

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 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>08/01/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☒ the final return/report; ☒ an amended return/report; ☒ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>TELEX COMMUNICATIONS, INC. EMPLOYEES PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>06/01/1989</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>06/01/1989</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>BOSCH SECURITY SYSTEMS, INC.</u> <u>12000 PORTLAND AVENUE SOUTH</u> <u>BURNSVILLE, MN 55337-1522</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>11-3707780</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>952-884-4051</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>334200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>11-3707780</u>	2c Sponsor's telephone number <u>952-884-4051</u>	2d Business code (see instructions) <u>334200</u>	
2b Employer Identification Number (EIN) <u>11-3707780</u>					
2c Sponsor's telephone number <u>952-884-4051</u>					
2d Business code (see instructions) <u>334200</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/28/2011	JOSHUA HOFFMAN
	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

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BOSCH SECURITY SYSTEMS, INC. 12000 PORTLAND AVENUE SOUTH BURNSVILLE, MN 55337-1522	3b Administrator's EIN 11-3707780 3c Administrator's telephone number 952-884-4051
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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	1179
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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	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	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:

1A 1C 1G 1I 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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 08/01/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>TELEX COMMUNICATIONS, INC. EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOSCH SECURITY SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>11-3707780</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>12438164</u>
b Actuarial value	2b <u>12889793</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>564</u> <u>8949267</u>
b For terminated vested participants	3b <u>148</u> <u>1291643</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>5691306</u>
(3) Total active	3c(3) <u>368</u> <u>5691306</u>
d Total	3d <u>1080</u> <u>15932216</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.50</u> %
6 Target normal cost	6 <u>144528</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>01/26/2011</u>
Signature of actuary	Date
<u>NICOLE M. STOPOULOS</u>	<u>08-05133</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON PENNSYLVANIA, INC.</u>	<u>312-525-2500</u>
Firm name	Telephone number (including area code)
<u>191 NORTH WACKER, SUITE 2100</u> <u>CHICAGO, IL 60606-1615</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>23.77</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1291012
b	Interest on (a) using prior year's effective rate of <u>8.26</u> %		106638
c	Total available at beginning of current plan year to add to prefunding balance		1397650
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	80.90 %
15	Adjusted funding target attainment percentage.....	15	80.90 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	76.14 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2010	196000	0			
05/27/2010	2079	0			
06/07/2010	630921	0			
			Totals ▶	829000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	808635
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No			
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No			
c If 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	144528
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3042423	385729
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	530257
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
		0
36 Additional cash requirement (item 34 minus item 35).....	36	530257
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	808635
38 Interest-adjusted excess contributions for current year (see instructions).....	38	278378
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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
			2010
			This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **08/01/2010**

A Name of plan TELEX COMMUNICATIONS, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 BOSCH SECURITY SYSTEMS, INC.	D Employer Identification Number (EIN) 11-3707780	

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
FAF ADVISORS, INC.
41-2003732

(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)

RETIREMENT PLAN ACTUARIES, INC.

41-1798737

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17	NONE	19250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	15502	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK NATIONAL ASSOCIATION

31-0841368

(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?
21 25	DIRECTED TRUSTEE	13878	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CORTINA ASSET MANAGEMENT

56-2450074

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	13495	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
US BANK NATIONAL ASSOCIATION	14 19 59 60 62 63	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.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	PLAN'S AVERAGE BALANCE IN FUND OVER PLAN YEAR MULTIPLIED BY FEE RATE.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
US BANK NATIONAL ASSOCIATION	14 19 27 59 60 62 63	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.
FAF ADVISORS, INC. 41-2003732	NET EXPENSE AFTER FEE WAIVER OF 0.5.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **08/01/2010**

A Name of plan TELEX COMMUNICATIONS, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 BOSCH SECURITY SYSTEMS, INC.		
D Employer Identification Number (EIN) 11-3707780		

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	4438	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1446000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	63	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	148759	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1306477	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	9580945	0
(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	12486682	0

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12486682	0
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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)	829000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		829000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1943	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	73564	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		75507

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4855929	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4752117	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		103812

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-17653	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-17653
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		248819
c Other income.....	2c		1616
d Total income. Add all income amounts in column (b) and enter total.....	2d		1241101

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	758986	
(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)		758986
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	34752	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	27373	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		62125
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		821111

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		419990
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		12906672

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: PRICEWATERHOUSECOOPERS

(2) EIN: 13-4008324

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		5000000
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)
PENSION PLAN FOR DISCONTINUED OPERATIONS OF ROBERT BOSCH	36-2903176	010

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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 08/01/2010

A Name of plan <u>TELEX COMMUNICATIONS, INC. EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOSCH SECURITY SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>11-3707780</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>41-6271370</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>20</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
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: 72.0% Investment-Grade Debt: 18.0% High-Yield Debt: 1.0% Real Estate: 0.0% Other: 9.0%

- 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):

Telex Communications, Inc.
Employees' Pension Plan
Financial Statements and Supplemental Schedule
August 1, 2010 and December 31, 2009

Telex Communications, Inc.
Employees' Pension Plan
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Note: Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have not been included herein because they are not applicable.	



