

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
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010			
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 CAPGEMINI CASH BALANCE RETIREMENT PLAN 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CAPGEMINI U.S. LLC 623 FIFTH AVENUE, 33RD NEW YORK, NY 10022	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	05/23/2000	
	2b Employer Identification Number (EIN)	22-3712959	
	2c Sponsor's telephone number	212-314-3100	
	2d Business code (see instructions)	541600	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	SCOTT MCMILLAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CAPGEMINI U.S. LLC 623 FIFTH AVENUE, 33RD NEW YORK, NY 10022	3b Administrator's EIN 22-3712959 3c Administrator's telephone number 212-314-3100
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	489
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	107
b Retired or separated participants receiving benefits.....	6b	9
c Other retired or separated participants entitled to future benefits.....	6c	371
d Subtotal. Add lines 6a , 6b , and 6c	6d	487
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	488
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2
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 1C 1G 3H

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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>CAPGEMINI CASH BALANCE RETIREMENT PLAN</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>CAPGEMINI U.S. LLC</u>	D Employer Identification Number (EIN) <u>22-3712959</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>44676313</u>
b Actuarial value	2b <u>40618492</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>8</u> <u>1077768</u>
b For terminated vested participants	3b <u>365</u> <u>30424776</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>428731</u>
(2) Vested benefits	3c(2) <u>15603065</u>
(3) Total active	3c(3) <u>116</u> <u>16031796</u>
d Total	3d <u>489</u> <u>47534340</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>6.58</u> %
6 Target normal cost	6 <u>2681304</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>10/12/2011</u>
Signature of actuary	Date
<u>DANIEL BALSAM</u>	<u>11-06747</u>
Type or print name of actuary	Most recent enrollment number
<u>FIDELITY INVESTMENTS</u>	<u>212-335-5327</u>
Firm name	Telephone number (including area code)
<u>640 5TH AVENUE, IN2</u> <u>NEW YORK, NY 10019</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>31.80</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1431083
b Interest on (a) using prior year's effective rate of <u>8.46</u> %		121070
c Total available at beginning of current plan year to add to prefunding balance		1552153
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III	Funding percentages	
14 Funding target attainment percentage.....	14	85.45 %
15 Adjusted funding target attainment percentage.....	15	85.45 %
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	103.79 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2010	1500000				
07/12/2010	1500000				
01/10/2011	2000000				
Totals ►			18(b)	5000000	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 4797910
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

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

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	2681304
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	6915848	1163882
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	3845186
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	3845186
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	4797910
38 Interest-adjusted excess contributions for current year (see instructions).....	38	952724
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 CAPGEMINI CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CAPGEMINI U.S. LLC	D Employer Identification Number (EIN) 22-3712959	

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
DODGE AND COX
94-1441976

(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)

FID INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50 70	ACTUARY/CONS	132919	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEWITT ASSOCIATES

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	62107	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EISNERAMPER LLP

13-1639826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	CONSULTING	33500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK AND TRUST COMPANY

04-1867445

(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?
25 28 50 62 99	TRUSTEE	10723	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

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

a Name: ROBERT C EAKER	b EIN: 22-3712959
c Position: ENROLLED ACTUARY 08-03973	
d Address: HEWITT ASSOCIATES 45 GLOVER AVENUE NORWALK, CT 06850-1235	e Telephone: 203-852-1100
Explanation: CAPGEMINI TERMINATED THE CONTRACT HEWITT WHO WERE THE OLD ACTUARIES AND SIGNED A NEW CONTRACT WITH FIDELITY TO BE THE NEW ACTUARIES EFFECTIVE 1/1/2010.	

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 CAPGEMINI CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CAPGEMINI U.S. LLC	D Employer Identification Number (EIN) 22-3712959	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	963075	2000000
(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)	0	1053751
(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)		
(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)	43707525	49919014
(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	44670600	52972765

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	115623	91047
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	115623	91047

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	44554977	52881718
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5000000	
(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)		5000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2191	
(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)		2191
(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)	1065525	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1065525
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		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)		
(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)		4400408
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		10468124

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1899291	
(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)		1899291
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)	95607	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	10723	
(4) Other	2i(4)	135762	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		242092
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2141383

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8326741
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: EISNERAMPER, LLP

