

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2010
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</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>RETIREMENT PLAN OF THALES ATM, INC.</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>01/01/1988</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>THALES ATM, INC.</u> <u>23501 W. 84TH STREET</u> <u>SHAWNEE, KS 66227</u>	2b Employer Identification Number (EIN) <u>43-1785962</u> 2c Sponsor's telephone number <u>913-422-2600</u> 2d Business code (see instructions) <u>335900</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	<u>Filed with authorized/valid electronic signature.</u>	<u>09/28/2011</u>	<u>MARY O'ROURKE</u>
	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")

THALES ATM, INC.

23501 W. 84TH STREET
SHAWNEE, KS 66227**3b** Administrator's EIN

43-1785962

3c Administrator's telephone number

913-422-2600

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

460

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**

50

b Retired or separated participants receiving benefits.....**6b**

112

c Other retired or separated participants entitled to future benefits.....**6c**

284

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

446

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

21

f Total. Add lines **6d** and **6e**.....**6f**

467

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****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1I 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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 12/31/2010

▶ **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>RETIREMENT PLAN OF THALES ATM, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THALES ATM, INC.</u>	D Employer Identification Number (EIN) <u>43-1785962</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>10865022</u>
b	Actuarial value 2b <u>11336776</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>132</u> <u>3802549</u>
b	For terminated vested participants 3b <u>288</u> <u>7097458</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>612651</u>
(2)	Vested benefits 3c(2) <u>1774113</u>
(3)	Total active 3c(3) <u>54</u> <u>2386764</u>
d	Total 3d <u>474</u> <u>13286771</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>6.72</u> %
6	Target normal cost 6 <u>104000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/20/2011</u>
Signature of actuary	Date
<u>DARLENE T. BUXTON</u>	<u>11-06222</u>
Type or print name of actuary	Most recent enrollment number
<u>PRIAC</u>	<u>860-534-2303</u>
Firm name	Telephone number (including area code)
<u>P.O. BOX 2975</u> <u>HARTFORD, CT 06104-2975</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)	572692	601897
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)	572692	601897
10	Interest on item 9 using prior year's actual return of <u>24.88</u> %	142486	149752
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		32436
b	Interest on (a) using prior year's effective rate of <u>8.13</u> %		2637
c	Total available at beginning of current plan year to add to prefunding balance		35073
d	Portion of (c) to be added to prefunding balance		35073
12	Reduction in balances due to elections or deemed elections	715178	79363
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	707359

Part III	Funding percentages		
14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
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	84.50 %
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
	01/14/2010	250000	
	10/15/2010	158633	
	01/14/2011	136211	
	09/15/2011	434358	
	Totals ▶	18(b)	979202
		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 916274
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 62
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	104000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2657354	545581
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	649581
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35).....	36	649581
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	916274
38 Interest-adjusted excess contributions for current year (see instructions).....	38	266693
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 12/31/2010		
A Name of plan RETIREMENT PLAN OF THALES ATM, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THALES ATM, INC.	D Employer Identification Number (EIN) 43-1785962	

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
PRUDENTIAL RETIREMENT INS & ANNUITY
06-1050034

(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)

PRUDENTIAL RETIREMENT INS & ANNUITY

06-1050034

(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?
13	NONE	61189	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

HARTLAND AND COMPANY

34-1597728

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	17324	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 ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A Name of plan RETIREMENT PLAN OF THALES ATM, INC.				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THALES ATM, INC.				D Employer Identification Number (EIN) 43-1785962	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: THALES MASTER TRUST					
b Name of sponsor of entity listed in (a): THALES USA, INC.					
c EIN-PN 06-0938363-002		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11756317	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
A Name of plan RETIREMENT PLAN OF THALES ATM, INC.	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 THALES ATM, INC.	D Employer Identification Number (EIN) 43-1785962

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	10865022	11756317
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	10865022	11756317

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	10865022	11756317
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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)	408633	
(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)		408633

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)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(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)		1363965
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1772598

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	766105	
(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)		766105
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	115198	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		115198
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		881303

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		891295
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PICKETT, CHANEY & MCMULLEN LLP

(2) EIN: 48-1246310

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)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan RETIREMENT PLAN OF THALES ATM, INC.		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 THALES ATM, INC.		D Employer Identification Number (EIN) 43-1785962
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.....		10
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): 22-1211670		
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.....		7
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	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



INDEPENDENT AUDITORS' REPORT

To the Retirement Plan Committee and Participants of the
Retirement Plan of Thales ATM, Inc.
Shawnee, Kansas

We were engaged to audit the accompanying financial statements of the Retirement Plan of Thales ATM, Inc. as of December 31, 2010 and 2009, and for the year ended December 31, 2010, as listed in the accompanying index. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, FSB, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2010 and 2009, and for the year ended December 31, 2010 that the information provided to the plan administrator by the custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and do not express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the custodians, 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 described in Note 1 to the financial statements, on December 1, 2001, the Board of Directors approved an amendment to freeze the accrual of benefits of the Retirement Plan of Thales ATM, Inc. as of December 31, 2001.

Pickett, Chaney & McMullen LLP

September 16, 2011

ACTUARIAL COST METHOD**Actuarial Cost Method**

Costs have been computed in accordance with the Unit Credit Actuarial Cost Method and reflect the actuarial assumptions described in “Plan Assumptions” of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target Normal Cost

The Target Normal Cost is the present value of benefits expected to accrue during the plan year for all Participants plus an estimate of the expenses to be paid from the plan assets during the plan year.

Target Liability and Funding Shortfall

As of January 1, 2008, a Target Liability is established which represents the present value of accrued benefits. This Target Liability is offset by adjusted assets, and the remainder (i.e. Funding Shortfall), if any, is amortized over seven years.

Subsequent changes in the Funding Shortfall due to asset experience, liability experience, plan amendments, and/or actuarial assumption changes will be amortized over a seven year period from their valuation dates.

