

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ACTIVANT SOLUTIONS INC SAVINGS AND INVESTMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1977</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1977</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1977</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>ACTIVANT SOLUTIONS, INC</u> <u>804 LAS CIMAS PARKWAY SUITE 200</u> <u>AUSTIN, TX 78746-5179</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>94-2160013</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>512-328-2300</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541512</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>94-2160013</u>	2c Sponsor's telephone number <u>512-328-2300</u>	2d Business code (see instructions) <u>541512</u>	
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2c Sponsor's telephone number <u>512-328-2300</u>					
2d Business code (see instructions) <u>541512</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/18/2011	RICK RUSSO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ADMINISTRATIVE COMMITTEE 804 LAS CIMAS PARKWAY SUITE 200 AUSTIN, TX 78746-5179	3b Administrator's EIN 74-1880779 3c Administrator's telephone number 512-328-2300
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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	2261
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1521
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	585
d Subtotal. Add lines 6a , 6b , and 6c	6d	2106
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	4
f Total. Add lines 6d and 6e	6f	2110
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1927
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	25

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

3J 3H 2T 2S 2K 2J 2G 2F 2E

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)

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 ACTIVANT SOLUTIONS INC SAVINGS AND INVESTMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ACTIVANT SOLUTIONS, INC	D Employer Identification Number (EIN) 94-2160013

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
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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).
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INV INSTITUTIONAL OPER CO	P O BOX 770001 CINCINNATI, OH 45277-0018
04-2647786	

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

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

FIDELITY INV INSTITUTIONAL OPER CO

P O BOX 770001
CINCINNATI, OH 45277-0018

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?
37 65 64	RECORDKEEPER	20276	Yes ☒ No ☐	Yes ☐ No ☒		Yes ☒ No ☐

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

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

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

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

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

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

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

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

(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
FIDELITY INV INSTITUTIONAL OPER CO	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ABF LARGE CAP VALUE INV BFDS	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSETS.	
52-1184650		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INSTITUTIONAL OPER CO	60	
(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.	
T. ROWE PRICE DIVIDEND GROWTH-TRP	RATE OF 0.15% OF AVERAGE DAILY BALANCE OF ASSETS.	
52-1184650		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INSTITUTIONAL OPER CO	60	
(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.	
RS PARTNERS A-BOSTON FINANCIAL	RATE OF 0.55% OF AVERAGE DAILY BALANCE OF ASSETS.	
04-2526037		

Part I Service Provider Information (continued)

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

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

(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.
RAINIER SM/MID CAP-US BANCORP 39-0281260	RATE OF 0.35% OF AVERAGE DAILY BALANCE OF ASSETS.

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

(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.
MSIF SMALL CO GROWTH P-MORGAN STAN 13-3799749	RATE OF 0.35% OF AVERAGE DAILY BALANCE OF ASSETS.

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

(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.
LEGG MASON CM VALUE FI-BOSTON FIN 04-2526037	RATE OF 0.4% OF AVERAGE DAILY BALANCE OF ASSETS.

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GS MID CAP VALUE A-GOLDMAN SACHS CO 13-5108880	RATE OF 0.35% OF AVERAGE DAILY BALANCE OF ASSETS.

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

(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.
EATON LG CAP VALUE A-PNC GLOBAL 04-2871943	RATE OF 0.5% OF AVERAGE DAILY BALANCE OF ASSETS.

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

(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.
DWS STRATEGIC VAL A-DWS INV 02-0432775	RATE OF 0.35% OF AVERAGE DAILY BALANCE OF ASSETS.

Part I Service Provider Information (continued)

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

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

(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.
COHEN & STEERS REALTY-BOSTON FIN 04-2526037	RATE OF 0.4% OF AVERAGE DAILY BALANCE OF ASSETS.

