Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

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
ACCO SAVINGS AND INVESTMENT PLAN TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1993

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
ACCO ENGINEERED SYSTEMS, INC.

6265 SAN FERNANDO ROAD
GLENDALE, CA 91201-2214

6265 SAN FERNANDO ROAD
GLENDALE, CA 91201-2214

2b Employer Identification Number (EIN)
95-1625123

2c Sponsor's telephone number
818-244-6571

2d Business code (see instructions)
238220

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.	04/16/2012	ROBERTA KESSLER
	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")
ACCO ENGINEERED SYSTEMS, INC.

6265 SAN FERNANDO ROAD
GLENDALE, CA 91201-2214

3b Administrator's EIN
95-1625123

3c Administrator's telephone number
818-244-6571

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	640
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**	570
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	128
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	701
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	701
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	645
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	30
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:
2E 2F 2G 2J 2K 2R 2S 2T 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)	X	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)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan	**B** Three-digit plan number (PN) ▶	
ACCO SAVINGS AND INVESTMENT PLAN TRUST		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
ACCO ENGINEERED SYSTEMS, INC.	95-1625123	

Part I Service Provider Information (see instructions)

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).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS INST. OPS. CO.

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 INVESTMENTS INSTITUTIONAL

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?
64 37 65 71 60	RECORDKEEPER	9221	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	8550	Yes [ ] No [X]	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 INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DAVIS NY VENTURE Y - BOSTON FINANCI 04-2526037	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IVK GRTH & INC Y - INVESCO CANADA L 5140 YONGE STREET, SUITE 900 TORONTO, ON M2N 6 CA	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS TWENTY T - JANUS SERVICES LLC 43-1804048	0.35%

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 INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS SM CAP VAL I - BOSTON FINANC 04-2526037	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO LOW DURATION CLASS D	1345 AVENUE OF THE AMERICAS, 3RD FL NEW YORK, NY 10105	35

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WILLIAM BLAIR INTL GROWTH CLASS N	301 BATTERY STREET, SUITE 400 SAN FRANCISCO, CA 94111	40

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RYDEX INVERSE DOW 2X STRATEGY CL H 82 DEVONSHIRE ST BOSTON, MA 02210	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPMORGAN MID CAP VALUE FUND CLASS A 6300 LAMAR OVERLAND PARK, KS 66202	0.25% + 12.00

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY MID CAP VALUE INV 4151 AMON CARTER BLVD MAILDROP 2450 FORT WORTH, TX 76155	35

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN BEACON LARGE CAP INVESTOR 4151 AMON CARTER BLVD MAILDROP 2450 FORT WORTH, TX 76155	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WELLS FARGO SHORT TERM HI YIELD BD- 525 MARKET ST., MAC #A0103-091 SAN FRANCISCO, CA 94105	38

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
METROPOLITAN WEST TOT RETURN BOND C 865 SOUTH FIGUEROA ST., SUITE 2100 LOS ANGELES, CA 90017	35

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS TRITON FUND CLASS T SHARES 151 DETROIT ST. DENVER, CO 80206	34

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA ACORN SELECT CLASS Z 1301 SW FIFTH AVE. PORTLAND, OR 97201	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTIO GLOBAL HIGH INCOME FUND CL I P.O. BOX 4664, GRAND CENTRAL STATIO NEW YORK, NY 10163	16

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREYFUS OPPORT SMALL CAP FUND 2930 E 3RD AVENUE DENVER, CO 80206-4658	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
YACKTMAN FOCUSED FD 6300 BRIDGEPOINT PARKWAY AUSTIN, TX 78730	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN MID CAP VALUE 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202	38

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS BALANCED FUND CLASS T	151 DETROIT ST. DENVER, CO 80206	34

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS OVERSEAS FUND CLASS T	151 DETROIT ST. DENVER, CO 80206	34

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CRM MID CAP VALUE INVESTOR SHARES	520 MADISON AVE 20TH FL NEW YORK, NY 10022	40

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK EQUITY AND INCOME FD I CHRIS WRIGHT, TWO NORTH LASALLE STR CHICAGO, IL 60602	35

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
METROPOLITAN WEST HIGH YIELD BOND C 865 SOUTH FIGUEROA ST., SUITE 2100 LOS ANGELES, CA 90017	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TEMPLETON GLOBAL BOND CLASS A RUSSELL INVESTMENTS SEATTLE, WA 98101	0.25% + 9.00

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NEUBERGER BERMAN GENESIS TRUST CLAS 6631 MAIN ST WILLIAMSVILLE, NY 14221	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOTAL RETURN CLASS D 1345 AVENUE OF THE AMERICAS, 3RD FL NEW YORK, NY 10105	35

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK US OPPORT CL A 40 EAST 52ND STREET NEW YORK, NY 10022	0.25% + 11.00

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COHEN AND STEERS REALTY SHARES	280 PARK AVENUE, 10TH FLOOR NEW YORK, NY 10017	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ABERDEEN GLOBAL FIXED INC INSTL CL	1735 MARKET STREET, 32ND FLOOR PHILADELPHIA, PA 19103	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INTREPID SMALL CAP FUND	1400 MARSH LANDING PKWY. SUITE 106 JACKSONVILLE BEACH, FL 32250	40