Discount Rate

The plan sponsor has elected to use the Segment Rate approach for discount rate purposes, with an applicable month that is 4 months prior to the valuation date.

The plan sponsor elected not to phase in the new interest rate basis. Refer to the plan assumptions section (Appendix E) for additional detail.

II. ASSET VALUATION METHOD

Assets have been valued in accordance with generally accepted procedures as described below.

All funds invested are valued in the following manner:

Definitions

i(t)	assumed growth rate, set equal to the lesser of the expected return on assets or the applicable 3 rd segment rate for Plan Year t.
C(t)	sum of contributions and other additions to the fund from all sources other than investment transactions in Plan Year t
W(t)	sum of all withdrawals and other decreases to the fund from all sources other than investment transactions in Plan Year t
AV(t)	Actuarial Value of Assets as of Plan Year t
MV(t)	Market Value of Assets as of Plan Year t
EV(t)	Expected Value of Assets as of Plan Year t
G/L(t)	Gain or Loss for Plan Year t

ACTUARIAL COST METHOD (CONT'D)**Method**

A description of the method used to determine the current year's Actuarial Value of Assets $\{AV(t)\}$ is below.

For the preceding 2 years, $G/L(t)$ is determined as follows:

$$EV(t) = MV(t-1) * (1 + i(t-1)) + [C(t-1) - W(t-1)] * (1 + i(t-1) * m)$$

Where m represents a proportionate yield consistent with the portion of the year for which C and W are invested

$$G/L(t-1) = EV(t) - MV(t)$$

For the current year, $AV(t)$ is determined as follows:

$$AV(t) = MV(t) + 2/3 * G/L(t-1) + 1/3 * G/L(t-2)$$

Corridor Limits

The Actuarial Value of Assets may not be less than 90% or more than 110% of the current market value of plan assets as of the applicable valuation date [as required by IRC Section 430(g)(3)(B)(iii)]

Please note, as highlighted above, the assumed asset growth rate for each year is limited to the applicable 3rd segment rate by law. As a result, if the plan's expected rate of return is greater than this applicable rate, this method is expected to produce an actuarial value of assets that can be expected to be slightly less than the market value of assets, on average.

PLAN ASSUMPTIONS

Assumptions have been chosen to anticipate the long range experience of the Plan. Consistency among assumptions is important as each interacts with the others; equally important is the recognition of inflationary trends in the economy.

As the Enrolled Actuary for the Plan, I will certify to the reasonableness of these assumptions, in aggregate, as required by ERISA.

The actuarial assumptions used to compute Plan costs are:

Mortality:

Male: The IRS 2010 Applicable Mortality Table.

Female: The IRS 2010 Applicable Mortality Table.

Termination:

The probabilities that participants at the ages indicated will terminate are:

Age	Male	Female
20	13.0%	13.0%
25	10.5%	10.5%
30	8.0%	8.0%
35	6.0%	6.0%
40	4.0%	4.0%
45	2.0%	2.0%
50 +	0.0%	0.0%

Retirement Age:

Annual rates are shown below:

Age	Rate of Retirement
55	3.0%
56	3.0%
57	3.0%
58	3.0%
59	3.0%
60	10.0%
61	5.0%
62	25.0%
63	15.0%
64	15.0%
65	100%

Investment Return:*Funding:*

Non-transitional segment rates with a 4 month look back:
September 2009 rates, 5.03%, 6.73% and 6.82%.

Accounting:

7.75% per annum, compounded annually, net of investment and contract fees.

Survivor's Benefit:	It is assumed that husbands are three years older than wives and that 80% of the male participants and 80% of the female participants who are or will become eligible for coverage under the Survivor's Benefit will be survived by an eligible survivor.	
Estimated Expenses:	\$104,000	
Disability:	None	
Salary Scale:	Not applicable	
Social Security:	Primary Insurance Amount	Not applicable
	Covered Compensation	Not applicable

PLAN PROVISIONS

Earnings	Earnings include elective contributions made by Company that are not included in income under Code Section 125, 402(e)(3), 402(h) or 403(b), deferred compensation within Code Section 457(b) and employee allowances, fringe benefit (cash and non-cash), moving expenses, deferred compensation and welfare benefits.
Final Earnings	Average Rate of Earnings during highest consecutive three Plan Years during last five consecutive Plan Years Employee was a Participant. A Rate of Annual Salary based on less than 1,900 Benefit Hours is multiplied by a fraction, the numerator of which is 12 and denominator of which is the month of Benefit Service which the Rate of Annual Salary is based.
Service	On or after January 1, 1988, one year of Vesting Service for each Plan Year in which an Employee is credited with 1,000 or more Vesting Hours. With respect to service accrued prior to January 1, 1988, Employee retains the Vesting Service accrued as of December 31, 1987 under the terms of the Predecessor Plan.
Credited Service	Benefit Hours credited in any Plan Year

From	To	Months
0000	0079	00
0080	0239	01
0240	0399	02
0400	0559	03
0560	0719	04
0720	0879	05
0880	1040	06
1041	1213	07
1214	1386	08
1387	1560	09
1561	1733	10
1734	1906	11
1907 +		12

Form of Annuity	Life Annuity with automatic Joint and Survivor 50% continuation for married Participants.
Normal Retirement Date	First day of the month coinciding with or next following attainment of age 65.
Social Security	Covered Compensation Average of the Social Security taxable wage bases in effect for each calendar year during the 35 year period ending with the last day of the calendar year in which the participant attains his Social Security Retirement Age.
Participation Eligibility	Any Employee currently being credited with Benefit Hours.