Report of Independent Auditors

To the Participants and Benefit Plans Committee of the
Telex Communications, Inc. Employees' Pension Plan

We were engaged to audit the financial statements and supplemental schedule of the Telex Communications, Inc. Employees' Pension Plan (the "Plan") at August 1, 2010 and for the period January 1, 2010 to August 1, 2010 and at December 31, 2009 and for the year then ended, as listed in the accompanying index. These financial statements and schedule 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 the information summarized in Note 4, which was certified by U.S. Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of August 1, 2010 and for the period January 1, 2010 to August 1, 2010 and as of December 31, 2009 and for the year then ended, 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 schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As discussed in Note 1, the Plan merged into the Pension Plan for Discontinued Operations of Robert Bosch effective August 1, 2010.

PricewaterhouseCoopers LLP

Chicago, Illinois
January 24, 2011

Telex Communications, Inc.
Employees' Pension Plan
Statements of Net Assets Available for Benefits
August 1, 2010 and December 31, 2009

	2010	2009
Assets		
Cash	\$ -	\$ 9,807
Investments, at fair value		
Money market mutual fund	-	148,759
Domestic common stocks	-	1,204,142
International common stocks	-	102,335
Domestic equity mutual funds	-	4,448,272
Fixed income mutual fund	-	2,953,110
Global equity mutual fund	-	2,179,563
Total investments, at fair value	-	11,036,181
Receivables		
Contributions receivable	-	1,446,000
Accrued income	-	63
Total assets	-	12,492,051
Liabilities		
Due to broker	-	5,369
Net assets available for benefits	\$ -	\$ 12,486,682

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

Telex Communications, Inc.
Employees' Pension Plan
Statements of Changes in Net Assets Available for Benefits
Period From January 1, 2010 to August 1, 2010 and
Year Ended December 31, 2009

	2010	2009
Additions		
Employer contributions	\$ 829,000	\$ 2,251,210
Net appreciation in fair value of investments	336,595	1,835,428
Dividends and interest	75,507	461,416
Other (loss) income	(108)	1,979
Total additions	<u>1,240,994</u>	<u>4,550,033</u>
Deductions		
Benefits payments	758,878	2,397,736
Administrative expenses	<u>161,695</u>	<u>151,521</u>
Total deductions	920,573	2,549,257
Transfer to Pension Plan for Discontinued Operations of Robert Bosch	<u>(12,807,103)</u>	<u>-</u>
Net (decrease) increase	(12,486,682)	2,000,776
Net assets available for benefits		
Beginning of year	<u>12,486,682</u>	<u>10,485,906</u>
End of year	<u>\$ -</u>	<u>\$ 12,486,682</u>

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

Telex Communications, Inc.
Employees' Pension Plan
Notes to Financial Statements
August 1, 2010 and December 31, 2009

1. Description of the Plan

The following brief description of the Telex Communications, Inc. Employees' Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for a more complete description.

General

The Plan is a noncontributory cash-balance defined benefit plan covering substantially all employees of Telex Communications, Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was frozen effective July 1, 2003, and employees hired after June 30, 2003, do not participate in the Plan.

Effective August 1, 2010, the Plan merged into the Pension Plan for Discontinued Operations of Robert Bosch and net assets of the Plan totaling \$12,807,103 were transferred to the Pension Plan for Discontinued Operations of Robert Bosch on that date. Accordingly all benefits and expenses payable under the Plan as of August 1, 2010 will be payable by the Pension Plan for Discontinued Operations of Robert Bosch in accordance with Plan provisions. The actuarial present value of accumulated benefits of the Plan approximated \$14,500,000 on the date of the merger.

Plan Operations

The Company is the plan sponsor and plan administrator and appointed U.S. Bank, N.A. as trustee of the Plan ("Trustee"). Prior to the merger, the Trustee held and invested the assets of the Plan and also distributed the pension benefits upon instruction from the Company. Plan administrative costs are paid from the Plan's assets.