(2) EIN: 13-1639826

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>CAPGEMINI CASH BALANCE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CAPGEMINI U.S. LLC</u>	D Employer Identification Number (EIN) <u>22-3712959</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3581074</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>11</u>

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

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

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

Schedule R (Form 5500) 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 Participants and Administrator of the
Capgemini Cash Balance Retirement Plan

We were engaged to audit the accompanying statement of net assets available for benefits of the Capgemini Cash Balance Retirement Plan (the "Plan") as of December 31, 2010 and 2009, the related statements of changes in net assets available for benefits for the years then ended, the statements of accumulated plan benefits and changes in accumulated plan benefits as of and for the year ended January 1, 2010, and the supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended December 31, 2010. These financial statements and supplemental schedules 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 discussed in Note E, which was certified by State Street Bank & Trust, the trustee and custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee and custodian hold the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee and custodian as of December 31, 2010 and 2009 and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the trustee and custodian is complete and accurate.

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

EisnerAmper LLP

Edison, New Jersey
October 13, 2011

Actuarial Assumptions and Methods

Interest Rate:

PPA funding discount rate for funding target and target normal cost: 5.03% for the first 5 years, 6.73% for the next 15 years, and 6.82% thereafter, consistent with the September 2009 segment rates (previously based on the October 2008 Monthly Yield Curve rates).

Salary Scale: 3.00%

Administrative Expenses: (for developing target normal cost):

\$458,476. Estimated based on the prior year's non-investment related administrative expenses paid from the Trust. (Previously, \$409,777 was used.)

Healthy Mortality:

IRS 2010 Static Mortality Table (previously IRS 2009 Static Mortality Table).

Disabled Mortality:

IRS 2010 Static Mortality Table (previously IRS 2009 Static Mortality Table).

Marital Status: 85% of males and 50% of females are assumed married, with females 3 years younger than males.

Retirement Rates:

Active participants: Annual rates are as follows for males and females meeting normal retirement eligibility requirements:

Age	Percentage
55-57	3.0%
58-59	5.0%
60-61	8.0%
62	15.0%
63-64	10.0%
65	75.0%
66-69	50.0%
70+	100.0%

Actuarial Assumptions and Methods (continued)

Terminated vested participants: 100% at age 53.

Termination: Rates varying by age and service. Sample rates are shown below:

Age	Service			
	0	1	2	3+
20	5.775%	5.775%	5.775%	5.775%
25	4.719%	4.719%	4.719%	4.719%
30	4.191%	3.927%	3.630%	3.564%
35	4.191%	3.927%	3.630%	2.607%
40	4.191%	3.927%	3.630%	1.848%
45	4.191%	3.927%	3.630%	1.287%
50	4.191%	3.927%	3.630%	0.891%
54	4.191%	3.927%	3.630%	0.726%

Maximum Benefit: \$195,000 for 2010.

Maximum Salary: \$245,000 for 2010.

Form of Payment: It has been assumed benefits will be paid in a single lump sum payment. To the extent other optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

Actuarial Value of Plan Assets:

The actuarial value of assets is equal to:

a) the market value of assets (including discounted employer contributions receivable) on the valuation date, less

i) 50% of the prior year's investment gains/ (losses).

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (at an assumed rate of 7.25%, not to exceed the third segment rate for that year) over the actual return on the market value (including employer contributions receivable) for any given year.

b) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets (including discounted employer contributions receivable).

Actuarial Assumptions and Methods (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. The liability is then equal to the present value of all benefits for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

Plan Provisions

Name of Plan: Capgemini Cash Balance Retirement Plan.

Employer Identification Number / Plan Number: 22-3712959/ 001.

Effective Date: May 23, 2000.

Eligibility: All Covered Persons who have attained age 21 and completed at least 1 year of eligibility service or are at least 35 years of age.

Participation Date: Date of becoming an eligible employee.

Definitions:

Actuarial Equivalence: Actuarial Equivalence (other than for determining lump sums) is determined using an interest rate of 7% and the mortality rates prescribed by the Internal Revenue Service in Revenue Ruling 95-6.

Effective January 1, 2008, determination of the lump sum actuarial equivalent value of the Accrued Benefit, Actuarial Equivalence is based on the three segment interest rates set forth in Code Section 417(e)(3)(A)(ii) for the second calendar month preceding the calendar quarter of distribution, and the mortality rates prescribed by the Internal Revenue Service in Revenue Ruling 2007-67.