PLAN PROVISIONS

Benefit Formula	<p>Effective December 31, 2001 all benefits in the plan are frozen.</p> <p>The benefit of a participant at normal retirement is equal to (A) plus (B):</p> <p>(A) Accrued benefit at December 31, 1995 (December 31, 2000) for hourly paid employees), net of Predecessor Plan accrued benefit.</p> <p>(B) For each year of service after January 1, 1996 (January 1, 2001 for hourly paid employees), 1.7% of Earnings up to the Average Social Security Wage Base, plus 2.0% of Earnings in excess of the Average Social Security Wage Base provided, however, that if Benefit Service accrued as of December 31, 1995 (December 31, 2000 for hourly paid employees) plus the number of Plan Years in which the participant accrues a benefit on or after January 1, 1996, (January 1, 2001 for hourly paid employees), equals or exceeds 35, the accrued benefit for each plan year shall equal 2% of Earnings.</p>
Early Eligibility	First day of the month coinciding with or next following age 55 with ten year of Vesting Service
Early Benefit Amount	<p>A. For Participants who retire early from an active status:</p> <p>Accrued Benefit reduced by the lesser of (a) 1/12 of 2.5% for each calendar month benefits begin prior to Normal Retirement Date, or 2.5% for each point less than 85 where the number of points is equal to the sum of the Participant's age (computed to nearer 1/12 of a year) and 1/12th of his Months of Benefit Service as of the date employment terminates.</p> <p>B. For terminated vested participants who retire early:</p> <p>Accrued benefit actuarially adjusted for early payment.</p>
Vesting Schedule	Five or more years equals 100%
Vested Benefit	Benefit accrued to date of termination, adjusted by appropriate vesting percentage.
Preretirement Spouse Benefit	<p>A. Eligibility</p> <p>Eligible for early retirement and married one full year prior to death</p> <p>Benefit Formula</p> <p>50% of the pension benefit accrued to date of death, reduced by appropriate early retirement and join and survivor factors.</p> <p>B. Eligibility</p> <p>Eligible for vesting, but not eligible for early retirement and married one full year prior to death</p> <p>Benefit Formula</p> <p>50% of the pension benefit accrued to date of death, payment deferred to early retirement date of the deceased Participant and reduced by appropriate early retirement and join and survivor factors.</p>

DISTRIBUTION OF ACTIVE PARTICIPANTS BY AGE AND SERVICE**Number of Active Employees as of January 1, 2010 -- Distribution by Age and Service**

Attained Age	Years of Credited Service										Total
	<u>Under 1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40+</u>	
Under 25											
25-29											
30-34			2								2
35-39			3								3
40-44			1		1						2
45-49			2	1	1	5	1	1			11
50-54			3	2	3		3	9			20
55-59			1		2	1	3	3			10
60-64						1		2	1		4
65-69											
70 +				1		1					2
Total			12	4	7	8	7	15	1		54

SECTION IV**MINIMUM CONTRIBUTION AMORTIZATION**

The interest rates and corresponding present value factors as of January 1, 2010 are reflected below. Also shown are prior year amortization values and the development of the amortization for the 2010 plan year.

I. Interest Rate Table - Calculation of Shortfall Amortization Factors

<u>Year</u>	<u>Applicable Interest Rate</u>	<u>Discount Factor</u>	<u>Present Value Factor</u>
1	5.03%	1.000000	1.000000
2	5.03%	0.952109	1.952109
3	5.03%	0.906511	2.858620
4	5.03%	0.863098	3.721718
5	5.03%	0.821763	4.543481
6	6.73%	0.722050	5.265531
7	6.73%	0.676520	5.942051

II. Prior Year Amortization Amounts

<u>Plan Year</u>	<u>Installment</u>	<u>PV Factor</u>	<u>Present Value</u>
2009	48,238	5.265531	253,999
2008	394,606	4.543481	1,792,885
2007	0	3.721718	0
2006	0	2.858620	0
2005	0	1.952109	0
2004	0	1.000000	0
	\$442,844		\$2,046,884

III. Current Year Amortization

Exemption from Current year Amortization	No
1. Funding Shortfall to be amortized ¹	\$2,657,354
2. Present Value of Prior Year Amortization Installments	2,046,884
3. Current Year Amortization Base (1 - 2)	610,470
4. Shortfall Amortization Factor	5.942051
5. Current Year Amortization Installment (3 divided by 4)	102,737
6. Sum of Prior Year Amortization Installments	442,844
7. Net Shortfall Amortization Charge (5 + 6)	\$545,581

¹The Funding Shortfall to be amortized is calculated as (\$13,286,771 * 1.00) - \$10,629,417

SECTION I**SUMMARY OF VALUATION RESULTS (Continued)****Changes Since Last Year's Valuation****Changes in Pension Plan Provisions**

There were no changes in the pension plan provisions recognized with this actuarial valuation.

New Legislation

There were no significant legislative changes recognized with this actuarial valuation.

Changes in Actuarial Assumptions

The 2010 interest rates and mortality reflect the following:

Interest Rates: September 2009 Segment Rates 5.03%, 6.73%, and 6.82%

Mortality Table: IRS 2010 Applicable Mortality Table

Per IRS guidance, target normal cost must include administrative expenses to be paid from plan assets. Assumed to be \$104,000 for the 2010 Plan Year.

Changes in Actuarial Cost Method

There were no changes to the actuarial cost method recognized with this valuation.

Benefit Restrictions and "At Risk" Status

There are no benefit restrictions associated with the current plan year.

The plan is not considered "At Risk" for the current plan year.

Retirement Plan of Thales ATM, Inc.
EIN/PN: 43-1785962/001; Plan Year: 01/01/2010
Schedule SB, line 22 - Description of Weighted Average Retirement Age

<u>Age</u>	<u>Probability</u>	<u>Number Retiring</u>	<u>Number Remaining</u>	<u>Result</u>
55	3.00%	0.030000	0.970000	1.650000
56	3.00%	0.029100	0.940900	1.629600
57	3.00%	0.028227	0.912673	1.608939
58	3.00%	0.027380	0.885293	1.588051
59	3.00%	0.026559	0.858734	1.566968
60	10.00%	0.085873	0.772861	5.152404
61	5.00%	0.038643	0.734218	2.357225
62	25.00%	0.183554	0.550663	11.380373
63	15.00%	0.082599	0.468064	5.203767
64	15.00%	0.070210	0.397854	4.493412
65	100.00%	0.397854	0.000000	25.860520
				62.491259

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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

RETIREMENT PLAN OF THALES ATM, INC.