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN INTERNATL INVESTOR CLASS 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERATED PRUDENT DOLLARBEAR CL A 4000 ERICSSON DRIVE WARRENDALE, PA 15086-7515	0.05% + 12.00

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE VALUE PLUS SERVICE CLASS 745 FIFTH AVENUE SUITE 2400 NEW YORK, NY 10151	40

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VIRTUS MID CAP VALUE FUND CL A 101 MUNSON ST. STE. 3 GREENFIELD, MA 01301	0.25% + 12.00

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO GLOBAL SML AND MID CAP GROW 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	0.25% + 10.00

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HUSSMAN STRATEGIC TOTAL RETURN 225 PICTORIA DRIVE, SUITE 450 CINCINNATI, OH 45246	12

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS SHORT TERM BOND FUND CLASS T 151 DETROIT ST. DENVER, CO 80206	34

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS FLEXIBLE BOND FUND CLASS T 151 DETROIT ST. DENVER, CO 80206	34

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG INTL VALUE CL A 2300 NORTH RIDGETOP RD SANTA FE, NM 87506	0.25% + 12.00

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPMORGAN HIGH YIELD BOND FUND CLASS 6300 LAMAR OVERLAND PARK, KS 66202	0.75% + 12.00

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE VALUE FUND SERVICE CL 745 FIFTH AVENUE SUITE 2400 NEW YORK, NY 10151	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
YACKTMAN FUND 6300 BRIDGEPOINT PARKWAY AUSTIN, TX 78730	40

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
KINETICS MARKET OPPORTUNITIES FD 777 E. WISCONSIN AVE. 4TH FLOOR MILWAUKEE, WI 53202	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ICON ENERGY 5299 DTC BLVD. SUITE 1200 GREENWOOD VILLAGE, CO 80111	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GAMCO GOLD FUND 3003 SUMMER STREET STAMFORD, CT 06904	40

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TEMPLETON WORLD CLASS A RUSSELL INVESTMENTS SEATTLE, WA 98101	0.25% + 9.00

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TEMPLETON FOREIGN CLASS A RUSSELL INVESTMENTS SEATTLE, WA 98101	0.25% + 9.00

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FORESTER VALUE FUND 612 PADDOCK LIBERTYVILLE, IL 60048	40

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MATTHEWS CHINA FUND 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO VAN KAMPEN EQUITY AND INCOM 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	0.25% + 10.00

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO ALL ASSET FUND CLASS D 1345 AVENUE OF THE AMERICAS, 3RD FL NEW YORK, NY 10105	35

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK FUND I CHRIS WRIGHT, TWO NORTH LASALLE STR CHICAGO, IL 60602	35

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO GOLD AND PRECIOUS METALS IN 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MORGAN STAN INSTL INC EMERG MKT POR HARBORSIDE FINANCIAL CENTER PLAZA 2 JERSEY CITY, NJ 07311	35

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MATTHEWS ASIA DIVIDEND FUND 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DWS GLOBAL SMALL CAP GROWTH FUND CL PO BOX 1149 LEXINGTON, KY 40588	35

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HEARTLAND VALUE PLUS 789 N. WATER STREET MILWAUKEE, WI 53202	40

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MATTHEWS INDIA FUND 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON SMALL CAP FD 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GATEWAY FUND CL A 1000 CPNTINENTAL DR STE 400 KING OF PRUSSIA, PA 19406-2850	0.25% + 12.00

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MARSICO 21ST CENTURY FUND 803 WEST MICHIGAN STREET SUITE A MILWAUKEE, WI 53233	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TOCQUEVILLE GOLD FUND 40 W 57TH STREET 19TH FL NEW YORK, NY 10019	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DIAMOND HILL SMALL CAP CLASS A 325 JOHN H. MCCONNELL BLVD., SUITE COLUMBUS, OH 43215	0.25% + 12.00

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GABELLI ASSET FUND AAA 3003 SUMMER STREET STAMFORD, CT 06904	35

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PERMANENT PORTFOLIO 600 MONTGOMERY STREET 27TH FLOOR SAN FRANCISCO, CA 94111-2702	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS SAYLES INVST GRADE BOND CL Y 1000 CPNTINENTAL DR STE 400 KING OF PRUSSIA, PA 19406-2850	12

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PERKINS MID CAP VALUE FUND CLASS T 151 DETROIT ST. DENVER, CO 80206	34

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THOMPSON PLUMB BOND FUND 918 DEMING WAY 3RD FLOOR MADISON, WI 53717	25

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS GLOBAL SELECT CL T 151 DETROIT ST. DENVER, CO 80206	34

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RYDEX INVERSE SANDP 500 STRATEGY IN 82 DEVONSHIRE ST BOSTON, MA 02210	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARIEL FUND 1 FREEDOM VALLEY RD. OAKS, PA 19456	40

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MUTUAL SERIES GLOBAL DISCOVERY CLAS RUSSELL INVESTMENTS SEATTLE, WA 98101	0.35% + 9.00

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 INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BUFFALO MID CAP FUND 615 E. MICHIGAN STREET MILWAUKEE, WI 53202	40

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan
ACCO SAVINGS AND INVESTMENT PLAN TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACCO ENGINEERED SYSTEMS, INC.

