 05/15/2016		7,236,096	7,086,926
U.S. TREASURY BONDS	7.250% 08/15/2022		4,080,740	4,210,274
U.S. TREASURY NOTES	1.750% 11/15/2011		3,040,664	3,037,851
U.S. TREASURY NOTES	3.875% 05/15/2018		2,532,234	2,513,093
U.S. TREASURY NOTES	4.250% 11/15/2013		6,033,965	6,832,973
U.S. TREASURY NOTES	5.750% 08/15/2010		4,877,968	4,469,109
TOTAL U.S. GOVERNMENT AND AGENCY OBLIGATIONS			<u>27,801,667</u>	<u>28,150,226</u>
COMMON STOCKS				
ACCENTURE PLC CL A			752,865	784,350
AON CORP			1,073,405	1,023,678
BB&T CORP			1,154,928	1,139,113
CAPITAL ONE FINANCIAL CORP			834,544	1,255,635
CATERPILLAR INC			1,374,824	1,934,811
CORNING INC			930,140	1,068,809
COVIDIEN PLC			1,199,295	1,570,792
CSX CORP			1,315,020	2,085,070
CUMMINA INC			720,963	985,990
HALLIBURTON CO			1,603,438	2,026,501
HEWLETT-PACKARD CO			1,394,607	1,707,556
HONEYWELL INTL INC			1,550,461	2,038,400
INTEL CORP			1,406,775	1,885,980
JOHNSON CONTROLS INC			988,243	1,351,104
JPMORGAN CHASE & CO			1,269,365	1,716,804
LOWES COS INC			1,952,940	2,022,066
MARATHON OIL CORP			1,851,662	1,564,122
MERCK & CO INC NEW			1,432,200	2,199,525
NEWMONT MINING CORP			1,487,180	1,800,145
OCCIDENTAL PETROLEUM CORP			1,163,270	1,753,987
PEPSICO INC			2,771,630	2,717,760
PFIZER INC			2,293,886	2,740,324
SANOFI AVENTIS SPON ADR			2,004,286	2,002,770
TEXAS INSTRUMENTS INC			2,258,038	2,136,920
TEXTRON INC			398,032	487,179
US BANCORP DEL			1,929,037	1,860,451
VIACOM INC CL B			2,076,772	1,651,502
VODAFONE GROUP PLC SPON ADR			1,803,448	1,928,015
WELLS FARGO & CO			1,399,718	1,832,621
TOTAL COMMON STOCK			<u>42,390,972</u>	<u>49,271,980</u>

(Continued)

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

Schedule H, Part IV, Line 4i—Schedule of Assets (Held At End of Year) December 31, 2009

Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
LOANS TO PARTICIPANTS			
* INTERMEC, INC. LOAN POOL		\$ 178,119	\$ 178,119
TOTAL LOANS TO PARTICIPANTS		<u>178,119</u>	<u>178,119</u>
INTEREST IN MUTUAL FUNDS			
* FIDELITY LOW PRICED STOCK		2,111,871	2,054,553
* FIDELITY DIVERSIFIED INTERNATIONAL		3,333,638	2,786,872
* FIDELITY DIVIDEND GROWTH		36,098,063	37,091,170
* FIDELITY MID-CAP STOCK		1,850,021	1,752,051
* FIDELITY FREEDOM INCOME		59,393	58,359
* FIDELITY FREEDOM 2000		139,809	145,596
* FIDELITY FREEDOM 2010		2,396,872	2,383,526
* FIDELITY FREEDOM 2020		2,835,371	2,611,073
* FIDELITY FREEDOM 2030		1,601,315	1,438,399
* FIDELITY SPARTAN US EQUITY INDEX		810,392	797,373
* FIDELITY FREEDOM 2040		313,438	266,008
* FIDELITY FREEDOM 2005		38,303	44,834
* FIDELITY FREEDOM 2015		2,270,570	2,092,933
* FIDELITY FREEDOM 2025		1,131,262	986,010
* FIDELITY FREEDOM 2035		514,772	446,948
PIMCO TOTAL RETURN ADMINISTRATIVE CLASS		15,367,540	15,552,973
COLUMBIA ACORN FUND CLASS Z		3,524,143	3,446,600
CLIPPER FUND		905,110	602,068
HARBOR CAPITAL APPRECIATION		408,497	481,232
OAKMARK SELECT CLASS I		1,416,316	1,264,616
OAKMARK INTERNATIONAL CLASS I		5,160,800	5,008,981
AMERICAN FUNDS GROWTH FUND CLASS A		2,414,927	2,373,170
LONGLEAF PARTNERS		1,733,270	1,468,762
AMERICAN BEACON SMALL CAP VALUE FUND-PLAN AHEAD CLASS		1,009,122	845,022
TOTAL INTEREST IN MUTUAL FUNDS		<u>87,444,815</u>	<u>85,999,129</u>
INTEREST IN COMMON/COLLECTIVE TRUSTS			
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TOTAL INTEREST IN COMMON/COLLECTIVE TRUSTS		<u>10,638,016</u>	<u>10,506,017</u>
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* PARTY-IN-INTEREST

* INTEREST RATES ON PARTICIPANT LOANS RANGE FROM 4% to 10%

(Concluded)

INTERMEC FINANCIAL SECURITY AND SAVINGS PROGRAM

Schedule H, Part IV, Line 4j—Schedule of Reportable Transactions
Year Ended December 31, 2009

<u>Identity of party involved</u>	<u>Description of asset (including interest rate and maturity in case of a loan)</u>	<u>Purchase price</u>	<u>Selling price</u>	<u>Cost of asset</u>	<u>Net gain or (loss)</u>
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FIDELITY INVESTMENT COMPANY	STATE STREET BANK SHORT TERM INVESTMENT FUND		\$ 19,799,131	19,799,131	-