Covered Person: An employee who is classified as a Vice President or above.

Vesting service: A year of vesting service is credited if 12 months of service are completed, including all periods of service with the controlled group, whether or not consecutive. A month of service is included in vesting service if at least 15 days of each month are included in an employee's period of service.

Eligibility service: A year of eligible service is credited if 365 days of service are completed, including all periods of service with the controlled group, whether or not consecutive.

Compensation: Compensation generally includes all pay, excluding certain amounts such as moving allowances, differentials, overseas allowances, and severance payments.

Normal retirement date (NRD): The later of (1) the participant's 65th birthday; or (2) the earlier of the fifth anniversary of participation or the date on which the participant completes 5 years of vesting service.

2010 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Capgemini Cash Balance Retirement Plan
EIN 22-3712959 / PN 001

Plan Provisions (continued)

Accrued Benefit: A monthly benefit actuarially equivalent to the value of the cash balance account at retirement comprised of interest credits and annual cash balance credits as follows:

Interest credits – At the end of the year, interest is credited to the cash balance account as of the beginning of the year at an annual rate of 7%. In determining the Accrued Benefit, interest is credited to the later of the Normal Retirement Date or benefit commencement.

2010 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Capgemini Cash Balance Retirement Plan
EIN 22-3712959 / PN 001

Plan Provisions (continued)

Annual Cash Balance Credits – At the end of each Plan Year, the cash balance account is credited with an amount equal to:

1. Plan year compensation, times
2. The fraction of the year during which the employee was a covered person (measured in months as a covered person divided by 12), times
3. A percentage factor based on age at the beginning of the plan year as follows:

<u>Age</u>	<u>Percentage Factor</u>
21 & below	1.50%
22	1.60%
23	1.70%
24	1.85%
25	2.00%
26	2.10%
27	2.25%
28	2.40%
29	2.60%
30	2.75%
31	3.00%
32	3.25%
33	3.50%
34	3.75%
35	4.00%
36	4.25%
37	4.50%
38	4.75%
39	5.00%
40	5.50%
41	6.00%
42	6.50%
43	6.75%
44	7.00%
45	7.50%
46	7.75%
47	8.00%
48	8.50%
49	8.75%
50 & above	9.00%

Plan Provisions (continued)

Eligibility for Benefits:

NRD: Retirement on NRD.

Deferred vested: Terminations for reasons other than death or retirement after completing three years of Vesting Service.

Pre-retirement spouse benefit: Death while eligible for Normal, Early, Postponed, or Deferred Vested Retirement benefits, with a surviving spouse.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Accrued benefit determined as of NRD.

Termination with deferred vested benefit: Accrued benefit payable at normal retirement age, or an actuarially equivalent benefit payable at early retirement.

Death with pre-retirement spouse benefit: A single life annuity that is actuarially equivalent to the Participant's Cash Balance account as of the date of death.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

2010 Form 5500 Schedule SB Attachments
Schedule SB, line 25 – Change in Method
Capgemini Cash Balance Retirement Plan
EIN 22-3712959 / PN 001

Change in Method

The interest rate methodology was updated to be consistent with the segment rates published in September 2009 (5.03% for the first 5 years, 6.73% for the next 15 years, and 6.82% thereafter). Previously, interest rates were based on the October 2008 Monthly Yield Curve rates published in November 2008.

2010 Form 5500 Schedule SB Attachments
Schedule SB, line 26 – Schedule of Active Participant Data
Capgemini Cash Balance Retirement Plan
EIN 22-3712959 / PN 001

Schedule of Active Participants

Attained Age	Completed Years of Service on January 1, 2010										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25											0
25-29											0
30-34											0
35-39		3	1	2	1						7
40-44		4	6	6	2	2					20
45-49		10	10	10	13	4	1	1			49
50-54		3	6	6	2	5	3	1			26
55-59		2	3	1	1	3	1	1			12
60-64			2								2
65-69											0
Over 69											0
Total	0	22	28	25	19	14	5	3	0	0	116

2010 Form 5500 Schedule SB Attachments
Schedule SB, line 32 – Schedule of Amortization Bases
Capgemini Cash Balance Retirement Plan
EIN 22-3712959 / PN 001