D Employer Identification Number (EIN)
95-1625123

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)	1166	6234
(2) Participant contributions	1b(2)	73623	140671
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6502119	6002927
(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)	1148206	1149375
(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)	46486213	47020459
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	54211327	54319666
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	54211327	54319666

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)	725367	
	(B) Participants	2a(1)(B)	3917614	
	(C) Others (including rollovers)	2a(1)(C)	134029	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4777010
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	842	
	(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)	54798	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		55640
	(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)	999368	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		999368
	(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)**		-2059689
c	Other income	**2c**		
d	Total income. Add all **income** amounts in column (b) and enter total	**2d**		3772329
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	3641358	
	(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)**		3641358
f	Corrective distributions (see instructions)	**2f**		
g	Certain deemed distributions of participant loans (see instructions)	**2g**		6412
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)**	8550	
	(4) Other	**2i(4)**	7670	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	**2i(5)**		16220
j	Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		3663990
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	**2k**		108339
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) [X] 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 [X] No

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

(1) Name: ROMBERGER, WILSON AND BEESON, INC. **(2)** EIN: 95-3654092

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n		X	

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.

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan
ACCO SAVINGS AND INVESTMENT PLAN TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACCO ENGINEERED SYSTEMS, INC.

D Employer Identification Number (EIN)
95-1625123

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** 0

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): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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):

---

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):

ACCO SAVINGS AND INVESTMENT PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

YEAR ENDED SEPTEMBER 30, 2011
AND AT SEPTEMBER 30, 2010

ROMBERGER, WILSON & BEESON, INC.
CERTIFIED PUBLIC ACCOUNTANTS

ACCO SAVINGS AND INVESTMENT PLAN
SEPTEMBER 30, 2011 AND 2010

Index to Financial Statements and Supplemental Schedule

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Supplemental Schedule

Schedule of Assets (Held at end of Year) 10

ROMBERGER, WILSON & BEESON, INC.
CERTIFIED PUBLIC ACCOUNTANTS

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INDEPENDENT AUDITOR'S REPORT

The Administrative Committee
ACCO Savings and Investment Plan

We were engaged to audit the financial statements and supplemental schedule of the ACCO Savings and Investment Plan as of September 30, 2011 and 2010, and for the year ended September 30, 2011, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended September 30, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Romberger, Wilson + Beeson, Inc.

March 26, 2012

ACCO SAVINGS AND INVESTMENT PLAN
Statements of Net Assets Available for Benefits
September 30, 2011 and 2010

	2011	2010
Assets		
Investments (at fair value):		
Cash and money market	$ 6,002,927	$ 6,502,119
Mutual funds	47,020,459	46,486,213
Total investments	53,023,386	52,988,332
Receivables:		
Employer contributions	6,234	1,166
Participant contributions	140,671	73,623
Notes receivable from participants	1,149,375	1,148,206
Total receivables	1,296,280	1,222,995
Net assets available for benefits	$ 54,319,666	$ 54,211,327

See accompanying notes

ACCO SAVINGS AND INVESTMENT PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended September 30, 2011

Additions to net assets attributed to:	
Net depreciation in fair value of investments	$ (2,059,689)
Interest and dividends	1,055,008
Net investment loss	(1,004,681)
Contributions:	
Employer	725,367
Participant	3,917,614
Rollover	134,029
Total contributions	4,777,010
Total additions	3,772,329
Deductions from net assets attributed to:	
Benefits paid to participants	3,641,358
Loan distributions	6,412
Administrative expenses	16,220
Total deductions	3,663,990
Net increase	108,339
Net assets available for benefits:	
Beginning of year	54,211,327
End of year	$ 54,319,666

See accompanying notes

1. Plan Description

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

General

The Plan is a defined contribution plan sponsored by ACCO Engineered Systems, Inc. (ACCO or the Company). The Plan covers all employees of ACCO 18 years of age or older, who are not subject to a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants are allowed to contribute up to 60% of pretax annual compensation. ACCO matches participant contributions at 100% up to a maximum of $1,500. Additional profit sharing contributions may be made at the discretion of the Board of Directors of the Company.

Participant Accounts

Separate accounts are maintained for each participant's deferred compensation, rollover, employer contribution and participant loan balances. Earnings of the Plan are allocated to the participant account balances according to the ratio that a participant's account balance within each investment fund bears to the total of all participant account balances within such fund. Employer matching contributions are allocated based on participant deferrals. Profit sharing contributions are allocated to the participant account balances according to the ratio that a participant's compensation bears to the total of all participant compensation.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 reduced by the highest outstanding loan balance during the prior 12 months, or 50% of their account balance. Loans to participants are accounted for in the Loan Fund. Loan terms range from 1 to 5 years or up to 10 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined periodically by the Plan administrator. The loans are reported at their unpaid principal balances plus any accrued but unpaid interest.