Eligibility

All eligible employees of the Company prior to the Plan being frozen could participate in the Plan after completing 1,000 hours of service during 12 calendar months. An eligible employee is an employee who is either a United States citizen or resident but is not an employee who is covered by a collective bargaining agreement, a leased employee, or an employee who regularly receives payment outside the United States.

Funding

The Company's funding policy is to make contributions to the Plan as determined by the Plan's independent actuary, Towers Watson. No voluntary employee contributions are permitted. The Plan has complied with the minimum funding requirements of ERISA for the periods presented.

Benefits and Vesting

Effective July 1, 1999, a nominal, hypothetical bookkeeping account is maintained on behalf of the participants. After the establishment of an initial account balance, the participant's hypothetical account is credited with pay credits and interest credits. The initial account balance was determined by actuaries using specific actuarial assumptions. Benefits are paid to participants in a single life annuity, joint and survivor annuity, or lump sum.

Effective June 30, 2003, the Board of Directors of the Company voted to freeze the Plan. Active participants are no longer eligible to receive future pay credits, although they continue to vest and earn interest credits on their account balances. All participants were fully vested at August 1, 2010.

Administrative Expenses

All administrative expenses are paid by the Plan to the extent they are not paid by the Company.

Telex Communications, Inc.
Employees' Pension Plan
Notes to Financial Statements
August 1, 2010 and December 31, 2009

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting and in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Benefit Payments

Benefits are recorded when paid.

Investment Valuation and Income Recognition

Marketable securities of the Plan are stated at fair value. Securities such as common stock, traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year. Investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. The fair value of investments in registered investment companies is based on the net asset value per fund share, derived from quoted prices in active markets of the underlying securities.

Investment transactions of the Plan are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Use of Estimates

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

Fair Value Measurements

In April 2009, the Financial Accounting Standards Board ("FASB") issued authoritative guidance clarifying that fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants under current market conditions. This new guidance requires an evaluation of whether there has been a significant decrease in the volume and level of activity for the asset or liability in relation to normal market activity for the asset or liability. This guidance was adopted for the year ended December 31, 2009 and did not result in a significant change in the techniques used by the Plan to measure the fair value of its investments.

In August 2009, the FASB issued authoritative guidance clarifying the measurement of the fair value of a liability in circumstances when a quoted price in an active market for an identical liability is not available. The guidance emphasizes that entities should maximize the use of observable inputs in the absence of quoted prices when measuring the fair value of liabilities. This guidance became effective for the Plan as of October 31, 2009 and did not have a significant impact on the Plan.

In January 2010, the FASB issued authoritative guidance intended to improve disclosures about fair value measurements. The guidance requires entities to disclose significant transfers in and out of fair value hierarchy levels and reasons for the transfers and to present information about purchases, sales, issuances and settlements separately in the reconciliation of fair value measurements using significant unobservable inputs (Level 3). Additionally, the guidance clarifies that a reporting entity should provide fair value measurements for each class of assets and

Telex Communications, Inc.
Employees' Pension Plan
Notes to Financial Statements
August 1, 2010 and December 31, 2009

liabilities and disclose the inputs and valuation techniques used for fair value measurements using significant other observable inputs (Level 2) and significant unobservable inputs (Level 3). This guidance is effective for annual periods beginning after December 15, 2009 except for disclosures about purchases, sales, issuances and settlements in the Level 3 reconciliation, which will be effective for annual periods beginning after December 15, 2010. As this guidance provides only disclosure requirements, the adoption of the standard did not impact the Plan's financial statements.

The Company has expanded disclosures in Note 5 to comply with the aforementioned fair value guidance.

Accounting Standards Codification

In June 2009, the FASB issued authoritative guidance which replaced the previous hierarchy of GAAP and establishes the FASB Codification as the single source of authoritative GAAP recognized by the FASB to be applied by nongovernmental entities. This guidance modifies the GAAP hierarchy to include only two levels of GAAP: authoritative and nonauthoritative. This guidance was effective for the Plan as of September 30, 2009. The adoption of this guidance did not impact the Plan's financial statements since the FASB Codification is not intended to change or alter existing GAAP.

Subsequent Events

In May 2009, the FASB issued authoritative guidance which established general standards of accounting for and disclosure of events that occur after the balance sheet date but before financial statements were available to be issued or available to be issued. The new standard is based on the same principles as those that currently exist in auditing standards and does not change the way subsequent events are assessed.

3. Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, attributable under the Plan's provisions to the service that participants have rendered to the Company. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; and (b) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the date the benefits were frozen.

The Plan's actuary estimates the actuarial present value of accumulated plan benefits which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

Telex Communications, Inc.
Employees' Pension Plan
Notes to Financial Statements
August 1, 2010 and December 31, 2009

The actuarial present value of accumulated plan benefits as of January 1, 2010 was as follows:

Vested benefits	
Participants currently receiving payments	\$ 8,236,215
Other participants	<u>6,419,270</u>
Total vested benefits	14,655,485
Non-vested benefits	<u>-</u>
Actuarial present value of accumulated plan benefits	<u>\$ 14,655,485</u>

Following is a summary of changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2010:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 15,650,702
Increase (decrease) during the year attributable to	
Benefits accumulated and actuarial experience gain/loss	280,768
Change in discount period	1,121,751
Benefits paid	<u>(2,397,736)</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 14,655,485</u>

The actuarial cost method and significant assumptions used were as follows as of January 1:

Actuarial cost method used	Projected unit credit
Mortality table	IRS proposed generational mortality table
Average retirement age	63
Interest rate	7.75% as of January 1, 2010 and January 1, 2009

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

4. Investments

All investment information disclosed in the accompanying financial statements and schedule, including investments held at August 1, 2010 and December 31, 2009, net appreciation in fair value of investments, and dividends and interest for the period from January 1, 2010 to August 1, 2010 and for the year ended December 31, 2009, and the investment and investment income information presented below and in the supplemental schedule, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee.

Telex Communications, Inc.
Employees' Pension Plan
Notes to Financial Statements
August 1, 2010 and December 31, 2009

The following investments represent 5% or more of the Plan's net assets as of August 1, 2010 and December 31, 2009:

	2010	2009
PIMCO Total Return Fund	\$ -	\$ 2,953,110
Allianz NFJ Small Cap Value Fund	-	1,639,267
Fidelity Spartan US Equity Index Fund	-	2,809,005
Artio International Equity A	-	2,179,563

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the period) appreciated in value by \$336,595 and \$1,835,428 for the period from January 1, 2010 to August 1, 2010 and for the year ended December 31, 2009, respectively, as follows:

	2010	2009
Fixed income mutual funds	\$ 150,914	\$ 290,046
Domestic and international common stocks	86,159	454,828
Domestic and global equity mutual funds	97,905	1,081,053
Other	1,617	9,501
	<u>\$ 336,595</u>	<u>\$ 1,835,428</u>

5. Fair Value Measurements

The FASB established a framework to increase consistency and comparability in fair value measurements. 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 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Telex Communications, Inc.
Employees' Pension Plan
Notes to Financial Statements
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Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

For a description of the valuation methodologies used for assets measured at fair value, see Investment Valuation and Income Recognition in Note 2.

The preceding methods 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.

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

Investments Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Common stock - domestic	\$ 1,204,142	\$ -	\$ -	\$ 1,204,142
Common stock - international	102,335	-	-	102,335
Mutual funds - domestic equity	4,448,272	-	-	4,448,272
Mutual funds - global equity	2,179,563	-	-	2,179,563
Mutual funds - fixed income	2,953,110	-	-	2,953,110
Mutual funds - money market	148,759	-	-	148,759
Total investments at fair value	<u>\$ 11,036,181</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 11,036,181</u>

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated October 17, 2008, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Subsequent to the issuance of the determination letter, the Plan was amended. The plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, as amended and restated, is qualified and the related trust is tax-exempt.

Telex Communications, Inc.
Employees' Pension Plan
Notes to Financial Statements
August 1, 2010 and December 31, 2009

7. Plan Termination

Although it has not expressed any intention to do so, the Company may terminate the Plan at any time. In the event of such termination, the net assets available for benefits will be allocated as follows:

- First, to benefits payable to participants who have been receiving benefits for at least three years (or who would have been receiving benefits for at least three years if they had retired when they were first eligible to do so).
- Second, to vested benefits payable to other participants that are guaranteed by the Pension Benefit Guaranty Corporation (the PBGC).
- Third, to vested benefits payable to other participants that are not guaranteed by the PBGC.
- Fourth, to all other benefits payable under the Plan.

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

8. Risk and Uncertainties

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

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

9. Subsequent Events

The Plan has evaluated the events and transactions that have occurred through January 24, 2011, the date the financial statements were available to be issued, and noted no items requiring adjustment to the financial statements or additional disclosures other than the Plan merger described in Note 1.