Amortization Base

1.) Type of base	Shortfall
2.) Present value of remaining installments (including the installment for the current plan year)	\$ 6,915,848
3.) The valuation date as of which the base was established	1/1/2010
4.) The number of years remaining in the amortization period	7
5.) The amortization installment	\$ 1,163,882

2010 Form 5500 Schedule SB Attachments
Schedule SB, line 22 – Description of Weighted Average Retirement Age
Capgemini Cash Balance Retirement Plan
EIN 22-3712959 / PN 001

Description of Weighted Average Retirement Age

(1)	(2)	(3)	(4)
Age	Rate	Weight	(1) x (2) x (3)
55	3.00%	1.0000	1.65
56	3.00%	0.9700	1.63
57	3.00%	0.9409	1.61
58	5.00%	0.9127	2.65
59	5.00%	0.8670	2.56
60	8.00%	0.8237	3.95
61	8.00%	0.7578	3.70
62	15.00%	0.6972	6.48
63	10.00%	0.5926	3.73
64	10.00%	0.5333	3.41
65	75.00%	0.4800	23.40
66	50.00%	0.1200	3.96
67	50.00%	0.0600	2.01
68	50.00%	0.0300	1.02
69	50.00%	0.0150	0.52
70	100.00%	0.0075	0.53
Weighted Average:			62.81

Please put on company letterhead and mail to the prior actuary:

Robert C Eaker
Hewitt Associates
45 Glover Avenue
Norwalk, CT 06850-1235

NOTICE TO TERMINATED ENROLLED ACTUARY

I, as plan administrator, verify that the explanation that is attached to this notice is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2010 Annual Return/Report Form 5500 for the following plan:

Plan Name: Capgemini Cash Balance Retirement Plan

Plan Year End: 12/31/2010

EIN: 22-3712959

PN: 001

Explanation: *"Capgemini terminated the contract with Hewitt who were the old Actuaries and signed a new contract with Fidelity to be the new Actuaries effective 1/1/2010."*

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN and PN of the plan and be submitted to:

Office of Enforcement
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

Signed : -----
Plan Administrator

Dated : -----

2010 Form 5500 Schedule SB Attachments
Schedule SB, line 15 – Reconciliation of differences between valuation results and
amounts used to calculate AFTAP
Capgemini Cash Balance Retirement Plan
EIN 22-3712959 / PN 001

The following represents the two AFTAP Certifications made for the Capgemini Cash Balance Retirement Plan. The change in the Funding Target was due to minor data changes and the change in the Actuarial Value of Assets was due to a change in the expected return for 2009.

Certification as of 09/29/10

Funding Target:	\$47,488,091
Actuarial Value of Assets:	\$40,595,229
Carryover Balance:	\$0
Prefunding Balance:	\$0
AFTAP:	85.55%

Certification as of 01/14/11

Funding Target:	\$47,534,340
Actuarial Value of Assets:	\$40,618,492
Carryover Balance:	\$0
Prefunding Balance:	\$0
AFTAP:	85.45%



CAPGEMINI

CASH BALANCE RETIREMENT PLAN
FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2010 and 2009

CAPGEMINI CASH BALANCE RETIREMENT PLAN

Contents

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Supplemental Schedules	
Schedule of assets (Held at end of year) December 31, 2010	13
Schedule of reportable transactions Year ended December 31, 2010	14
Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act ("ERISA") of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of the
Capgemini Cash Balance Retirement Plan

We were engaged to audit the accompanying statement of net assets available for benefits of the Capgemini Cash Balance Retirement Plan (the "Plan") as of December 31, 2010 and 2009, the related statements of changes in net assets available for benefits for the years then ended, the statements of accumulated plan benefits and changes in accumulated plan benefits as of and for the year ended January 1, 2010, and the supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended December 31, 2010. These financial statements and supplemental schedules 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 discussed in Note E, which was certified by State Street Bank & Trust, the trustee and custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee and custodian hold the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee and custodian as of December 31, 2010 and 2009 and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the trustee and custodian is complete and accurate.