1. Description of the Plan (continued)

Vesting

Participants are immediately vested in their salary deferrals plus earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus earnings thereon is based on years of service; participants vest 20% per year of service. For terminations on account of death, permanent and total disability, or normal retirement at age 65, 100% vesting is granted.

Forfeitures

Forfeitures of terminated participants' non-vested accounts are transferred to and maintained in a single Forfeiture Account, which is invested in interest-bearing deposits. Forfeiture Account amounts are utilized to restore accounts or increase the amount allocated to active participants as directed by the plan administrator. Forfeitures totaling $160,000 were allocated during the year.

Benefits

Upon termination, disability, death or certain hardship cases, participants or their beneficiaries are entitled to receive their vested balances.

Plan Management

The Plan is administered by Fidelity Management Trust Company, who is also the trustee.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for benefits and the changes in net assets available for benefits.

Date of Management's Review

The trustee has evaluated subsequent events through the date the financial statements were issued and have determined that there are no subsequent events requiring recognition or disclosure in the financial statements.

2. Summary of Significant Accounting Policies (continued)

Administrative Expenses

The Company pays most of the administrative expenses associated with the Plan.

Investments

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 3 for the disclosure of fair value of investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation or depreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Use of Accounting Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and the accompanying disclosures. Actual results could differ from those estimates.

3. Fair Value Measurements

The Plan's investments in mutual funds are reported at fair value in the accompanying statements 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 financial instruments could result in a different fair value measurement at the reporting date. The fair value of the mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

4. Risks and Uncertainties

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

5. Investment Information Prepared and Certified by Trustee

All information related to investments and investment income included in the accompanying financial statements and supplementary schedule have been included based on information provided by Fidelity Management Trust Company (the trustee). The trustee has certified that the information provided is complete and accurate.

The following investments represent 5% or more of the Plan's net assets:

	2011	2010
Fidelity Balanced Fund	$ 8,522,246	$ 9,616,435
Fidelity Brokerage Link: External Fund	2,740,412	-
Fidelity Diversified International Fund	2,910,874	3,209,441
Fidelity Retirement Money Market Fund	5,279,651	5,209,247
Fidelity U.S. Bond Index Fund Inv	3,171,688	3,407,150
Janus Twenty Fund	4,722,541	5,285,238
Ranier Small/Mid Cap Fund	-	2,801,679
Spartan 500 Index Inv	3,757,686	3,459,407
All other investments less than 5%	21,918,288	19,999,735
	$ 53,023,386	$ 52,988,332

6. Party-in-Interest Transactions

The Plan has investments in mutual funds managed by Fidelity Investments. Fidelity Management Trust Company is the trustee of the Plan; therefore, Fidelity Investments is a party-in-interest.

7. Tax Status of the Plan

The Internal Revenue Service issued a determination letter to Fidelity Management & Research Company, dated December 5, 2001, stating that the prototype plan was acceptable under Section 401 of the Internal Revenue Code (IRC) for use by employers for the benefit of their employees. In addition, the Service issued a determination letter dated October 9, 2003 regarding the GUST amendments. The plan has been amended since receiving the determination letter. It is the plan administrator's opinion that the adopted plan qualifies under Section 401(a) of the IRC and also satisfies all other relevant sections of the IRC; therefore, it is the plan administrator's opinion that the Plan is exempt from federal and state income taxes.

8. Plan Termination

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

SUPPLEMENTAL SCHEDULE

ACCO SAVINGS AND INVESTMENT PLAN
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
September 30, 2011

EIN 95-1625123
Plan #001

(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: Shares	Investment	(d) Current Cost	(e) Current Value
*	Fidelity Investments	196,146.650	Brokerage Link: External Fund		$ 2,740,412
*	Fidelity Investments	132,580.965	Brokerage Link: Fidelity Fund		2,575,803
*	Fidelity Investments	723,275.470	Brokerage Link: Cash		723,275
*	Fidelity Investments	84,618.192	Janus Twenty Fund		4,722,541
*	Fidelity Investments	39,521.265	IVK Growth & Income Y		657,634
*	Fidelity Investments	5,007.216	Vanguard Morgan Growth ADM		249,560
*	Fidelity Investments	12,282.431	GS Midcap Value Inst		375,720
*	Fidelity Investments	69,990.279	Davis NY Venture Y		2,085,710
*	Fidelity Investments	87,270.001	Rainier Sm/Mid Cap I		2,468,868
*	Fidelity Investments	31,591.291	Loomis Small Cap Value I		706,381
*	Fidelity Investments	30,046.474	CRM Mid Cap Value Inst		733,134
*	Fidelity Investments	32,864.333	Fidelity Contrafund		2,050,406
*	Fidelity Investments	492,900.284	Fidelity Balanced Fund		8,522,246
*	Fidelity Investments	65,870.311	Fidelity Low-Priced Stock Fund		2,160,546
*	Fidelity Investments	117,421.308	Fidelity Diversified International Fund		2,910,874
*	Fidelity Investments	22,790.634	Fidelity Freedom Income Fund		253,660
*	Fidelity Investments	4,223.862	Fidelity Freedom 2000		50,011
*	Fidelity Investments	27,288.743	Fidelity Freedom 2010		351,479
*	Fidelity Investments	69,038.642	Fidelity Freedom 2020		886,456
*	Fidelity Investments	162,242.547	Fidelity Freedom 2030		2,021,542
*	Fidelity Investments	5,279,651.230	Fidelity Retirement Money Market		5,279,651
*	Fidelity Investments	93,381.845	Spartan 500 Index Inv		3,757,686
*	Fidelity Investments	268,559.536	Spartan U.S. Bond Index Inv		3,171,688
*	Fidelity Investments	112,534.818	Fidelity Freedom 2040		796,747
*	Fidelity Investments	10,956.240	Fidelity Freedom 2005		113,726
*	Fidelity Investments	67,073.481	Fidelity Freedom 2015		720,369
*	Fidelity Investments	60,024.110	Fidelity Freedom 2025		630,854
*	Fidelity Investments	64,412.297	Fidelity Freedom 2035		654,429
*	Fidelity Investments	31,618.866	Fidelity Freedom 2045		263,701
*	Fidelity Investments	47,524.769	Fidelity Freedom 2050		388,277
	Participant loans		Interest rates from 4.25% to 9.25%	$ - 0 -	1,149,375
					$ 54,172,761