SUPPLEMENTAL SCHEDULE

Telex Communications, Inc.
Employees' Pension Plan
EIN: 11-3707780
Schedule H, Line 4j - Schedule of Reportable Transactions
Period From January 1, 2010 to August 1, 2010

Identity of Party Involved	Description of Assets/Transaction	Purchase Price	Sales Price	Cost	Current Value on Date of Transaction	Net Gain (Loss)
First Amer Govt Oblig CI Y	Purchased 4,075,008 shares in 93 transactions	\$ 4,075,008		\$ 4,075,008	\$ 4,075,008	\$ -
First Amer Govt Oblig CI Y	Purchased 2,076,921 shares in 1 transaction	2,076,921		2,076,921	2,076,921	-
PIMCO Total Return Fund	Purchased 21,981 shares in 8 transactions	244,102		244,102	244,102	-
First Amer Govt Oblig CI Y	Sold 4,223,764 shares in 121 transactions		\$ 4,223,764	4,223,764	4,223,764	-
First Amer Govt Oblig CI Y	Sold 2,002,971 shares in 1 transaction		2,002,971	2,002,971	2,002,971	-
PIMCO Total Return Fund	Sold 58,947 shares in 7 transactions		650,000	615,553	650,000	34,447

Information certified as complete and accurate by U.S. Bank, N.A.

Robert Bosch LLC
Telex
Schedule of Active Participants

Attained Age		Years of Credited Service									
		Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up
Under 25	Number	0	0	0	0	0	0	0	0	0	0
25-29	Number	0	1	0	0	0	0	0	0	0	0
30-34	Number	1	11	2	0	0	0	0	0	0	0
35-39	Number	3	26	5	0	0	0	0	0	0	0
40-44	Number	5	33	11	8	7	0	0	0	0	0
45-49	Number	3	24	7	10	15	0	0	0	0	0
50-54	Number	3	26	4	8	12	14	0	0	0	0
55-59	Number	1	30	5	10	6	22	7	0	0	0
60-64	Number	1	9	3	3	8	13	1	3	0	0
65-69	Number	0	2	1	3	0	1	0	0	0	0
70 & Up	Number	0	0	0	0	0	0	0	0	0	0

Due to Form 5500 Schedule SB requirements, groups containing fewer than 20 participants will not have average cash balance amounts shown. Cash balance amounts for these groups will not be reflected in the average cash balance amounts for the entire plan.

Actuarial Assumptions (cont'd.)

Telex

■ Funding Target	
▶ Interest Rate	
Applicable Month	September 2009*
Yield curve basis	Segment Rates
Transition from current liability rates	No
▶ Funding interest rates	
Segment 1	5.03%
Segment 2	6.73%
Segment 3	6.82%
▶ Effective interest rate	6.46%
▶ Salary Increases	N/A
▶ Wage Base	N/A
▶ Index Limit on Pay & Benefits	N/A
▶ Lump Sum Conversion Basis	
▶ Interest Rate	6.00%
▶ Mortality Table	2010 IRC Section 417(e)(3)
▶ Cash Balance Interest Crediting Rate	Applicable Mortality Table
	6.00%
■ Plan Audit Purposes (FAS 35)	
▶ Interest Rate	7.75%
▶ Lump Sum Conversion Basis	
▶ Interest Rate	6.00%
▶ Mortality Table	IRS Proposed Generational Mortality Table

* The valuation interest rate is the IRS prescribed 24-month segment rates for September based on bond yields through the preceeding August.

Actuarial Assumptions (cont'd.)

		Telex
Demographic Assumptions		
■ Mortality - PPA	2010 plan year "static" annuitant and non-annuitant mortality tables prescribed by the IRS for the plan year, per Reg. 1.430(h)(3)-1(e).	
■ Termination (Sample Rates: 5 years of service or more)*		
▶ Age 25		20.00%
▶ Age 40		7.50%
▶ Age 50		2.50%
▶ Age 55		0.00%
■ Disability (Sample Rates: Male / Female)		
▶ Age 25		N/A
▶ Age 40		N/A
▶ Age 50		N/A
▶ Age 55		N/A
■ Retirement (Sample Rates)		
▶ Age 55		
▶ Age 60		7%
▶ Age 62		25%
▶ Age 65		100%
▶ Age 70		100%
■ Retirement (Sample rates: 30 years of service or more)		
▶ Age 55		2%
▶ Age 60		7%
▶ Age 62		25%
▶ Age 65		100%
▶ Age 70		100%
■ Weighted Average Retirement Age (Less than 30 years of service)		63
■ Administrative Expenses		
▶ Funding Target	2009 Actual Trust Expenses limited to 5% of Fair Value of Assets	
■ Percentage Married		
▶ Males		85%
▶ Females		75%
■ Spouse age	Wives 3 years younger than husbands	
■ Form of payment	Active: Lump Sum Deferred: Annuity	

* Rates may differ for those with less than 5 years of service

Actuarial Assumptions (cont'd.)