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

EisnerAmper LLP

Edison, New Jersey
October 13, 2011

CAPGEMINI CASH BALANCE RETIREMENT PLAN

Statements of Net Assets Available for Plan Benefits December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
Investments, at fair value:		
Cash and cash equivalents	\$ 1,053,751	\$ -
Mutual fund	<u>49,919,014</u>	<u>43,707,525</u>
Total investments	<u>50,972,765</u>	<u>43,707,525</u>
Receivables:		
Employer contributions	<u>2,000,000</u>	<u>963,075</u>
Total assets	<u>52,972,765</u>	<u>44,670,600</u>
LIABILITIES		
Accrued expenses	<u>91,047</u>	<u>115,623</u>
Net assets available for plan benefits	<u>\$ 52,881,718</u>	<u>\$ 44,554,977</u>

CAPGEMINI CASH BALANCE RETIREMENT PLAN

Statements of Changes in Net Assets Available for Plan Benefits Years Ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 4,400,408	\$ 9,148,397
Interest and dividends	<u>1,067,716</u>	<u>975,796</u>
	5,468,124	10,124,193
Employer contributions	<u>5,000,000</u>	<u>3,974,809</u>
Total additions	<u>10,468,124</u>	<u>14,099,002</u>
Deductions from net assets attributed to:		
Benefits paid directly to participants	1,899,291	2,669,345
Administrative expenses	<u>242,092</u>	<u>429,095</u>
Total deductions	<u>2,141,383</u>	<u>3,098,440</u>
Net increase	8,326,741	11,000,562
Net assets available for plan benefits:		
Beginning of year	<u>44,554,977</u>	<u>33,554,415</u>
End of year	<u>\$ 52,881,718</u>	<u>\$ 44,554,977</u>

CAPGEMINI CASH BALANCE RETIREMENT PLAN

Statement of Accumulated Plan Benefits December 31, 2009

Actuarial present value of accumulated plan benefits

Vested benefits:

Participants currently receiving payments	\$ 1,023,210
Participants entitled to deferred benefits	27,786,685
Other participants	<u>14,186,015</u>
Total vested benefits	42,995,910
Non-vested benefits	<u>386,169</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 43,382,079</u>

CAPGEMINI CASH BALANCE RETIREMENT PLAN

Statement of Changes in Accumulated Plan Benefits December 31, 2009

Actuarial present value of accumulated plan benefits at January 1, 2009:	\$ 38,588,031
Increase (decrease) during the period attributable to:	
Interest accumulation	2,792,319
Benefits paid	(2,669,345)
Assumption changes	1,626,966
Additional benefits earned, including experience gains and losses	<u>3,044,108</u>
Actuarial present value of accumulated plan benefits	<u>\$ 43,382,079</u>

CAPGEMINI CASH BALANCE RETIREMENT PLAN

Notes to Financial Statements December 31, 2010 and 2009

NOTE A - DESCRIPTION OF THE PLAN

The following brief description of the Capgemini Cash Balance Retirement Plan (the "Plan") is included to give a general summary of its provisions. Participants should refer to the Plan document for more complete information.

[1] General:

The Plan became effective May 23, 2000 and is administered by Capgemini (the "Company"), formerly known as Cap Gemini Ernst & Young. The Plan is a noncontributory defined benefit plan which covers substantially all Vice Presidents or above (referred to as "Covered Persons"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). An employee shall be eligible to participate in the Plan on the first January 1 or July 1 on which the employee is a Covered Person, has attained age 21 and has completed at least one year of eligibility service. A participant generally becomes fully vested after three years of service.

[2] Administration of the plan:

The Plan is administered by the Trustee and Custodian, State Street Bank & Trust (the "Trustee and Custodian").

In 2010, the accounting records for the Plan were maintained by Fidelity Investments. In 2009, the records were maintained by Hewitt Associates.

[3] Pension benefits:

The Plan provides for an annuity to a participant equal to his accrued benefit which is calculated based on his cash balance account and an annuity factor based on actuarial equivalence. Participants may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination. If a participant dies before his pension commencement date, a death benefit equal to his accrued benefit is paid to the participant's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as it was at the time they became disabled.

Normal retirement date is the later of the date on which a participant attains age 65 or the earlier of the fifth anniversary of the date of the participant's commencement of participation in the Plan or the date on which the participant completes three years of vesting service.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of presentation:

The accompanying financial statements have been prepared on the accrual basis of accounting.