* Denotes Party in interest.

See accompanying notes

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 09/30/2011

Fund Name (Cusip #)	Share Balance 09/30/2011	Historical Cost	Price	Total Market Value
BROKERAGELINK				$0.00
EXTERNAL FUND	0.000	$2,909,886.84	$0.00	$2,740,412.02
FIDELITY FUND	0.000	$2,723,405.67	$0.00	$2,575,802.62
CASH	0.000	$723,275.47	$0.00	$723,275.47
PIMCO TOT RETURN ADM	0.000	$0.00	$10.79	$0.00
TMPL FRGN SM CO A	0.000	$0.00	$12.89	$0.00
ABF LG CAP VAL INV	0.000	$0.00	$16.08	$0.00
ABF INTL EQUITY INV	0.000	$0.00	$13.66	$0.00
MUTUAL GBL DISCVRY A	0.000	$0.00	$25.24	$0.00
BARON GROWTH	0.000	$0.00	$46.18	$0.00
BARON ASSET FUND	0.000	$0.00	$49.00	$0.00
MSIF GROWTH P	0.000	$0.00	$22.39	$0.00
CALVERT BALANCED A	0.000	$0.00	$26.27	$0.00
JH SMALL COMPANY A	0.000	$0.00	$16.47	$0.00
LOOMIS SM CAP VAL R	0.000	$0.00	$22.14	$0.00
ARIEL FUND	0.000	$0.00	$36.74	$0.00
ARIEL APPRECIATION	0.000	$0.00	$34.81	$0.00
NB CORE BOND INV	0.000	$0.00	$10.70	$0.00
ALGER CAP APPREC I	0.000	$0.00	$18.65	$0.00
ALGER MIDCAP GRTH I	0.000	$0.00	$11.82	$0.00
INVESCO VALUE EQUITY	0.000	$0.00	$17.96	$0.00
TEMPLETON FOREIGN A	0.000	$0.00	$5.90	$0.00
JANUS TWENTY T	84,618.192	$4,417,114.52	$55.81	$4,722,541.30
MANAGERS SPECIAL EQ	0.000	$0.00	$47.44	$0.00
MSIF GLOBAL VAL EQ P	0.000	$0.00	$11.02	$0.00
MSIF CP FX INC P	0.000	$0.00	$9.94	$0.00

Plan: 47343 ACCO SAVINGS AND INVESTMENT PLAN TRUST Run Date: 12/20/2011

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 09/30/2011

Fund Name (Cusip #)	Share Balance 09/30/2011	Historical Cost	Price	Total Market Value
MSIF MID CAP GRTH P	0.000	$0.00	$32.55	$0.00
INVS VALUE II A	0.000	$0.00	$16.37	$0.00
MSIF EMERGING MKTS P	0.000	$0.00	$21.02	$0.00
NB PARTNERS TRUST	0.000	$0.00	$16.90	$0.00
NB SOCIALLY RESP TR	0.000	$0.00	$15.29	$0.00
OAKMARK SELECT I	0.000	$0.00	$25.50	$0.00
OAKMARK FUND I	0.000	$0.00	$37.87	$0.00
MGRS/C CAP APPR ADM	0.000	$0.00	$15.05	$0.00
MGRS/C MID CAP ADM	0.000	$0.00	$21.69	$0.00
PIM GLBBND AD UNHDGD	0.000	$0.00	$10.23	$0.00
PIMCO HIGH YIELD ADM	0.000	$0.00	$8.61	$0.00
PIMCO LOW DUR ADM	0.000	$0.00	$10.28	$0.00
PIMCO LT US GOVT ADM	0.000	$0.00	$12.98	$0.00
DAVIS NY VENTURE A	0.000	$0.00	$29.44	$0.00
WFA ULTRA ST INC INV	0.000	$0.00	$8.50	$0.00
WFA COMMON STOCK INV	0.000	$0.00	$17.50	$0.00
WFA GOVT SECURTY INV	0.000	$0.00	$11.32	$0.00
TEMPLETON DEV MKTS A	0.000	$0.00	$20.12	$0.00
TEMPLETON GROWTH A	0.000	$0.00	$15.44	$0.00
TMPL GLOBAL BOND A	0.000	$0.00	$12.69	$0.00
TEMPLETON WORLD A	0.000	$0.00	$13.04	$0.00
VANG MORGAN GROWTH	0.000	$0.00	$16.06	$0.00
ABDN GLBL FX INC IS	0.000	$0.00	$10.33	$0.00
RS SMALL CAP GRTH A	0.000	$0.00	$36.43	$0.00