Telex	
Actuarial Methods	
■ Contribution Purposes	
► Normal cost and funding target	Present value of accrued benefits
	Equal to a two-year smoothed value of assets including receivable contributions as prescribed under IRS regulation. The actuarial value must be within 10% of market value.
► Actuarial value of assets*	

* The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules and Bosch's current expected asset return, the method has a bias to produce an actuarial value of assets that is below the market value of assets.

Benefits Not Valued All benefits summarized in the plan provisions section have been valued.

Changes in Methods and Assumptions Since Last Year For contribution purposes:
The valuation interest rate changed from the IRS prescribed yield curve based on bond yields for September, 2008 to the IRS prescribed 24-month average segment rates for September based on bond yields through the preceeding August, as provided under the Pension Protection Act of 2006 (PPA).
The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

Data Sources Towers Watson used asset data supplied by the trustee. The Company furnished participant data, the dates and amounts of the prior year contributions as well as the accrued pension cost at year-end.
Data was reviewed for reasonableness and consistency, but no audit was performed. Towers Watson is not aware of any errors or omissions in the data that would significantly affect the valuation results.

Telex Communications, Inc. Employees' Pension Plan
EIN 11-3707780 PLAN 003

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

The following items offer more detail with regard to the Actuarial Assumptions and Methods attachment.

- The following table summarizes the optional form of payment assumptions used in the actuarial valuation with regard to the form of payment that plan participants are expected to select.

<u>Optional Form of payment</u>	<u>Payment method assumption</u>
Five-year certain and life annuity	0%
Ten-year certain and life annuity	0%
Single life annuity	0%
Joint and 50% survivor annuity	0%
Joint and 100% survivor annuity	0%
Lump Sum	100%

Telex Communications, Inc.
Employees' Pension Plan
EIN: 11-3707780
Schedule H, Line 4j - Schedule of Reportable Transactions
Period From January 1, 2010 to August 1, 2010

Identity of Party Involved	Description of Assets/Transaction	Purchase Price	Sales Price	Cost	Current Value on Date of Transaction	Net Gain (Loss)
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First Amer Govt Oblig CI Y	Purchased 2,076,921 shares in 1 transaction	2,076,921		2,076,921	2,076,921	-
PIMCO Total Return Fund	Purchased 21,981 shares in 8 transactions	244,102		244,102	244,102	-
First Amer Govt Oblig CI Y	Sold 4,223,764 shares in 121 transactions		\$ 4,223,764	4,223,764	4,223,764	-
First Amer Govt Oblig CI Y	Sold 2,002,971 shares in 1 transaction		2,002,971	2,002,971	2,002,971	-
PIMCO Total Return Fund	Sold 58,947 shares in 7 transactions		650,000	615,553	650,000	34,447

Information certified as complete and accurate by U.S. Bank, N.A.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 08/01/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Telex Communications, Inc. Employees' Pension Plan	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Bosch Security Systems, Inc.	D Employer Identification Number (EIN) 11-3707780
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a		12,438,164
b Actuarial value.....	2b		12,889,793
3 Funding target/participant count breakdown	(1) Number of participants		(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	564	8,949,267
b For terminated vested participants.....	3b	148	1,291,643
c For active participants:			
(1) Non-vested benefits.....	3c(1)		0
(2) Vested benefits.....	3c(2)		5,691,306
(3) Total active.....	3c(3)	368	5,691,306
d Total.....	3d	1,080	15,932,216
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.50 %	
6 Target normal cost.....	6	144,528	

Statement by Enrolled Actuary	
<small>To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.</small>	
SIGN HERE	Nicole M. Stopoulos <i>NMS</i> Signature of actuary NICOLE M. STOPOULOS Type or print name of actuary TOWERS WATSON PENNSYLVANIA, INC. Firm name 191 NORTH WACKER, SUITE 2100 CHICAGO IL 60606-1615 Address of the firm
	Jan. 26, 2011 Date 08-05133 Most recent enrollment number (312) 525-2500 Telephone number (including area code)