B Three-digit
plan number (PN) ▶

001

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

THALES ATM, INC.

D Employer Identification Number (EIN)

43-1785962

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2010**2** Assets:

	2a	
a Market value.....	10,865,022	
b Actuarial value.....	11,336,776	

3 Funding target/participant count breakdown

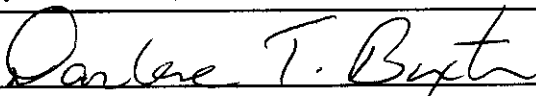
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 132	3,802,549
b For terminated vested participants.....	3b 288	7,097,458
c For active participants:		
(1) Non-vested benefits.....	3c(1)	612,651
(2) Vested benefits.....	3c(2)	1,774,113
(3) Total active.....	3c(3) 54	2,386,764
d Total.....	3d 474	13,286,771

4 If the plan is at-risk, check the box and complete items (a) and (b) ☐

	4a	
a Funding target disregarding prescribed at-risk assumptions.....		
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** 6.72 %**6** Target normal cost..... **6** 104,000**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**

Signature of actuary

9/20/2011

Date

DARLENE T. BUXTON

Type or print name of actuary

11-06222

Most recent enrollment number

PRIAC

Firm name

(860) 534-2303

Telephone number (including area code)

P.O. BOX 2975

HARTFORD

CT 06104-2975

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

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
--	--	---

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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 RETIREMENT PLAN OF THALES ATM, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THALES ATM, INC.	D Employer Identification Number (EIN) 43-1785962
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 10,865,022
b Actuarial value.....	2b 11,336,776
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 132 3,802,549
b For terminated vested participants.....	3b 288 7,097,458
c For active participants:	
(1) Non-vested benefits.....	3c(1) 612,651
(2) Vested benefits.....	3c(2) 1,774,113
(3) Total active.....	3c(3) 54 2,386,764
d Total.....	3d 474 13,286,771
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 6.72 %
6 Target normal cost.....	6 104,000

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	
Signature of actuary	Date
DARLENE T. BUXTON	11-06222
Type or print name of actuary	Most recent enrollment number
PRIAC	(860)534-2303
Firm name	Telephone number (including area code)
P.O. BOX 2975	
HARTFORD CT 06104-2975	
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 ☐

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)	572,692	601,897
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).....	572,692	601,897
10	Interest on item 9 using prior year's actual return of <u>24.88</u> %	142,486	149,752
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		32,436
b	Interest on (a) using prior year's effective rate of <u>8.13</u> %		2,637
c	Total available at beginning of current plan year to add to prefunding balance		35,073
d	Portion of (c) to be added to prefunding balance.....		35,073
12	Reduction in balances due to elections or deemed elections.....	715,178	79,363
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	707,359

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
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	84.50 %
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
01/14/2010	250,000				
10/15/2010	158,633				
01/14/2011	136,211				
09/15/2011	434,358				
Totals ▶			18(b)	979,202	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	916,274

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 62
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	104,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2,657,354	545,581
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	649,581
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35).....	36	649,581
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	916,274
38 Interest-adjusted excess contributions for current year (see instructions).....	38	266,693
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

Retirement Plan of Thales ATM, Inc.
EIN/PN: 43-1785962/001; Plan Year: 01/01/2010
Schedule SB, line 22 - Description of Weighted Average Retirement Age

<u>Age</u>	<u>Probability</u>	<u>Number Retiring</u>	<u>Number Remaining</u>	<u>Result</u>
55	3.00%	0.030000	0.970000	1.650000
56	3.00%	0.029100	0.940900	1.629600
57	3.00%	0.028227	0.912673	1.608939
58	3.00%	0.027380	0.885293	1.588051
59	3.00%	0.026559	0.858734	1.566968
60	10.00%	0.085873	0.772861	5.152404
61	5.00%	0.038643	0.734218	2.357225
62	25.00%	0.183554	0.550663	11.380373
63	15.00%	0.082599	0.468064	5.203767
64	15.00%	0.070210	0.397854	4.493412
65	100.00%	0.397854	0.000000	25.860520
				62.491259

ACTUARIAL COST METHOD**Actuarial Cost Method**

Costs have been computed in accordance with the Unit Credit Actuarial Cost Method and reflect the actuarial assumptions described in “Plan Assumptions” of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target Normal Cost

The Target Normal Cost is the present value of benefits expected to accrue during the plan year for all Participants plus an estimate of the expenses to be paid from the plan assets during the plan year.

Target Liability and Funding Shortfall

As of January 1, 2008, a Target Liability is established which represents the present value of accrued benefits. This Target Liability is offset by adjusted assets, and the remainder (i.e. Funding Shortfall), if any, is amortized over seven years.

Subsequent changes in the Funding Shortfall due to asset experience, liability experience, plan amendments, and/or actuarial assumption changes will be amortized over a seven year period from their valuation dates.

Discount Rate

The plan sponsor has elected to use the Segment Rate approach for discount rate purposes, with an applicable month that is 4 months prior to the valuation date.

The plan sponsor elected not to phase in the new interest rate basis. Refer to the plan assumptions section (Appendix E) for additional detail.

II. ASSET VALUATION METHOD

Assets have been valued in accordance with generally accepted procedures as described below.