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 09/30/2011

Fund Name (Cusip #)	Share Balance 09/30/2011	Historical Cost	Price	Total Market Value
JANUS ADV WRLDWIDE S	0.000	$0.00	$22.36	$0.00
ARTISAN INTL	0.000	$0.00	$18.37	$0.00
JANUS WORLDWIDE T	0.000	$0.00	$38.10	$0.00
DWS INTERNATIONAL S	0.000	$0.00	$36.12	$0.00
DOMINI SOCIAL EQ INV	0.000	$0.00	$27.41	$0.00
RAINIER SM/MID CAP	0.000	$0.00	$27.56	$0.00
DWS GLB SM CAP GR S	0.000	$0.00	$34.15	$0.00
JANUS ADV MC GRTH S	0.000	$0.00	$25.12	$0.00
JANUS FORTY S	0.000	$0.00	$28.67	$0.00
JANUS ADV BALANCED S	0.000	$0.00	$21.96	$0.00
IVK GRTH & INC Y	39,521.265	$797,536.43	$16.64	$657,633.85
TCW AGGR GRTH EQ N	0.000	$0.00	$12.42	$0.00
INVS LGCP REL VAL A	0.000	$0.00	$11.25	$0.00
INVS GLB SMMDCP GR A	0.000	$0.00	$16.40	$0.00
MANAGERS BOND FUND	0.000	$0.00	$25.91	$0.00
CS LARGE CAP VALUE A	0.000	$0.00	$12.25	$0.00
INVS BASIC VALUE A	0.000	$0.00	$21.92	$0.00
INVS LGCP REL VAL Y	0.000	$0.00	$11.25	$0.00
LM CM VALUE FI	0.000	$0.00	$38.38	$0.00
ARTISAN MID CAP INV	0.000	$0.00	$31.14	$0.00
OAKMARK EQ & INC I	0.000	$0.00	$25.62	$0.00
ROYCE LOW PR STK SER	0.000	$0.00	$14.46	$0.00
OLDMUT LARGE CAP Z	0.000	$0.00	$15.37	$0.00
OLDMUT MID CAP Z	0.000	$0.00	$7.26	$0.00

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 09/30/2011

Fund Name (Cusip #)	Share Balance 09/30/2011	Historical Cost	Price	Total Market Value
WFA SM CAP VAL INV	0.000	$0.00	$26.70	$0.00
IVK GRTH & INC A	0.000	$0.00	$16.64	$0.00
LD ABBETT AFFILTD A	0.000	$0.00	$9.35	$0.00
DWS STRATEGIC VAL A	0.000	$0.00	$28.40	$0.00
VANG MORGAN GRTH ADM	5,007.216	$284,103.86	$49.84	$249,559.65
IVK EQUITY INCOME A	0.000	$0.00	$7.69	$0.00
INVS MDCP CORE EQ A	0.000	$0.00	$20.06	$0.00
PERKINS MID CP VAL T	0.000	$0.00	$19.93	$0.00
WA CORE BOND FI	0.000	$0.00	$11.84	$0.00
BARON SMALL CAP	0.000	$0.00	$20.84	$0.00
GS MIDCAP VALUE INST	12,282.431	$404,867.17	$30.59	$375,719.56
ARTISAN MID CAP VAL	0.000	$0.00	$18.88	$0.00
WFA C&B MDCP VAL INV	0.000	$0.00	$14.12	$0.00
PIMCO REAL RTN BD AD	0.000	$0.00	$11.98	$0.00
LM CBA AGG GR A	0.000	$0.00	$99.63	$0.00
ALLNZ NFJ SMCPVAL AD	0.000	$0.00	$25.78	$0.00
RS PARTNERS A	0.000	$0.00	$27.21	$0.00
COL/ACORN SELECT Z	0.000	$0.00	$21.60	$0.00
CRM MID CAP VAL INV	0.000	$0.00	$23.99	$0.00
NB INTL FUND TRUST	0.000	$0.00	$16.37	$0.00
DAVIS NY VENTURE Y	69,990.279	$2,440,546.36	$29.80	$2,085,710.31
RAINIER SM/MD CAP I	87,270.001	$2,951,897.72	$28.29	$2,468,868.33
LOOMIS SM CAP VAL I	31,591.291	$847,606.98	$22.36	$706,381.27
LM CBA LC GRO A	0.000	$0.00	$21.83	$0.00