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan ACTIVANT SOLUTIONS INC SAVINGS AND INVESTMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 ACTIVANT SOLUTIONS, INC	D Employer Identification Number (EIN) 94-2160013	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	25406616	22010221
(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)	4264193	4354805
(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)	104812851	122513935
(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	134483660	148878961

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	134483660	148878961
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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)	2517117	
(B) Participants	2a(1)(B)	9063676	
(C) Others (including rollovers)	2a(1)(C)	325850	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		11906643
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4435	
(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)	236848	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		241283
(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)	1700868	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1700868
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		14826991
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		28675785

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14259192	
(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)		14259192
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	21292	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		21292
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		14280484

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14395301
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: ALEXANDER & LIEVENS PC

(2) EIN: 74-2943125

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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>ACTIVANT SOLUTIONS INC SAVINGS AND INVESTMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ACTIVANT SOLUTIONS, INC</u>	D Employer Identification Number (EIN) <u>94-2160013</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>0</u>

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% 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): _____

ACTIVANT SOLUTIONS INC.
SAVINGS AND INVESTMENT PLAN
ANNUAL FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

ACTIVANT SOLUTIONS INC.
SAVINGS AND INVESTMENT PLAN

DECEMBER 31, 2010 AND 2009

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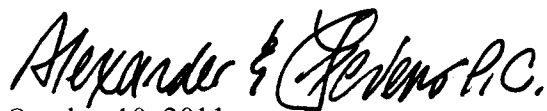
INDEPENDENT AUDITORS' REPORT

To the Participants and
Administrative Committee of the
Activant Solutions Inc. Savings and Investment Plan

We were engaged to audit the financial statements of Activant Solutions Inc. Savings and Investment Plan as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedule as of and for the year ended December 31, 2010, as listed in the accompanying index. These financial statements and 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 summarized in Note H, which was certified by Fidelity Management Trust Company, the custodian, 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 custodian holds the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the custodian, have been audited 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.



October 10, 2011

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Investments, at fair value		
Money market fund	\$ 22,010,221	\$ 25,406,616
Mutual funds	122,513,935	104,812,851
Total investments	144,524,156	130,219,467
Receivables		
Notes receivable from participants	4,354,805	4,264,193
Employer contributions receivable	-	-
Participant contributions receivable	-	-
Total receivables	4,354,805	4,264,193
TOTAL ASSETS	148,878,961	134,483,660
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 148,878,961	\$ 134,483,660

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

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2010

ADDITIONS:

Dividends and interest investment income	\$ 1,705,303
Net realized and unrealized appreciation or (depreciation) in fair value of investments	14,826,991
Interest on notes receivable from participants	236,848
Contributions	
Employer contributions	2,517,117
Participant contributions	9,063,676
Participant rollover contributions	325,850
TOTAL ADDITIONS	<u>28,675,785</u>
DEDUCTIONS:	
Benefits paid to participants	14,259,192
Administration fees	21,292
TOTAL DEDUCTIONS	<u>14,280,484</u>
NET INCREASE	14,395,301
NET ASSETS AVAILABLE FOR BENEFITS, Beginning of year	<u>134,483,660</u>
NET ASSETS AVAILABLE FOR BENEFITS, End of year	<u><u>\$ 148,878,961</u></u>

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

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

NOTE A - DESCRIPTION OF THE PLAN:

The following description of the Activant Solutions Inc. Savings and Investment Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General. The Activant Solutions Inc. Savings and Investment Plan (the Plan) is a defined contribution plan that became effective January 1, 1977, and is maintained for the benefit of employees of Activant Solutions Inc. and its wholly owned subsidiaries (collectively referred to as the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Fidelity Management Trust Company ("Fidelity") serves as the independent Plan Trustee. The Administrative Committee serves as the Plan administrator for the Plan.

Eligibility. Every employee of the Company is eligible to participate in the Plan except for employees covered by a collective bargaining agreement, employees who are nonresident aliens with no U.S.-source compensation, leased employees, individuals who are treated by the Company as independent contractors or non-common law employees, employees of a participating employer who are excluded from participation in the Plan by the participating employer, and certain employees eligible to participate in any other Company-sponsored qualified retirement plan. Eligible employees other than temporary employees become participants in the Plan as of the first day they perform an Hour of Service for the Company. An Hour of Service is any hour an employee is paid or entitled to payment for duties performed for the Company. An individual who is classified by the Company as a temporary employee becomes a participant in the Plan upon the earlier of the anniversary of the individual's date of hire or the last day of the Plan year commencing after his date of hire if the individual completes 1,000 Hours of Service.

Employee Before-Tax Contributions. Participants may contribute to the Plan through payroll deductions from 0% to 25% of annual compensation, as defined by the Plan. Participants who have attained age 50 may make "catch-up contributions" to the Plan. As of January 1, 2009, Participants may elect to have their deferral election percentage be automatically increased every Plan year by any specified percentage from 1% to 10%.