All funds invested are valued in the following manner:

Definitions

i(t)	assumed growth rate, set equal to the lesser of the expected return on assets or the applicable 3 rd segment rate for Plan Year t.
C(t)	sum of contributions and other additions to the fund from all sources other than investment transactions in Plan Year t
W(t)	sum of all withdrawals and other decreases to the fund from all sources other than investment transactions in Plan Year t
AV(t)	Actuarial Value of Assets as of Plan Year t
MV(t)	Market Value of Assets as of Plan Year t
EV(t)	Expected Value of Assets as of Plan Year t
G/L(t)	Gain or Loss for Plan Year t

ACTUARIAL COST METHOD (CONT'D)**Method**

A description of the method used to determine the current year's Actuarial Value of Assets $\{AV(t)\}$ is below.

For the preceding 2 years, $G/L(t)$ is determined as follows:

$$EV(t) = MV(t-1) * (1 + i(t-1)) + [C(t-1) - W(t-1)] * (1 + i(t-1) * m)$$

Where m represents a proportionate yield consistent with the portion of the year for which C and W are invested

$$G/L(t-1) = EV(t) - MV(t)$$

For the current year, $AV(t)$ is determined as follows:

$$AV(t) = MV(t) + 2/3 * G/L(t-1) + 1/3 * G/L(t-2)$$

Corridor Limits

The Actuarial Value of Assets may not be less than 90% or more than 110% of the current market value of plan assets as of the applicable valuation date [as required by IRC Section 430(g)(3)(B)(iii)]

Please note, as highlighted above, the assumed asset growth rate for each year is limited to the applicable 3rd segment rate by law. As a result, if the plan's expected rate of return is greater than this applicable rate, this method is expected to produce an actuarial value of assets that can be expected to be slightly less than the market value of assets, on average.

PLAN ASSUMPTIONS

Assumptions have been chosen to anticipate the long range experience of the Plan. Consistency among assumptions is important as each interacts with the others; equally important is the recognition of inflationary trends in the economy.

As the Enrolled Actuary for the Plan, I will certify to the reasonableness of these assumptions, in aggregate, as required by ERISA.

The actuarial assumptions used to compute Plan costs are:

Mortality:

Male: The IRS 2010 Applicable Mortality Table.

Female: The IRS 2010 Applicable Mortality Table.

Termination:

The probabilities that participants at the ages indicated will terminate are:

Age	Male	Female
20	13.0%	13.0%
25	10.5%	10.5%
30	8.0%	8.0%
35	6.0%	6.0%
40	4.0%	4.0%
45	2.0%	2.0%
50 +	0.0%	0.0%

Retirement Age:

Annual rates are shown below:

Age	Rate of Retirement
55	3.0%
56	3.0%
57	3.0%
58	3.0%
59	3.0%
60	10.0%
61	5.0%
62	25.0%
63	15.0%
64	15.0%
65	100%

Investment Return:*Funding:*

Non-transitional segment rates with a 4 month look back:
September 2009 rates, 5.03%, 6.73% and 6.82%.

Accounting:

7.75% per annum, compounded annually, net of investment and contract fees.

Survivor's Benefit:	It is assumed that husbands are three years older than wives and that 80% of the male participants and 80% of the female participants who are or will become eligible for coverage under the Survivor's Benefit will be survived by an eligible survivor.	
Estimated Expenses:	\$104,000	
Disability:	None	
Salary Scale:	Not applicable	
Social Security:	Primary Insurance Amount	Not applicable
	Covered Compensation	Not applicable

PLAN PROVISIONS

Earnings	Earnings include elective contributions made by Company that are not included in income under Code Section 125, 402(e)(3), 402(h) or 403(b), deferred compensation within Code Section 457(b) and employee allowances, fringe benefit (cash and non-cash), moving expenses, deferred compensation and welfare benefits.
Final Earnings	Average Rate of Earnings during highest consecutive three Plan Years during last five consecutive Plan Years Employee was a Participant. A Rate of Annual Salary based on less than 1,900 Benefit Hours is multiplied by a fraction, the numerator of which is 12 and denominator of which is the month of Benefit Service which the Rate of Annual Salary is based.
Service	On or after January 1, 1988, one year of Vesting Service for each Plan Year in which an Employee is credited with 1,000 or more Vesting Hours. With respect to service accrued prior to January 1, 1988, Employee retains the Vesting Service accrued as of December 31, 1987 under the terms of the Predecessor Plan.
Credited Service	Benefit Hours credited in any Plan Year

From	To	Months
0000	0079	00
0080	0239	01
0240	0399	02
0400	0559	03
0560	0719	04
0720	0879	05
0880	1040	06
1041	1213	07
1214	1386	08
1387	1560	09
1561	1733	10
1734	1906	11
1907 +		12

Form of Annuity	Life Annuity with automatic Joint and Survivor 50% continuation for married Participants.
Normal Retirement Date	First day of the month coinciding with or next following attainment of age 65.
Social Security	Covered Compensation Average of the Social Security taxable wage bases in effect for each calendar year during the 35 year period ending with the last day of the calendar year in which the participant attains his Social Security Retirement Age.
Participation Eligibility	Any Employee currently being credited with Benefit Hours.