CAPGEMINI CASH BALANCE RETIREMENT PLAN

Notes to Financial Statements December 31, 2010 and 2009

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[2] Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make significant estimates and assumptions that affect the reported amounts of assets, liabilities and benefit obligations and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Due to uncertainties inherent in developing the estimations and assumptions, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially impact the financial statements. Actual results could differ from those estimates.

[3] Investment valuation and income recognition:

Financial Accounting Standards Board ("FASB") *Accounting Standards Codification*, ("ASC") Topic 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The 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 fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

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

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

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

In January 2010, the FASB issued amended guidance on fair value measurements. The Plan has adopted the amended provisions that are effective for interim and annual reporting periods beginning after December 15, 2009 regarding disclosures of significant transfers in and out of Level 1 and Level 2 assets and description of the reasons for the transfers. Additional disclosures that are effective for fiscal years beginning after December 15, 2010 regarding reporting purchases, sales, issuances, and settlements for Level 3 assets on a gross basis should not have a significant impact on the Plan's financial statements.

CAPGEMINI CASH BALANCE RETIREMENT PLAN

Notes to Financial Statements December 31, 2010 and 2009

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[3] Investment valuation and income recognition: (continued)

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.

Mutual funds - Valued at the net asset value (NAV) of shares held by the Plan at year end.

Plan contributions are invested in accordance with the trust agreement. Investments are stated at fair value by reference to quoted market prices.

Dividend income is recorded on the ex-dividend date. Interest income is recognized when earned. Income from other investments is recorded as earned on the accrual basis. Purchases and sales of securities are recorded on the trade date of the transactions. The cost at original trade date is used in determining the gain or loss on Plan investments sold.

[4] Contributions:

Contributions made by the Company to the Plan are paid and accrued based upon amounts at least equal to those required to meet minimum funding requirements as determined by the Plan actuary and in accordance with the provisions of the Plan.

[5] Expenses of the plan:

Administrative fees, to the extent directly related to the Plan, are charged back to the Plan. These fees include investment management, investment consulting and trustee fees. All other expenses are paid by the Company.

[6] Risks and uncertainties:

Plan contributions are made and the actuarial present value of accumulated plan benefits are prepared based on certain assumptions pertaining to interest and mortality rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could result in a material impact to the financial statements.

The Plan invests in a mutual fund. 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 investment amounts reported in the statement of net assets available for benefits. Users of these financial statements should be aware that the financial markets' volatility may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2010 may not necessarily be indicative of amounts that could be realized in a current market exchange.

Cash and cash equivalents may at times exceed federally insured limits. The Plan has not experienced any losses in such accounts. The Plan believes it is not exposed to any significant credit risk on cash and cash equivalents.

CAPGEMINI CASH BALANCE RETIREMENT PLAN

Notes to Financial Statements December 31, 2010 and 2009

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[7] Mutual fund fees:

Investments in mutual funds are subject to sales charges and annual fees for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the investment earnings activity and thus not separately identifiable as an expense of the Plan.

[8] Actuarial present value of accumulated plan benefits:

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 (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation as of the valuation date.

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

The following summarizes significant actuarial assumptions used in the valuations as of December 31,

	2009	2008
Rate of return on net assets	7.25%	7.50%
Discount rate	5.91%	5.45%
Mortality	2010 Static Mortality Table for Annuitants and Non-Annuitants	2009 Static Mortality Table for Annuitants and Non-Annuitants
Retirement age	Age 53 or current age if older	Age 53 or current age if older

The actuarial gain component in the Statement of Changes in Accumulated Plan Benefits is the result of changes in actuarial assumptions, including the mortality table and retirement age, and other net actuarial gains.

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

[9] Payment of benefits:

Benefit payments to participants are recorded upon distribution.

[10] Recent accounting pronouncements:

In January 2010, the FASB issued amended guidance on fair value measurements. The Plan has adopted the amended provisions that are effective for interim and annual reporting periods beginning after December 15, 2009 regarding disclosures of significant transfers in and out of Level 1 and Level 2 assets and description of the reasons for the transfers. Additional disclosures that are effective for fiscal years beginning after December 15, 2010 regarding reporting purchases, sales, issuances, and settlements for Level 3 assets on a gross basis should not have a significant impact on the Plan's financial statements.