Each Participant hired or rehired on or after January 1, 2009 will be deemed to have elected to defer 3% of his or her compensation as an Employee Before-Tax Contribution. The Participant may cancel or change the deemed election within thirty days of hire or rehire. The deemed deferral election percentage will automatically increase 1% each Plan year until it reaches the

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

maximum deferral election percentage allowed, as defined by the Plan, unless changed or cancelled by the Participant.

Participant Rollover Contributions. Participants are allowed to make rollover contributions of amounts received from other tax-qualified employer-sponsored retirement plans.

Employer Matching Contributions. Each pay period, the Company may, in its discretion, contribute to the Plan for each participant who makes a Before-Tax Contribution for the pay period an Employer Matching Contribution in an amount equal to 50% of the Before-Tax Contribution made by the participant up to 6% of the participant's compensation for the pay period. The Company made Employer Matching Contributions to the Plan of \$2,517,117 for 2010.

In addition to any pay period Employer Matching Contributions, the Company may, in its discretion, make an additional annual Employer Matching Contribution at the end of any plan year on behalf of eligible participants. To be eligible for this discretionary Employer Matching Contribution, a participant must either (1) have completed 1,000 hours of service during the plan year and be employed on the last day of the plan year, or (2) have terminated employment during the plan year either on or after the participant's normal retirement age or on account of death or total and permanent disability. The Company did not declare or fund an additional discretionary year-end Employer Matching Contribution for 2010.

In addition to the pay period Employer Matching Contribution and the discretionary year-end Employer Matching Contribution, the Company may, in its discretion, make an additional catch-up Employer Matching Contribution at the end of the plan year on behalf of eligible participants employed on the last day of the plan year. The amount of this discretionary catch-up Employer Matching Contribution will equal the difference, if any, between (1) 50% of the total Before-Tax Contributions made by the participant during the plan year (up to 6% of the participant's compensation for the plan year) and (2) the total pay period Employer Matching Contributions made by the Company. The Company did not declare or fund an additional discretionary catch-up Employer Matching Contribution for 2010.

The sum of the Employer Matching Contributions for a plan year may not exceed \$3,000 for any participant.

Employer Profit Sharing Contributions. In addition to the above Employer Matching Contributions, the Company may, in its discretion, make an Employer Discretionary Contribution on behalf of eligible participants. The Employer Discretionary Contribution, if any, will be allocated to each eligible participant based on the ratio of such participant's compensation to all

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

eligible participants' compensation. To be eligible for this Employer Discretionary Contribution, a participant must either (1) have been employed by the Company on the last day of the plan year, or (2) have terminated employment during the plan year on or after the participant's normal retirement age or on account of death or total and permanent disability. The Company did not declare or fund an Employer Discretionary Contribution for 2010.

Vesting. Participants are immediately and fully vested in their Employee Before-Tax and Participant Rollover Contributions and earnings thereon. Each Participant who is employed by the Company as of January 1, 2009, or initially hired or rehired by the Company on or after January 1, 2009, will be 100% vested in his or her Employer Contribution Account at all times. Participants who are not employed by the Company as of January 1, 2009 or hired or rehired by the Company as of January 1, 2009 will have a vested interest in his or her Employer Contribution Account in accordance with the following vesting schedule:

<u>Years of Vesting Service Completed</u>	<u>Percentage Vested</u>
Fewer than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years or more	100%

A Year of Vesting Service is a plan year in which a participant completes at least 1,000 Hours of Service. Amounts not vested at the time a participant terminates service are forfeited and used to reduce employer contributions in the current or a subsequent year. Participants who terminate service due to retirement after age 60, death, or total disability become fully vested in their account balances.

Participant Accounts. Individual accounts are maintained for each participant. Participants may direct the investment of their account balances among investment options offered by the Plan and managed by Fidelity Investments. Each participant's account is credited with contributions in accordance with the participant's investment instructions. Interest and dividends earned by the investments are credited to the accounts based on unit shares held in the account, and the accounts are adjusted daily for appreciation or depreciation in the market value of the mutual fund shares.

