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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
A.T. CROSS COMPANY PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1984

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

A.T. CROSS COMPANY

ONE ALBION ROAD
LINCOLN, RI 02865-3700

2b Employer Identification Number (EIN) 05-0126220

2c Sponsor's telephone number 401-333-1200

2d Business code (see instructions) 339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2012	DONALD HUBERT
	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")
A.T. CROSS COMPANY

ONE ALBION ROAD
LINCOLN, RI 02865-3700

3b Administrator's EIN
05-0126220

3c Administrator's telephone number
401-333-1200

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**	1351
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**	104
b	Retired or separated participants receiving benefits	**6b**	592
c	Other retired or separated participants entitled to future benefits	**6c**	594
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1290
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	47
f	Total. Add lines **6d** and **6e**	**6f**	1337
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G 1I

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)	X	**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)		0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

A Name of plan
A.T. CROSS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
A.T. CROSS COMPANY

D Employer Identification Number (EIN)
05-0126220

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2011			
2	Assets:			
a	Market value		**2a**	26910701
b	Actuarial value		**2b**	25451537
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	617	16524631
b	For terminated vested participants	**3b**	619	17099864
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		4823209
	(3) Total active	**3c(3)**	115	4823209
d	Total	**3d**	1351	38447704
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [X]			
a	Funding target disregarding prescribed at-risk assumptions		**4a**	38249796
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		**4b**	39239334
5	Effective interest rate		**5**	6.31 %
6	Target normal cost		**6**	120394

Statement by Enrolled Actuary

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

SIGN HERE

	10/02/2012
Signature of actuary	Date
JEAN M. WILSON	11-05445
Type or print name of actuary	Most recent enrollment number
THE ANGELL PENSION GROUP, INC.	401-438-9250
Firm name	Telephone number (including area code)
88 BOYD AVENUE EAST PROVIDENCE, RI 02914	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1341920
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1341920
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.60%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		94
b	Interest on (a) using prior year's effective rate of 6.70 % except as otherwise provided (see instructions)		11
c	Total available at beginning of current plan year to add to prefunding balance		105
d	Portion of (c) to be added to prefunding balance		105
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	105

Part III Funding percentages

14	Funding target attainment percentage	14	66.54 %
15	Adjusted funding target attainment percentage	15	66.54 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	71.88 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	66.19 %

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/14/2011	1398186	0			
10/06/2011	1500000	0			
01/13/2012	2966062	0			
09/14/2012	890939	0			
			Totals ► 18(b)	6755187	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	6413962

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.78%	6.31%	6.57 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	120394
b Excess assets, if applicable, but not greater than 31a	**31b**	

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	12996272	2514984
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2635378

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	2635378
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	6413962
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	3778584
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
A.T. CROSS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
A.T. CROSS COMPANY

D Employer Identification Number (EIN)
05-0126220

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

ASTON ASSET MANAGEMENT LLC

20-4747475

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

CAUSEWAY CAPITAL MANAGEMENT LLC

95-4861680

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

LORD, ABBETT & CO. LLC

13-5620131

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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

THE VANGUARD GROUP, INC.

23-1945930

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

SEIX INVESTMENT ADVISORS LLC

13-3673813

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

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

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

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)

THE ANGELL PENSION GROUP, INC.

04-2530412

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	42765	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF AMERICA, N.A.

94-1687665

(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?
26	NONE	35674	Yes [X] No [ ]	Yes [X] No [ ]	16	Yes [X] No [ ]

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

BUCK CONSULTING

13-3954297

(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?
20	NONE	31800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

HINCKLEY, ALLEN & SNYDER LLP

05-0262309

(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?
29	NONE	16797	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STOWE & DEGON LLC

04-3379904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	13700	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

J.P. MORGAN SECURITIES LLC

21 S. CLARK STREET
SUITE 3200
CHICAGO, IL 60603

(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?
26	NONE	12981	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
A.T. CROSS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
A.T. CROSS COMPANY

D Employer Identification Number (EIN)
05-0126220

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)	558793	3857001
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	206946	120773
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	234614	471609
(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)	4572811	1854764
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21338827	26254951
(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	26911991	32559098
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	26911991	32559098

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)	6755187	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6755187
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	20	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	15359	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1117165	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1132524
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	12258390	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12475438	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-217048

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	84760	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		84760
(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)		169120
c Other income	2c		-199628
d Total income. Add all **income** amounts in column (b) and enter total	2d		7724935
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1772984	
(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)		1772984
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	73262	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	80455	
(4) Other	2i(4)	151127	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		304844
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2077828
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		5647107
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: STOWE & DEGON LLC (2) EIN: 04-3379904

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**			
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**			