CAPGEMINI CASH BALANCE RETIREMENT PLAN

Notes to Financial Statements December 31, 2010 and 2009

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[10] Recent accounting pronouncements: (continued)

In 2011, the Plan adopted recently issued accounting guidance that requires participant loans to be classified as notes receivable from participants and measured at unpaid principal balance plus accrued but unpaid interest. Previously, these participant loans were classified as Plan investments, and were subject to the fair value measurement and disclosure requirements as described in Note J. This guidance was applied retroactively in 2010 and this guidance had no impact on the Plan's net assets available for benefits.

In May 2011, the FASB issued guidance to improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with generally accepted accounting principles in the United States of America and International Financial Reporting Standards. The amendments are of two types: (i) those that clarify the application of existing fair value measurement and disclosure requirements and (ii) those that change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements. The update is effective for annual periods beginning after December 15, 2011. Plan management is in the process of evaluating the impact of the adoption of this guidance on the Plan's financial statements.

NOTE C - PENSION PROTECTION ACT

On August 17, 2006, the Pension Protection Act (the "Act") was signed into law. Included in its many provisions are numerous revisions to rules surrounding defined benefit plans including rules that govern Plan funding. The Act establishes new minimum funding standards (effective for Plan years beginning after December 31, 2007) for defined benefit plans and limits benefit increases and accruals for underfunded plans. Pursuant to the Act, each year actuaries are required to certify to a plan's funded percentage. The Plan received such certification for the 2010 and 2009 Plan years for the Adjusted Funding Target Attainment Percentage ("AFTAP"), which is one way of measuring the funded status of a Plan using actuarial assumptions mandated by the IRS, and the actuary determined that the 2010 and 2009 AFTAPs for the Plan were 85.4% and 103.8%, respectively.

NOTE D - FUNDING POLICY

The Unit Credit Method is used by the actuary to calculate the annual maximum and minimum funding requirements for the Plan. The current funding policy is to contribute such amounts as the Company determines to be appropriate, subject to the minimum funding requirements of ERISA. Actuarial gains (losses) are amortized ratably over five years for minimum required contributions and ten years for maximum tax deductible contributions. The Company was required to make minimum funding payments in 2010 and 2009 of \$3,845,186 and \$970,793, respectively.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions set forth in ERISA.

NOTE E - INFORMATION CERTIFIED BY PLAN TRUSTEE AND CUSTODIAN

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. The assets of the Plan are held by the Trustee and Custodian. Accordingly, the Trustee and Custodian has certified that all investments and related activity for 2010 and 2009 included in the accompanying financial statements and supplemental schedules are complete and accurate.

CAPGEMINI CASH BALANCE RETIREMENT PLAN

Notes to Financial Statements December 31, 2010 and 2009

NOTE F - INVESTMENTS

Investments which exceed 5% of the current value of net assets available for Plan benefits at December 31, 2010 and 2009 were as follows:

	<u>2010</u>	<u>2009</u>
Dodge and Cox Balanced Fund	\$ 49,919,014	\$ 43,707,525

The Plan presents in the Statement of Changes in Net Assets Available for Benefits, the net appreciation/depreciation in the fair value of its investments which consists of the realized gains and losses and the change in the unrealized appreciation/depreciation on those investments. Gains or losses are based on the average cost at the original trade date. During 2010, the Plan's investments, which consist of a mutual fund, appreciated in value by \$4,400,408. During 2009, the plan's investments appreciated by \$9,148,397, also solely attributable to the mutual fund.

NOTE G - PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (a) Vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC").
- (b) All other vested benefits (that is, vested benefits not insured by the PBGC).
- (c) All nonvested benefits.

Any residual assets attributable to the Company's contributions will be distributed to the Company if all liabilities of the Plan to participants and their beneficiaries have been satisfied and the distribution does not contravene any provision of law.

NOTE H - PARTIES-IN-INTEREST

Plan investments represent shares in a mutual fund managed by the Trustee and Custodian. Fund expenses are also paid to the Trustee and Custodian. These transactions therefore qualify as party-in-interest.

NOTE I - TAX STATUS OF THE PLAN

The Plan, as established, is designed in accordance with the Internal Revenue Code. On May 10, 2004, the Plan received an individual determination letter from the Internal Revenue Service. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. 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 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.

CAPGEMINI CASH BALANCE RETIREMENT PLAN

Notes to Financial Statements December 31, 2010 and 2009

NOTE J - FAIR VALUE MEASUREMENTS

The following table presents the fair value hierarchy for the balances of the assets and liabilities of the Plan measured at fair value as of December 31, 2010 and 2009.