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>23.77</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1,291,012
b	Interest on (a) using prior year's effective rate of <u>8.26</u> %		106,638
c	Total available at beginning of current plan year to add to prefunding balance		1,397,650
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.90 %
15	Adjusted funding target attainment percentage.....	15	80.90 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	76.14 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2010	196,000				
05/27/2010	2,079				
06/07/2010	630,921				
Totals ▶			18(b)	829,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	808,635

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	144,528
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3,042,423	385,729
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	530,257
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	530,257
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	808,635
38 Interest-adjusted excess contributions for current year (see instructions).....	38	278,378
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

Plan Provisions — Telex

Effective Date	June 1, 1989. The plan was restated generally effective July 1, 1999 and last amended on January 8, 2009.
Eligibility	<p>An individual becomes eligible to participate upon completion of one year of service in which the individual works greater than or equal to 1,000 hours. Their participation date is the first of the month following completion of the eligibility requirements.</p> <p>Note: The plan is frozen to new entrants effective June 30, 2003. Individuals who became participants on or before June 30, 2003, continue to be participants in the plan.</p>
Definitions	
Vesting Service	A participant earns a year of Vesting Service for each calendar year in which they complete a minimum of 1000 hours of service.
Pensionable Earnings	Base pay, shift premiums, paid time off, bonuses, overtime, commissions, 401(k) salary deferrals and Section 125 reduction contributions limited to the Social Security taxable wage base in the current year.
Prior Plan Benefit	<p>A participants Prior Plan Benefit shall equal the sum of:</p> <ul style="list-style-type: none">- the actuarial equivalent present value of the participant's benefit accrued under the Plan in effect on June 30, 1999- the participant's accumulated employee contributions as of January 1, 1982 (with interest at 8% per year through June 30, 1999), if any, determined under the provisions of the Plan as it read prior to July 1, 1999.
Initial Account Balance	A participant's Initial Account Balance shall equal the participants Prior Plan Benefit. If a Participant had not accrued a benefit under the Plan as of June 30, 1999, the Initial Account Balance shall be zero.
Pay Credits	Active participants shall earn a Pay Credit to be credited to the Account Balance as of December 31 of the current year.

Pay Credit as Percentage of Eligible Earnings

<u>Age + Vesting Service on January 1</u>	<u>Eligible Earnings</u>	<u>Eligible Earnings > Integration Level*</u>
Less than 40	1.5%	1.5%
At least 40 but less than 50	2.0%	2.0%
At least 50 but less than 60	2.6%	2.6%
At least 60 but less than 70	3.2%	3.2%
At least 70 but less than 80	4.2%	4.2%
At least 80 but less than 90	5.4%	5.4%
90 and above	6.8%	5.4%

*The integration level is equal to ½ of the Social Security Taxable Wage base for the current year

Investment Credit A participant's Investment Credit is defined in Article 2.5.8 of the Plan Document.

Accrued Benefit A participant's Account Balance shall consist of his or her Initial Account Balance plus any Pay Credit (for years ending prior to June 30, 2003) and Investment Credit added to his or her Account Balance. Prior to any distribution the participant's Account Balance shall never be less than the Initial Account Balance.

Eligibility for Benefits

Normal retirement A participant is eligible for normal retirement on the first day of the month coincident with or next following attainment of age 65.

Postponed retirement A participant may retire after his/her normal retirement date.

Vested pension A participant is eligible for a vested pension benefit if he/she terminates for any reason other than death prior to normal retirement date and has completed 3 or more years of vesting service.

Spouse's pension A participant's beneficiary is eligible for a death benefit upon death while an active employee or terminated vested employee.

Forms of Payment

Normal form	The normal form of benefit for a single participant is a single life annuity payable monthly. The normal form of payment for a married participant is a 100% Qualified Joint and Survivor Annuity that is actuarially equivalent to a single life annuity payable monthly.
Optional forms	Optional forms of payment may be taken on an actuarially equivalent basis if the participant does not elect the Normal Form. This includes a single life annuity, lump sum payment, joint and 50% survivor annuity, joint and 100% survivor annuity, 5-year certain and life annuity and a 10-year certain and life annuity.