PLAN PROVISIONS

Benefit Formula	<p>Effective December 31, 2001 all benefits in the plan are frozen.</p> <p>The benefit of a participant at normal retirement is equal to (A) plus (B):</p> <p>(A) Accrued benefit at December 31, 1995 (December 31, 2000) for hourly paid employees), net of Predecessor Plan accrued benefit.</p> <p>(B) For each year of service after January 1, 1996 (January 1, 2001 for hourly paid employees), 1.7% of Earnings up to the Average Social Security Wage Base, plus 2.0% of Earnings in excess of the Average Social Security Wage Base provided, however, that if Benefit Service accrued as of December 31, 1995 (December 31, 2000 for hourly paid employees) plus the number of Plan Years in which the participant accrues a benefit on or after January 1, 1996, (January 1, 2001 for hourly paid employees), equals or exceeds 35, the accrued benefit for each plan year shall equal 2% of Earnings.</p>
Early Eligibility	First day of the month coinciding with or next following age 55 with ten year of Vesting Service
Early Benefit Amount	<p>A. For Participants who retire early from an active status:</p> <p>Accrued Benefit reduced by the lesser of (a) 1/12 of 2.5% for each calendar month benefits begin prior to Normal Retirement Date, or 2.5% for each point less than 85 where the number of points is equal to the sum of the Participant's age (computed to nearer 1/12 of a year) and 1/12th of his Months of Benefit Service as of the date employment terminates.</p> <p>B. For terminated vested participants who retire early:</p> <p>Accrued benefit actuarially adjusted for early payment.</p>
Vesting Schedule	Five or more years equals 100%
Vested Benefit	Benefit accrued to date of termination, adjusted by appropriate vesting percentage.
Preretirement Spouse Benefit	<p>A. Eligibility</p> <p>Eligible for early retirement and married one full year prior to death</p> <p>Benefit Formula</p> <p>50% of the pension benefit accrued to date of death, reduced by appropriate early retirement and join and survivor factors.</p> <p>B. Eligibility</p> <p>Eligible for vesting, but not eligible for early retirement and married one full year prior to death</p> <p>Benefit Formula</p> <p>50% of the pension benefit accrued to date of death, payment deferred to early retirement date of the deceased Participant and reduced by appropriate early retirement and join and survivor factors.</p>

SECTION I**SUMMARY OF VALUATION RESULTS (Continued)****Changes Since Last Year's Valuation****Changes in Pension Plan Provisions**

There were no changes in the pension plan provisions recognized with this actuarial valuation.

New Legislation

There were no significant legislative changes recognized with this actuarial valuation.

Changes in Actuarial Assumptions

The 2010 interest rates and mortality reflect the following:

Interest Rates: September 2009 Segment Rates 5.03%, 6.73%, and 6.82%

Mortality Table: IRS 2010 Applicable Mortality Table

Per IRS guidance, target normal cost must include administrative expenses to be paid from plan assets. Assumed to be \$104,000 for the 2010 Plan Year.

Changes in Actuarial Cost Method

There were no changes to the actuarial cost method recognized with this valuation.

Benefit Restrictions and "At Risk" Status

There are no benefit restrictions associated with the current plan year.

The plan is not considered "At Risk" for the current plan year.

DISTRIBUTION OF ACTIVE PARTICIPANTS BY AGE AND SERVICE**Number of Active Employees as of January 1, 2010 -- Distribution by Age and Service**

Attained Age	Years of Credited Service										Total
	<u>Under 1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40+</u>	
Under 25											
25-29											
30-34			2								2
35-39			3								3
40-44			1		1						2
45-49			2	1	1	5	1	1			11
50-54			3	2	3		3	9			20
55-59			1		2	1	3	3			10
60-64						1		2	1		4
65-69											
70 +				1		1					2
Total			12	4	7	8	7	15	1		54

SECTION IV**MINIMUM CONTRIBUTION AMORTIZATION**

The interest rates and corresponding present value factors as of January 1, 2010 are reflected below. Also shown are prior year amortization values and the development of the amortization for the 2010 plan year.

I. Interest Rate Table - Calculation of Shortfall Amortization Factors

<u>Year</u>	<u>Applicable Interest Rate</u>	<u>Discount Factor</u>	<u>Present Value Factor</u>
1	5.03%	1.000000	1.000000
2	5.03%	0.952109	1.952109
3	5.03%	0.906511	2.858620
4	5.03%	0.863098	3.721718
5	5.03%	0.821763	4.543481
6	6.73%	0.722050	5.265531
7	6.73%	0.676520	5.942051

II. Prior Year Amortization Amounts

<u>Plan Year</u>	<u>Installment</u>	<u>PV Factor</u>	<u>Present Value</u>
2009	48,238	5.265531	253,999
2008	394,606	4.543481	1,792,885
2007	0	3.721718	0
2006	0	2.858620	0
2005	0	1.952109	0
2004	0	1.000000	0
	\$442,844		\$2,046,884

III. Current Year Amortization

Exemption from Current year Amortization	No
1. Funding Shortfall to be amortized ¹	\$2,657,354
2. Present Value of Prior Year Amortization Installments	2,046,884
3. Current Year Amortization Base (1 - 2)	610,470
4. Shortfall Amortization Factor	5.942051
5. Current Year Amortization Installment (3 divided by 4)	102,737
6. Sum of Prior Year Amortization Installments	442,844
7. Net Shortfall Amortization Charge (5 + 6)	\$545,581

¹The Funding Shortfall to be amortized is calculated as (\$13,286,771 * 1.00) - \$10,629,417

**RETIREMENT PLAN OF
THALES ATM, INC.**

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT
DECEMBER 31, 2010 AND 2009

RETIREMENT PLAN OF THALES ATM, INC.

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Note - Certain supplemental schedules required by the rules and regulations of the Department of Labor are omitted because of the absence of the conditions under which they are required.



INDEPENDENT AUDITORS' REPORT

To the Retirement Plan Committee and Participants of the
Retirement Plan of Thales ATM, Inc.
Shawnee, Kansas

We were engaged to audit the accompanying financial statements of the Retirement Plan of Thales ATM, Inc. as of December 31, 2010 and 2009, and for the year ended December 31, 2010, as listed in the accompanying index. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, FSB, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2010 and 2009, and for the year ended December 31, 2010 that the information provided to the plan administrator by the custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and do not express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the custodians, 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 described in Note 1 to the financial statements, on December 1, 2001, the Board of Directors approved an amendment to freeze the accrual of benefits of the Retirement Plan of Thales ATM, Inc. as of December 31, 2001.

Pickett, Chaney & McMullen LLP

September 16, 2011

RETIREMENT PLAN OF THALES ATM, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Investment, at fair value - Investment in Master Trust	\$ 11,756,317	\$ 10,865,022
Employer contribution receivable	<u>570,567</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 12,326,884</u>	<u>\$ 10,865,022</u>

See notes to financial statements.