	Investment Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Balanced Mutual Fund	\$ 49,919,014	\$ -	\$ -	\$ 49,919,014
Total investments at fair value	\$ 49,919,014	\$ -	\$ -	\$ 49,919,014

	Investment Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Balanced Mutual Fund	\$ 43,707,525	\$ -	\$ -	\$ 43,707,525
Total investments at fair value	\$ 43,707,525	\$ -	\$ -	\$ 43,707,525

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2010, there were no significant transfers in or out of levels 1, 2 or 3.

NOTE K - SUBSEQUENT EVENTS

We evaluated subsequent events through October 13, 2011, the date the financials were available to be issued.

SUPPLEMENTAL SCHEDULES

CAPGEMINI CASH BALANCE RETIREMENT PLAN

EIN 22-3712959, Plan No. 001

Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2010

(a)	(b) Name of Issuer and Title of Fund	(c) Description	(d) Cost	(e) Current Value
	Cash and cash equivalents	Interest bearing cash	\$ 1,053,751	\$ 1,053,751
*	Dodge & Cox Balanced Fund	Mutual Fund	48,134,738	<u>49,919,014</u>
				<u>\$ 50,972,765</u>

* Party-in-interest

CAPGEMINI CASH BALANCE RETIREMENT PLAN

EIN 22-3712959, Plan No. 001

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2010

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/(Loss)
Dodge & Cox State Street Bank & Trust	Dodge & Cox Balanced Fund Interest Bearing Cash	\$ 2,028,600 3,966,684	\$ 217,299 2,913,048	\$ 225,558 2,913,048	\$ 2,245,899 6,879,732	\$ (8,259) -

CAPGEMINI CASH BALANCE RETIREMENT PLAN

EIN 22-3712959, Plan No. 001

Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2010

(a)	(b) Name of Issuer and Title of Fund	(c) Description	(d) Cost	(e) Current Value
	Cash and cash equivalents	Interest bearing cash	\$ 1,053,751	\$ 1,053,751
*	Dodge & Cox Balanced Fund	Mutual Fund	48,134,738	<u>49,919,014</u>
				<u>\$ 50,972,765</u>

* Party-in-interest

CAPGEMINI CASH BALANCE RETIREMENT PLAN

EIN 22-3712959, Plan No. 001

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2010

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/(Loss)
Dodge & Cox State Street Bank & Trust	Dodge & Cox Balanced Fund Interest Bearing Cash	\$ 2,028,600 3,966,684	\$ 217,299 2,913,048	\$ 225,558 2,913,048	\$ 2,245,899 6,879,732	\$ (8,259) -

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 Capgemini Cash Balance Retirement Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Capgemini U.S. LLC	D Employer Identification Number (EIN) 22-3712959
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 44,676,313
b Actuarial value.....	2b 40,618,492
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 8 1,077,768
b For terminated vested participants.....	3b 365 30,424,776
c For active participants:	
(1) Non-vested benefits.....	3c(1) 428,731
(2) Vested benefits.....	3c(2) 15,603,065
(3) Total active.....	3c(3) 116 16,031,796
d Total.....	3d 489 47,534,340
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 6.58 %
6 Target normal cost.....	6 2,681,304

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		10/12/2011
Signature of actuary		Date
Daniel Balsam		11-06747
Type or print name of actuary		Most recent enrollment number
Fidelity Investments		(212) 335-5327
Firm name		Telephone number (including area code)
640 5th Avenue, IN2		
Address of the firm		
New York NY 10019		

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>31.80</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1,431,083
b	Interest on (a) using prior year's effective rate of <u>8.46</u> %		121,070
c	Total available at beginning of current plan year to add to prefunding balance		1,552,153
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	85.45 %
15	Adjusted funding target attainment percentage.....	15	85.45 %
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	103.79 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2010	1,500,000				
07/12/2010	1,500,000				
01/10/2011	2,000,000				
Totals ▶			18(b)	5,000,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	4,797,910

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

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

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	2,681,304
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	6,915,848	1,163,882
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	3,845,186
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	3,845,186
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	4,797,910
38 Interest-adjusted excess contributions for current year (see instructions).....	38	952,724
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