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

Payment of Benefits. Upon termination of employment, a participant will receive the value of the vested interest in his or her account in a lump-sum distribution as soon as administratively feasible upon written consent to the distribution. For a participant whose account balance does not exceed \$1,000, the Plan may distribute the account balance without the participant's written consent. The Plan does not permit distributions prior to termination of service except for participants who have attained age 59½, become disabled, or for hardship withdrawals for the purchase of a principal residence, the payment of medical expenses, payment of post-secondary education, or payment for the cost of preventing eviction from or foreclosure on the mortgage of a principal residence. The amount of the hardship withdrawal may not exceed the amount of the financial need.

Forfeiture Accounts. At December 31, 2010 and 2009, forfeited nonvested accounts totaled \$16,710 and \$19,696 respectively. These accounts may be used to pay certain Plan expenses or may reduce future employer contributions. Forfeitures used to reduce employer contributions and allocated to participants for 2010 were \$38,639. Forfeitures were not used to pay plan expenses for 2010.

Notes Receivable from Participants. Participants may borrow from their fund accounts the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Principal and interest are repaid ratably through payroll deductions over a period not to exceed five years, except in the case of a loan used to acquire a principal residence. Interest earnings on loans are allocated to the participant's account.

Expenses of the Plan. Certain expenses incurred in the administration and operation of the Plan are paid by the Plan and are allocated to Participants' accounts. Expenses incurred by the Plan for the year ended December 31, 2010 were \$21,292. The Company pays certain other expenses incurred in the administration and operation of the Plan.

Amendment and Termination. The Company intends to continue the Plan indefinitely but reserves the right to change or discontinue the Plan at its discretion. If the Plan is terminated, all participants will become fully vested in their account balances.

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting. The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

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

Purchases and sales of investments are reflected on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits. Benefits are recorded when paid.

Use of Estimates. The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties. The Plan provides for various investment options in any combination of mutual funds offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

Recent Accounting Pronouncements. The Financial Accounting Standards Board (“FASB”) amended Accounting Standard Codification Topic 820 (“ASC 820”) to require expanded disclosures related to 1) transfers in and out of Levels 1 and 2 fair value measurements, and 2) presentation of gross versus net information in the roll forward activity for Level 3 fair value measurements. In addition, the amendment clarified disclosures regarding disaggregation, inputs and valuation techniques. The amendment has been adopted in the Plan's 2010 financial statements, except for the change in the roll forward activity for Level 3 fair value measurements, which is effective for the Plan's 2011 financial statements. Since this standard impacts disclosure requirements only, its adoption did not have a material impact on the Plan's financial statements.

In September 2010, the FASB issued new accounting guidance which requires participant loans to be measured at their unpaid principal balance plus any accrued but unpaid interest and classified as notes receivable from participants. Previously, participant loans were measured at fair value and classified as investments. This guidance is effective for fiscal years ending after December 15, 2010 and is required to be applied retrospectively. This guidance was adopted in the Plan's 2010 financial statements and did not affect or change the value of participant loans as of December 31, 2010 and 2009. Participant loans outstanding at December 31, 2009, have been reclassified to notes receivable from participants in the accompanying statement of net assets available for benefits.

Reclassifications. Certain amounts in the 2009 financial statements have been reclassified to conform to the 2010 presentation, with no effect on the net assets available for benefits or changes therein.

NOTE C - FEDERAL INCOME TAXES:

The Plan obtained its latest determination letter from the Internal Revenue Service in November 12, 2010, in which the Internal Revenue Service stated that the Plan document was in compliance with the requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Plan administrator believes the Plan as amended is designed and operated in compliance with the Internal Revenue Code.

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

NOTE D - PARTICIPANT-DIRECTED INVESTMENTS:

The Plan permits participants to invest their account balance and contributions in investment accounts offered by Fidelity. Allocations may be made in any percentage and may be changed by the participant at any time by directly contacting Fidelity.

NOTE E – RELATED PARTY TRANSACTIONS:

Certain Plan investments are invested in mutual funds managed by Fidelity. Fidelity is the Trustee of the Plan and custodian of plan assets. Therefore, these transactions qualify as party-in-interest transactions. Transactions in such investments are exempt from the prohibited transaction rules

NOTE F – SUBSEQUENT EVENTS:

In May 2011, the Company was acquired by Apax Partners and merged with Epicor Software Corporation (“Epicor”). The Company and Epicor were combined in 2011 and operate as Epicor.