Plan: 47343 ACCO SAVINGS AND INVESTMENT PLAN TRUST Run Date: 12/20/2011

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 09/30/2011

Fund Name (Cusip #)	Share Balance 09/30/2011	Historical Cost	Price	Total Market Value
ROYCE TOT RET SER	0.000	$0.00	$11.46	$0.00
CRM MID CAP VAL INST	30,046.474	$887,536.47	$24.40	$733,133.97
ROYCE OPPORTUNITY S	0.000	$0.00	$8.68	$0.00
LD ABBETT SMCP BLD A	0.000	$0.00	$13.06	$0.00
WFA SPL MIDCP VL INV	0.000	$0.00	$18.04	$0.00
ROYCE VALUE PLUS SER	0.000	$0.00	$10.84	$0.00
VIRTUS MID-CAP VAL A	0.000	$0.00	$19.55	$0.00
TOUCHSTN SC SEL GR Z	0.000	$0.00	$9.39	$0.00
WA CORE PLUS BOND FI	0.000	$0.00	$11.03	$0.00
HARTFORD INTL GRTH Y	0.000	$0.00	$8.78	$0.00
FID FIDELITY FUND	0.000	$0.00	$29.11	$0.00
FID PURITAN	0.000	$0.00	$16.82	$0.00
FID TREND	0.000	$0.00	$62.41	$0.00
FID VALUE STRAT	0.000	$0.00	$22.44	$0.00
FID GNMA	0.000	$0.00	$11.87	$0.00
FID CONTRAFUND	32,864.333	$2,008,830.79	$62.39	$2,050,405.74
FID EQUITY INC	0.000	$0.00	$37.19	$0.00
FID GROWTH COMPANY	0.000	$0.00	$77.70	$0.00
FID INVST GR BD	0.000	$0.00	$7.69	$0.00
FID GROWTH & INC	0.000	$0.00	$16.33	$0.00
FID INTERMED BOND	0.000	$0.00	$10.85	$0.00
FID CAPITAL & INCOME	0.000	$0.00	$8.46	$0.00
FID VALUE	0.000	$0.00	$57.14	$0.00
FID MORTGAGE SEC	0.000	$0.00	$11.16	$0.00

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 09/30/2011

Fund Name (Cusip #)	Share Balance 09/30/2011	Historical Cost	Price	Total Market Value
FIDELITY GOVT INCOME	0.000	$0.00	$10.86	$0.00
FID INDEPENDENCE	0.000	$0.00	$19.93	$0.00
FID OTC PORTFOLIO	0.000	$0.00	$51.45	$0.00
FID OVERSEAS	0.000	$0.00	$25.77	$0.00
FID LEVERGD CO STK	0.000	$0.00	$22.08	$0.00
FID EUROPE	0.000	$0.00	$24.74	$0.00
FID PACIFIC BASIN	0.000	$0.00	$21.30	$0.00
FID REAL ESTATE INVS	0.000	$0.00	$23.90	$0.00
FID BALANCED	492,900.284	$8,180,430.91	$17.29	$8,522,245.91
FID INTL DISCOVERY	0.000	$0.00	$27.06	$0.00
FID CAPITAL APPREC	0.000	$0.00	$22.69	$0.00
FID CONVERTIBLE SEC	0.000	$0.00	$22.01	$0.00
FID CANADA	0.000	$0.00	$48.26	$0.00
FID TELECOM & UTIL	0.000	$0.00	$16.24	$0.00
FID BLUE CHIP GR	0.000	$0.00	$39.57	$0.00
FID ASSET MGR 50%	0.000	$0.00	$14.47	$0.00
FID DISCIPLND EQTY	0.000	$0.00	$19.50	$0.00
FID LOW PRICED STK	65,870.311	$2,252,328.01	$32.80	$2,160,546.20
FID WORLDWIDE	0.000	$0.00	$16.46	$0.00
FID EQUITY INC II	0.000	$0.00	$15.33	$0.00
FID STK SEL ALL CAP	0.000	$0.00	$22.21	$0.00
FID ASSET MGR 70%	0.000	$0.00	$14.80	$0.00
FID EMERGING MKTS	0.000	$0.00	$19.97	$0.00
FID GROWTH STRAT	0.000	$0.00	$16.99	$0.00