RETIREMENT PLAN OF THALES ATM, INC.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Employer contributions	\$ 979,202
Investment income from Master Trust	<u>1,363,965</u>
Total additions	2,343,167

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	766,106
Administrative and management fees	<u>115,199</u>
Total deductions	<u>881,305</u>

INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS 1,461,862

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>10,865,022</u>
End of year	<u>\$ 12,326,884</u>

See notes to financial statements.

RETIREMENT PLAN OF THALES ATM, INC.

NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

1. DESCRIPTION AND SIGNIFICANT EVENTS OF THE PLAN

The Retirement Plan of Thales ATM, Inc. (the "Plan") was established January 1, 1988, for the salaried employees of Thales ATM, Inc. (the "Company"). Prior to January 2001, the Plan's name was Retirement Plan of Airsys ATM, Inc. and prior to September 1997, the Plan's name was the Retirement Plan of Wilcox Electric, Inc. Participants who were employed by the Company prior to January 1, 1988, also participate in the retirement plans of the Company's former parent companies, Northrop Corp. and American Standard, Inc. (predecessor plans). Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

On December 31, 2001, the accrual of plan benefits of the Retirement Plan of Thales ATM, Inc., was frozen. As a result of freezing the accrual of benefits, each person who was a general participant in the Plan on December 31, 2001, and who was in the employment of the Company on that date, became fully vested in their accrued benefits as of December 31, 2001.

Effective June 1, 2004, the Plan became one of the participating plans in the Thales Master Trust (Master Trust), see Note 4. The Master Trust's custodian of the pooled separate account investments is Prudential Retirement Insurance and Annuity Company. The custodian for the Master Trust's investments in mutual funds is Prudential Bank & Trust, FSB. Both custodians are affiliated through common ownership, and will collectively be referred to as "Prudential."

General – The Plan is a defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") for all salaried employees of Thales ATM, Inc.

Contributions – Employer contributions are based upon actuarial determinations. Under the current provisions of the plan, employees make no contributions. All contributions made by the employer are paid to the trustee and deposited in the trust fund.

Retirement Benefits – Participants become eligible for normal retirement on the first day of the month coincident with or next following the employee's 65th birthday. Early retirement is permitted after age 55 with ten years of vested service.

Upon retirement, participants receive benefits based upon years of credited service. The Plan is only responsible for the portion of this computed benefit that exceeds the benefit payable under the predecessor plans.

Benefit distributions upon normal retirement are in the form of a life annuity for unmarried participants, if an optional payment is not selected. Married participants receive an actuarially reduced 50% joint and survivor annuity. Optional payment forms include single life annuity, contingent annuitant, 10-year certain or life benefit, or lump sum.

Vesting – At December 31, 2001, the accrual of plan benefits was frozen and all eligible participants who were employed on that date became fully vested.

Surviving Spouse Benefits – Upon the death of a vested participant prior to eligibility for early retirement, benefits become payable to the spouse beginning on the participant's

earliest retirement date. The benefit payable to the spouse is equal to the 50% joint and survivor annuity that would have been paid had the participant survived to their earliest retirement date.

Upon the death of a vested participant after reaching eligibility for early retirement, the benefit payable to the spouse equals the benefit that would have been paid had the participant selected the early retirement option. The benefit is payable in the form of a 50% joint and survivor annuity.

Disability Retirement Benefits – In the event that a participant's employment is terminated as a result of disability, and the participant is eligible to receive a normal or early retirement benefit, they shall receive such benefit.

Administrative Expenses – Accounting fees incurred in administering the Plan are paid by the Company. Actuarial, PBGC and trustee fees are paid from the assets of the Plan.

Termination of the Plan – Upon termination of the plan, each participant's accrued benefits as of the date of termination shall become fully vested and nonforfeitable to the extent funded. The Pension Guaranty Corporation (PBGC) guarantees the payment of all nonforfeitable basic benefits subject to certain limitations described in ERISA. Some benefits may be fully or partially provided for by the then existing net assets and PBGC guaranty. Other benefits may not be provided at all.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires of the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment in Master Trust – The fair value of the Plan's Investments in the Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Funding Policy - Annual contributions, as determined by the Plan's actuary, are made by the Company to fund the Plan and have been computed in accordance with the Unit Credit Actuarial Cost Method. The Company's contributions for 2010 met the minimum funding requirements of ERISA.

Date of Management's Review – Subsequent events have been evaluated through September 16, 2011, which is the date the financial statements were available to be issued, and there were no material events requiring recognition or disclosure.

New Accounting Pronouncements – In January 2010, the FASB issued guidance which expanded the required disclosures about fair value measurements. This guidance requires purchases, sales, issuances and settlements to be presented separately in the reconciliation for Level 3 fair value measurements. This guidance is effective for annual reporting periods beginning after December 15, 2010. The Company is currently evaluating the impact that this guidance will have on the Plan's financial statement disclosures.

3. ACTUARIAL ASSUMPTIONS AND VALUATION

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

The actuarial present value of accumulated plan benefits is determined by the plan's actuary, Prudential. Significant actuarial assumptions used include an investment return of 7.75% in both 2010 and 2009, and no projected annual salary increase. Life expectancy assumptions for the 2010 were based on the IRS 2011 Applicable Mortality Table, while the life expectancy assumptions for 2009 were based on the RP-2000 Table for males and females.