The Plan’s management evaluated subsequent events occurring after December 31, 2010 (the financial statement date) through October 10, 2011, the date the financial statements were available to be issued. Management determined that, with the exception of the aforementioned acquisition, there were no subsequent events requiring disclosures.

NOTE G – FAIR VALUE MEASUREMENTS:

The Plan’s investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

NOTE G – FAIR VALUE MEASUREMENTS (continued):

		Fair Value Measurements Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
<u>December 31, 2010</u>				
Money market funds	\$ 22,010,221	\$ 22,010,221	\$ -	\$ -
Mutual funds	122,513,935	122,513,935	-	-
Total	<u>\$ 144,524,156</u>	<u>\$ 144,524,156</u>	<u>\$ -</u>	<u>\$ -</u>
<u>December 31, 2009</u>				
Money market funds	\$ 25,406,616	\$ 25,406,616	\$ -	\$ -
Mutual funds	104,812,851	104,812,851	-	-
Total	<u>\$ 130,219,467</u>	<u>\$ 130,219,467</u>	<u>\$ -</u>	<u>\$ -</u>

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

NOTE G – FAIR VALUE MEASUREMENTS (continued):

Level 1 Fair Value Measurements

Money market funds are valued based on the short-term cash component as of the measurement date.

Mutual funds are valued at the net asset value (NAV) of shares held in the Plan at year end.

NOTE H – INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN:

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that was prepared and certified as complete and accurate by the Trustee, Fidelity Management Trust Company, as of December 31, 2010 and 2009 and for the year ended December 31, 2010.

Investments at Fair Value:	December 31, 2010	December 31, 2009
Columbia Acorn Intl Z	\$ 57,495	\$ -
ABF Large Cap Value Fund	2,472,345	2,158,051
TRP Diversified Growth	587,001	333,024
Morgan Stanley Small Company Growth	4,077,698	3,383,784
Cohen & Steers Realty Income Fund	3,324,441	2,288,060
Rainier Small Mid Cap Equity Fund	5,169,916	4,215,199
Pimco Real Estate Inst Fund	96,380	1,576,212
Goldman Sachs Mid Cap Value Fund	2,342,780	2,316,675
RS Partners Fund A	3,167,561	563,161
Eaton Large Cap Value A	577,747	7,460,598
Fidelity Contrafund	-	14,902,352
Fidelity Growth Company Fund	-	15,310,111
Fidelity Balanced Fund	-	4,091,601
Fidelity Low-Priced Stock Fund	-	13,183,045
Fidelity Diversified International Fund	-	4,090,468
Fidelity Export and Multinational Fund	4,500,033	523,262
Fidelity Freedom Income Fund	-	234,341
Fidelity Freedom 2000 Fund	-	914,766
Fidelity Freedom 2010 Fund	-	3,950,840

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

NOTE H – INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (continued):

Investments at Fair Value:	December 31, 2010	December 31, 2009
Fidelity Freedom 2020 Fund	\$ -	\$ 4,369,701
Fidelity Freedom 2030 Fund	-	1,793,962
Fidelity Freedom 2040 Fund	-	47,563
Fidelity Freedom 2005 Fund	-	949,728
Fidelity Freedom 2015 Fund	-	2,716,451
Fidelity Freedom 2025 Fund	-	1,524,939
Fidelity Freedom 2035 Fund	63	209,563
Fidelity Freedom 2045 Fund	-	366,776
Fidelity Freedom 2050 Fund	-	25,406,616
Fidelity Retirement Money Market Portfolio	22,010,221	5,379,489
Spartan U.S. Equity Index Fund	6,419,690	5,959,129
Fidelity U.S. Bond Index Fund	6,650,124	-
Fidelity Balanced K Fund	16,355,631	-
Fidelity Contrafund K Fund	8,905,515	-
Fidelity Diversified International K Fund	12,921,297	-
Fidelity Growth Company K Fund	17,372,125	-
Fidelity Low-Priced Stock K Fund	4,899,282	-
Fidelity Freedom K Income Fund	707,243	-
Fidelity Freedom K 2000 Fund	269,072	-
Fidelity Freedom K 2005 Fund	57,206	-
Fidelity Freedom K 2010 Fund	1,248,022	-
Fidelity Freedom K 2015 Fund	1,075,144	-
Fidelity Freedom K 2020 Fund	4,937,173	-
Fidelity Freedom K 2025 Fund	3,761,255	-
Fidelity Freedom K 2030 Fund	5,230,423	-
Fidelity Freedom K 2035 Fund	2,078,068	-
Fidelity Freedom K 2040 Fund	2,405,040	-
Fidelity Freedom K 2045 Fund	384,020	-
Fidelity Freedom K 2050 Fund	464,145	-