Plan: 47343 ACCO SAVINGS AND INVESTMENT PLAN TRUST Run Date: 12/20/2011

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 09/30/2011

Fund Name (Cusip #)	Share Balance 09/30/2011	Historical Cost	Price	Total Market Value
FID DIVERSIFD INTL	117,421.308	$3,482,310.27	$24.79	$2,910,874.23
FID ASSET MGR 20%	0.000	$0.00	$12.64	$0.00
FID DIVIDEND GR	0.000	$0.00	$23.33	$0.00
FID NEW MARKETS INC	0.000	$0.00	$15.38	$0.00
FID EXPORT & MULTI	0.000	$0.00	$19.28	$0.00
FID FOCUSED STOCK	0.000	$0.00	$12.62	$0.00
FID GLOBAL BALANCED	0.000	$0.00	$20.96	$0.00
FID INTL CAP APPREC	0.000	$0.00	$10.40	$0.00
FID STK SEL SM CAP	0.000	$0.00	$15.62	$0.00
FID MID CAP STOCK	0.000	$0.00	$24.55	$0.00
FID LARGE CAP STOCK	0.000	$0.00	$15.38	$0.00
FID SMALL CAP STOCK	0.000	$0.00	$14.66	$0.00
FID EUROPE CAP APP	0.000	$0.00	$15.01	$0.00
FID ASSET MGR 85%	0.000	$0.00	$11.72	$0.00
FID LATIN AMERICA	0.000	$0.00	$45.33	$0.00
FID JAPAN	0.000	$0.00	$9.60	$0.00
FID EMERGING ASIA	0.000	$0.00	$24.42	$0.00
FID STRATEGIC INCOME	0.000	$0.00	$10.88	$0.00
FID FREEDOM INCOME	22,790.634	$252,510.34	$11.13	$253,659.76
FID FREEDOM 2000	4,223.862	$50,067.86	$11.84	$50,010.53
FID FREEDOM 2010	27,288.743	$348,939.32	$12.88	$351,479.01
FID FREEDOM 2020	69,038.642	$882,754.51	$12.84	$886,456.16
FID FREEDOM 2030	162,242.547	$2,201,726.62	$12.46	$2,021,542.14
FID SM CAP DISCOVERY	0.000	$0.00	$17.01	$0.00

Plan: 47343 ACCO SAVINGS AND INVESTMENT PLAN TRUST Run Date: 12/20/2011

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 09/30/2011

Fund Name (Cusip #)	Share Balance 09/30/2011	Historical Cost	Price	Total Market Value
SPTN TOT MKT IDX INV	0.000	$0.00	$32.73	$0.00
SPTN EXT MKT IDX INV	0.000	$0.00	$32.00	$0.00
FID SHORT TERM BOND	0.000	$0.00	$8.50	$0.00
FID FIFTY	0.000	$0.00	$16.10	$0.00
FID RETIRE MMKT	5,279,651.230	$5,279,651.23	$1.00	$5,279,651.23
FID RET GOVT MM	0.000	$0.00	$1.00	$0.00
FID MGD INC PORT	0.000	$0.00	$1.00	$0.00
SPTN 500 INDEX INV	93,381.845	$3,906,173.39	$40.24	$3,757,685.44
SPTN US BOND IDX INV	268,559.536	$2,995,615.46	$11.81	$3,171,688.12
FID INST SH INT GOVT	0.000	$0.00	$10.27	$0.00
FID STKSEL LGCAP VAL	0.000	$0.00	$9.20	$0.00
FID FREEDOM 2040	112,534.818	$868,902.31	$7.08	$796,746.51
FID MID CAP VALUE	0.000	$0.00	$13.51	$0.00
FID LARGE CAP GROWTH	0.000	$0.00	$9.03	$0.00
FID MID CAP GROWTH	0.000	$0.00	$10.40	$0.00
FID INFLAT PROT BOND	0.000	$0.00	$12.69	$0.00
FID ULTRASHORT BOND	0.000	$0.00	$8.16	$0.00
FID INTL SMALL CAP	0.000	$0.00	$18.11	$0.00
FID TOTAL BOND	0.000	$0.00	$11.02	$0.00
FID REAL ESTATE INC	0.000	$0.00	$9.90	$0.00
FID BLUE CHIP VALUE	0.000	$0.00	$8.96	$0.00
FID FREEDOM 2005	10,956.240	$119,075.52	$10.38	$113,725.77
FID FREEDOM 2015	67,073.481	$733,677.60	$10.74	$720,369.19
FID FREEDOM 2025	60,024.110	$603,640.16	$10.51	$630,853.40

Plan: 47343 ACCO SAVINGS AND INVESTMENT PLAN TRUST Run Date: 12/20/2011

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 09/30/2011

Fund Name (Cusip #)	Share Balance 09/30/2011	Historical Cost	Price	Total Market Value
FID FREEDOM 2035	64,412.297	$686,504.98	$10.16	$654,428.94
FID STRAT DIV & INC	0.000	$0.00	$10.20	$0.00
FID FOCUSED HIGH INC	0.000	$0.00	$8.76	$0.00
FID INTL REAL ESTATE	0.000	$0.00	$6.90	$0.00
FID SMALL CAP GROWTH	0.000	$0.00	$13.25	$0.00
FID SMALL CAP VALUE	0.000	$0.00	$12.00	$0.00
FID FREEDOM 2045	31,618.866	$283,512.43	$8.34	$263,701.34
FID FREEDOM 2050	47,524.769	$413,102.31	$8.17	$388,277.36
OUTSTANDING LOAN BALANCE				$1,149,374.87
		NET ASSETS 09/30/2011:		$54,172,760.20

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See chapter 7 of the Fidelity auditor's guide for financial statement presentation and disclosure information.