The actuarial present value of accumulated plan benefits as of December 31 is as follows:

	2010	2009
Vested Benefits:		
Active participants	\$ 1,933,816	\$ 1,774,113
Retired participants	3,387,359	3,409,848
Terminated participant	<u>6,407,516</u>	<u>5,777,769</u>
	11,728,691	10,961,730
Non-Vested Benefits	<u>169,678</u>	<u>199,486</u>
Total accumulated plan benefit obligations	<u>\$ 11,898,369</u>	<u>\$ 11,161,216</u>

The change in accumulated plan benefits for the year ended December 31, 2010 is as follows:

Actuarial present value of accumulated plan benefits at beginning of period	\$ 11,161,216
Increase (decrease) during the year attributable to:	
Benefits accumulated	141,373
Interest due to the decrease in discount period	835,863
Benefits paid to participants	(766,106)
Assumption changes	<u>526,023</u>
Actuarial present value of accumulated plan benefits at end of period	<u>\$ 11,898,369</u>

4. MASTER TRUST

The Plan's sole investment is its interest in the Master Trust which was established for the investment of assets of the Plan and several other Thales Company sponsored retirement plans. Each participating retirement plan has an undivided interest in the Master Trust. The Plan's interest in the investments of the Master Trust was 28.6% and 28.2% as of December 31, 2010 and 2009, respectively. The following is a summary of the value of the investments of the Master Trust as of December 31, 2010 and 2009.

	2010	2009
Pooled separate accounts issued by Prudential	\$ 30,779,658	\$ 25,457,180
Mutual funds	7,883,649	10,127,318
Limited partnership	<u>2,493,360</u>	<u>2,967,862</u>
	<u>\$ 41,156,667</u>	<u>\$ 38,552,360</u>

Investment income and administrative expenses are allocated to the individual plans based upon each Plan's share of the assets, and expenses specific to each plan. The net investment income for the master trust for the year ended December 31, 2010 is as follows:

Net investment gain from pooled separate accounts	\$ 3,004,258
Net investment gain from mutual funds and limited partnership	1,098,679
Other loss	<u>(31,423)</u>
	<u>\$ 4,071,514</u>

The Master Trust is comprised of mutual funds, pooled separate accounts and a limited partnership, which invest in a variety of investments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility due to the level of risk associated with certain investment securities. It is reasonably possible that changes in the values of investment securities will occur in the near term and, that such changes could materially affect the amounts reported in the financial statements.

5. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs consist of unadjusted quoted prices for identical assets in active markets that the plan has the ability to access.

Level 2 – Inputs consist of 1) quoted prices for similar assets in active markets, 2) quoted prices for identical or similar assets in inactive markets, 3) inputs other than quoted prices that are observable, and 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term.

Level 3 – Inputs consist of unobservable inputs where there is little or no market activity, and the reporting entity makes estimates and assumptions related to the pricing of the asset including assumptions regarding risk.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009:

Master Trust – Valued at fair value based on the fair value of the underlying investments of the fund, which have been determined based on the fair value of the underlying investments of the Master Trust. When quoted market prices are not available, the fair value of investments is estimated primarily by independent investment brokerage firms and insurance companies.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The Master Trust's investments are reported at fair value as follows at December 31, 2010 and 2009:

		Master Trust Assets		
		Fair Value		
		Measurements Using:		
	Fair Value	Level 1	Level 2	Level 3
December 31, 2010:				
Mutual funds:				
International Equity Funds	\$ 5,597,548	\$ 5,597,548	\$ -	\$ -
Bond Funds	2,286,101	2,286,101		
Limited Partnership	2,493,360			2,493,360
Pooled separate accounts:				
US Stock Funds	16,814,294		16,814,294	
US Bond Funds	12,793,746		12,793,746	
Short Term Funds	1,171,618	-	1,171,618	-
	<u>\$ 41,156,667</u>	<u>\$ 7,883,649</u>	<u>\$ 30,779,658</u>	<u>\$ 2,493,360</u>
December 31, 2009:				
Mutual funds:				
International Equity Funds	\$ 5,616,262	\$ 5,616,262	\$ -	\$ -
Bond Funds	4,511,056	4,511,056		
Limited Partnership	2,967,862			2,967,862
Pooled separate accounts:				
US Stock Funds	15,585,007		15,585,007	
US Bond Funds	3,889,343		3,889,343	
Short Term Funds	5,982,830	-	5,982,830	-
	<u>\$ 38,552,360</u>	<u>\$ 10,127,318</u>	<u>\$ 25,457,180</u>	<u>\$ 2,967,862</u>

The following table provides further details of Level 3 fair value measurements for the year ended December 31, 2010:

	Limited Partnership
Beginning Balance	\$ 2,967,862
Realized gains/(losses)	(3,857)
Unrealized gains/(losses) relating to investments still held at the reporting date	161,469
Purchases, sales, issuances (net)	<u>(632,113)</u>
Ending Balance	<u>\$ 2,493,361</u>
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	
	<u>\$ 161,469</u>

6. INFORMATION CERTIFIED BY CUSTODIANS

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, FSB, the custodians of the Plan, have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate with respect to investments as of December 31, 2010 and 2009, and for the year ended December 31, 2010:

- Investment in Master Trust, at fair value
- Investment income from Master Trust

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

7. PLAN EXPENSES

Expenses paid by the Master Trust attributable to this Plan consisted of the following:

Administrative and investment management fees	\$ 78,818
PBGC premiums	<u>36,381</u>
	<u>\$ 115,199</u>

8. TAX STATUS

The IRS has determined and informed the Company by a letter dated February 3, 2004, that the Plan is designed in accordance with applicable sections of the IRC. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision has been made in the financial statements for income taxes.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Company has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	2010	2009
Net assets available for benefits per the financial statements	\$ 12,326,884	\$ 10,865,022
Contributions receivable	<u>(570,567)</u>	<u>-</u>
Net assets available for benefits per the form 5500	<u>\$ 11,756,317</u>	<u>\$ 10,865,022</u>

The following is a reconciliation of employer contributions per the financial statements to the Form 5500 for the year ended December 31, 2010:

Contributions per the financial statements	\$ 979,202
Contribution receivable	<u>(570,567)</u>
Contributions per the Form 5500	<u>\$ 408,635</u>

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