Amounts of Benefits

Normal retirement	<p>A participant may elect to receive a lump sum payment or an actuarially equivalent monthly annuity payment.</p> <p>Upon Normal Retirement the pension credits are converted to a single life annuity using the applicable interest rates and mortality table under Code Section 417(e)(3).</p>
Postponed retirement	A participant will receive a benefit calculated in the same way as the Normal Retirement Benefit.
Vested pension	A participant will receive a monthly benefit calculated in the same way as the Normal Retirement Benefit upon commencement. Prior to the commencement of payments the participant's accrued benefit calculated at termination will be credited with interest annually.
Spouse's pension	The death benefit is payable as the participant's account balance or actuarially equivalent life annuity.

Other Plan Benefits

The plan also covered a group of union employees. As of December 31, 2002 there were no active union employees in the plan. The accrued benefit for each participant is based on years of service times the applicable benefit multiplier. Multipliers vary based on location and date of termination. For retirement prior to normal retirement age 65, the accrued benefits are reduced with the applicable early retirement factors. Death benefits are available for spouses only. No lump sum benefit is available for the union groups.

Changes in Plan Provisions Since Prior Valuation

Plan provisions have not changed since the prior year except to reflect any current year changes in the Internal Revenue Code maximum in benefits and pay.

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Schedule SB, Part V – Summary of Plan Provisions

Benefits are generally converted from the normal form of payment to the optional form of payment on an actuarially equivalent basis, which varies depending on the plan formula. Benefits accrued under multiple prior plan formulas may be converted using multiple bases.

The following actuarial equivalence bases apply to the Telex Communications, Inc. Employees' Pension Plan:

<u>Form</u>	<u>Mortality</u>	<u>Interest</u>
All Forms	417(e)(3) Applicable Mortality Table	417(e)(3) prescribed segment rates, with a lookback period of two months and a calendar year stability period

Note that this summary is intended to be a reasonably representative sample of the optional form conversion factors for the plan. It is not intended to be an exhaustive list of all the factors used in the conversion of benefits from the normal form of payment to any optional form of payment offered by the plan.

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Schedule SB, line 32 - Schedule of Amortization Bases

Amortization Record for the Plan Year

Plan Year period:	1/1/2010 through 12/31/2010
Tax Year period:	1/1/2010 through 12/31/2010
Column Type	CurrentContribs
Effective Interest rate	6.50000%
Year 1 Discount Rate	5.03%
Year 2 Discount Rate	5.03%
Year 3 Discount Rate	5.03%
Year 4 Discount Rate	5.03%
Year 5 Discount Rate	5.03%
Year 6 Discount Rate	6.73%
Year 7 Discount Rate	6.73%

	Date of Base Creation	Initial Amount	Amortization Installment	Remaining Period	PV of Future Installments
Shortfall Amortization Bases					
2008 Shortfall	1/1/2008	3,408,560	568,994	5	2,585,213
2009 Shortfall	1/1/2009	757,837	134,477	6	708,093
2010 Shortfall	1/1/2010	(250,883)	(42,222)	7	(250,883)
Total Shortfall Amortization Installments			661,249		3,042,423
Waiver Amortization Bases					
Total Waiver Amortization Installments			0		0
Total Amortization Installments			661,249		3,042,423
Short Plan Year (1/1/2010 through 8/1/2010)			0.5833		
Total Amortization Installments reflecting short plan year			385,729		

Development of new Shortfall Amortization Installment

1. Is plan eligible for Phase-In?	false
2. Phase-In percentage	100
3. Funding Target times Phase-In Percentage	15,932,216
4. Will PFB be used to help meet minimum?	false
5. AVA without reduction for FSCB (or PFB if "false" in prior line)	12,889,793
6. New SAB/SAI required? (True if line 3 exceeds line 5; false otherwise)	true
7. Shortfall reflecting phase in	3,042,423
8. Accumulated PV of Prior SAI and WAI	3,293,306
9. New Shortfall Amortization Base, if required	(250,883)
10. Amortization factor using Discount Rates	5.942052
11. New Shortfall Amortization Installment, if required	(42,222)

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Schedule SB, line 25 – Change in Method

Aspect of the Valuation	Old	New
Valuation Interest Rate	The valuation interest rate is the IRS prescribed yield curve for October based on bond yields through the preceding September	The valuation interest rate is the IRS prescribed 24-month segments rates for September based on bond yields through the preceding August

The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

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Schedule SB, line 22 – Description of Weighted Average Retirement Age

For each active participant, an expected retirement age was calculated weighted in proportion to the probability (as shown in the retirement rates table in the attachment to Schedule SB, Part V – Statement of Actuarial Assumptions/Methods) that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average retirement age of 63 is the arithmetic average of the expected retirement ages of all participants on January 1, 2010.