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

NOTE H – INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (continued):

	December 31, 2010	December 31, 2009
Receivables at Principal plus Accrued Interest:		
Notes receivable from participants	4,354,805	4,264,193

The following information included in the accompanying financial statements was obtained from data that was prepared and certified as complete and accurate by Fidelity for the year ended December 31, 2010.

	Year Ended December 31, 2010
Investment Income	\$ 1,705,303
Net realized and unrealized appreciation (depreciation)	
in fair value of investments	14,826,993
Interest on notes receivable from participants	236,848
Benefits paid to participants	14,259,192
Administration fees	21,292

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

NOTE I – INVESTMENTS:

The Plan's investments are held by Fidelity. The following schedule shows investments as of December 31, 2010 and 2009 that represent 5% or more of the Plan's net assets. Each of the investment fund reported below is participant-directed.

	December 31, 2010	December 31, 2009
Investments at Fair Value:		
Fidelity Balanced K Fund	\$ 16,355,631	\$ n/a
Fidelity Contrafund K Fund	8,905,515	n/a
Fidelity Diversified International K Fund	12,921,297	n/a
Fidelity Growth Company K Fund	17,372,125	n/a
Fidelity Contrafund	n/a	7,460,598
Fidelity Growth Company Fund	n/a	14,902,352
Fidelity Balanced Fund	n/a	15,310,111
Fidelity Diversified International Fund	n/a	13,183,045
Fidelity Retirement Money Market Fund	22,010,221	25,406,616

NOTE J – RECONCILIATION OF FINANCIALS STATEMENTS TO FORM 5500:

The net assets available for benefits per the financial statements at December 31, 2010 and 2009 agree to the amounts reported in the Form 5500, Annual Return/Report of Employee Benefit Plan files for the year. There are no reconciling items.

NOTE K– UNCERTAIN TAX POSITIONS:

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 the Internal Revenue Service. 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 tax 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 2008.

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR).

AS OF DECEMBER 31, 2010

Activant Solutions Inc. Savings and Investment Plan
 Taxpayer Identification Number 94-2160013
 Plan Number 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	Columbia Acorn Intl Z	mutual fund shares	\$ 57,495
	ABF Large Cap Value Fund	mutual fund shares	2,472,345
	TRP Diversified Growth	mutual fund shares	587,001
	Morgan Stanley Small Company Growth	mutual fund shares	4,077,698
	Cohen & Steers Realty Income Fund	mutual fund shares	3,324,441
	Rainier Small Mid Cap Equity Fund	mutual fund shares	5,169,916
	Pimco Real Estate Inst Fund	mutual fund shares	96,380
	Goldman Sachs Mid Cap Value Fund	mutual fund shares	2,342,780
	RS Partners Fund A	mutual fund shares	3,167,561
	Eaton Large Cap Value A	mutual fund shares	577,747
*	Fidelity Export and Multinational Fund	mutual fund shares	4,500,033
*	Fidelity Freedom 2035 Fund	mutual fund shares	63
*	Fidelity Retirement Money Market Portfolio	mutual fund shares	22,010,221
*	Spartan U.S. Equity Index Fund	mutual fund shares	6,419,690
*	Fidelity U.S. Bond Index Fund	mutual fund shares	6,650,124
*	Fidelity Balanced K Fund	mutual fund shares	16,355,631
*	Fidelity Contrafund K Fund	mutual fund shares	8,905,515
*	Fidelity Diversified International K Fund	mutual fund shares	12,921,297
*	Fidelity Growth Company K Fund	mutual fund shares	17,372,125
*	Fidelity Low-Priced Stock K Fund	mutual fund shares	4,899,282
*	Fidelity Freedom K Income Fund	mutual fund shares	707,243
*	Fidelity Freedom K 2000 Fund	mutual fund shares	269,072
*	Fidelity Freedom K 2005 Fund	mutual fund shares	57,206
*	Fidelity Freedom K 2010 Fund	mutual fund shares	1,248,022
*	Fidelity Freedom K 2015 Fund	mutual fund shares	1,075,144
*	Fidelity Freedom K 2020 Fund	mutual fund shares	4,937,173

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR).

AS OF DECEMBER 31, 2010

Activant Solutions Inc. Savings and Investment Plan
 Taxpayer Identification Number 94-2160013
 Plan Number 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	Fidelity Freedom K 2025 Fund	mutual fund shares	3,761,255
*	Fidelity Freedom K 2030 Fund	mutual fund shares	5,230,423
*	Fidelity Freedom K 2035 Fund	mutual fund shares	2,078,068
*	Fidelity Freedom K 2040 Fund	mutual fund shares	2,405,040
*	Fidelity Freedom K 2045 Fund	mutual fund shares	384,020
*	Fidelity Freedom K 2050 Fund	mutual fund shares	464,145
*	Participant Loans	interest rates 4.25% to 10.5%	4,354,805
	TOTAL		<u>\$ 148,878,961</u>

* denotes party-in-interest to the Plan as defined by ERISA.

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR).

AS OF DECEMBER 31, 2010

Activant Solutions Inc. Savings and Investment Plan

Taxpayer Identification Number 94-2160013

Plan Number 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	Columbia Acorn Intl Z	mutual fund shares	\$ 57,495
	ABF Large Cap Value Fund	mutual fund shares	2,472,345
	TRP Diversified Growth	mutual fund shares	587,001
	Morgan Stanley Small Company Growth	mutual fund shares	4,077,698
	Cohen & Steers Realty Income Fund	mutual fund shares	3,324,441
	Rainier Small Mid Cap Equity Fund	mutual fund shares	5,169,916
	Pimco Real Estate Inst Fund	mutual fund shares	96,380
	Goldman Sachs Mid Cap Value Fund	mutual fund shares	2,342,780
	RS Partners Fund A	mutual fund shares	3,167,561
	Eaton Large Cap Value A	mutual fund shares	577,747
*	Fidelity Export and Multinational Fund	mutual fund shares	4,500,033
*	Fidelity Freedom 2035 Fund	mutual fund shares	63
*	Fidelity Retirement Money Market Portfolio	mutual fund shares	22,010,221
*	Spartan U.S. Equity Index Fund	mutual fund shares	6,419,690
*	Fidelity U.S. Bond Index Fund	mutual fund shares	6,650,124
*	Fidelity Balanced K Fund	mutual fund shares	16,355,631
*	Fidelity Contrafund K Fund	mutual fund shares	8,905,515
*	Fidelity Diversified International K Fund	mutual fund shares	12,921,297
*	Fidelity Growth Company K Fund	mutual fund shares	17,372,125
*	Fidelity Low-Priced Stock K Fund	mutual fund shares	4,899,282
*	Fidelity Freedom K Income Fund	mutual fund shares	707,243
*	Fidelity Freedom K 2000 Fund	mutual fund shares	269,072
*	Fidelity Freedom K 2005 Fund	mutual fund shares	57,206
*	Fidelity Freedom K 2010 Fund	mutual fund shares	1,248,022
*	Fidelity Freedom K 2015 Fund	mutual fund shares	1,075,144
*	Fidelity Freedom K 2020 Fund	mutual fund shares	4,937,173
*	Fidelity Freedom K 2025 Fund	mutual fund shares	3,761,255

ACTIVANT SOLUTIONS INC. SAVINGS AND INVESTMENT PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR).

AS OF DECEMBER 31, 2010

Activant Solutions Inc. Savings and Investment Plan

Taxpayer Identification Number 94-2160013

Plan Number 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	Fidelity Freedom K 2030 Fund	mutual fund shares	5,230,423
*	Fidelity Freedom K 2035 Fund	mutual fund shares	2,078,068
*	Fidelity Freedom K 2040 Fund	mutual fund shares	2,405,040
*	Fidelity Freedom K 2045 Fund	mutual fund shares	384,020
*	Fidelity Freedom K 2050 Fund	mutual fund shares	464,145
*	Participant Loans	interest rates 4.25% to 10.5%	4,354,805
TOTAL			<u>\$ 148,878,961</u>

* denotes party-in-interest to the Plan as defined by ERISA.