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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
A.T. CROSS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
A.T. CROSS COMPANY

D Employer Identification Number (EIN)
05-0126220

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): 94-1687665

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** 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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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): _____

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: 58.0% Investment-Grade Debt: 31.0% High-Yield Debt: 11.0% Real Estate: 0.0% Other: 0.0%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

A.T. Cross Company
Pension Plan

Financial Statements as of and for the Years Ended December 31, 2011 and 2010
With Supplemental Schedules and Independent Auditors' Report

A.T. CROSS COMPANY PENSION PLAN

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

STOWE & DEGON LLC
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
A.T. Cross Company Pension Plan:

We were engaged to audit the financial statements and supplemental schedules of the A.T. Cross Company Pension Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, as listed in the table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 3, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 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 express, and do not express, an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, 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 ERISA.

Stowe & Degon LLC

September 14, 2012

95A TURNPIKE ROAD • WESTBOROUGH, MASSACHUSETTS 01581
TELEPHONE (508) 983-6700 • FAX (508) 983-6701

A.T. CROSS COMPANY PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS:		
Investments, at fair value:		
Money market funds and cash	$ 471,609	$ 234,614
Mutual funds	26,254,951	21,338,826
Exchange traded funds	1,268,204	969,761
Common stocks	586,560	3,603,050
Total investments	28,581,324	26,146,251
Employer contribution receivable	3,857,001	558,793
Dividends and interest receivable	120,773	206,947
NET ASSETS AVAILABLE FOR BENEFITS	$ 32,559,098	$ 26,911,991

See independent auditors' report and notes to financial statements.

A.T. CROSS COMPANY PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011	2010
INVESTMENT INCOME:		
Net appreciation (depreciation) in fair value of investments	$ (664,393)	$ 2,020,802
Interest	15	133
Dividends	1,634,126	1,018,258
Total investment income	969,748	3,039,193
EMPLOYER CONTRIBUTIONS	6,755,187	558,793
DEDUCTIONS:		
Benefits paid directly to participants	1,772,984	1,688,192
Administrative expenses	304,844	120,394
Total deductions	2,077,828	1,808,586
NET INCREASE	5,647,107	1,789,400
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	26,911,991	25,122,591
End of year	$ 32,559,098	$ 26,911,991

See independent auditors' report and notes to financial statements.

A.T. CROSS COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2011 AND 2010

1. DESCRIPTION OF PLAN

The following description of the A.T. Cross Company Pension Plan (the "Plan") provides general information only. Participants should refer to the Plan document for more complete information.

General – The Plan is a noncontributory, defined benefit plan for the employees of A.T. Cross Company (the "Company"). The Plan was amended effective May 20, 2006 to freeze all benefit accruals such that no compensation earned or service performed after that date be recognized in the determination of pension benefits. The Plan covers substantially all of the Company's non-seasonal employees for service prior to May 20, 2006, and provides retirement and death benefits. The Plan is subject to the Employee Retirement Income Security Act of 1974 ("ERISA").

Vesting – An employee's accrued benefits are vested after five years of credited service.

Pension Benefits – Benefits under the Plan are based primarily on an employee's length of service and highest average annual compensation for any period of five consecutive years, subject to limitations specified in the Internal Revenue Code. Benefits are paid at normal retirement age (65) or at early retirement age (62 to 64) under certain conditions. Employees may elect to receive their pension benefits in the form of a life annuity or qualified joint and survivor annuity, payable monthly from retirement.

Administrative Expenses – Administrative expenses of the Plan are paid by either the Plan or the Plan sponsor, as provided in the Plan document.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment Valuation and Income Recognition – The Plan's 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 5 for a discussion of fair value measurements.

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

Benefit Payments – Benefits are recorded when paid.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risks and Uncertainties – Contributions to the Plan are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

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

Subsequent Events – The Company has evaluated subsequent events through September 14, 2012, the date the financial statements were available to be issued.

3. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The investment information included in the accompanying financial statements, including dividends and interest receivable, Note 4 and the supplemental schedules was obtained from data that has been certified as complete and accurate to the plan administrator by Bank of America, N.A., the trustee of the Plan. Incorporation of this financial information in the accompanying financial statements and supplemental schedules is based solely on that certification.

4. INVESTMENTS

Investments that represent 5% or more of the Plan's net assets available for benefits at December 31, 2011 and 2010 are as follows:

	2011	2010
Aston Montag & Caldwell Growth Fund	$ 5,901,421	$ 3,556,497
Causeway International Value Fund	2,264,238	2,532,490
Lord Abbett Research Fund Inc. - Small Cap Value Fund	*	1,660,013
PIMCO All Asset Fund Institutional	4,271,307	3,517,632
Vanguard Long-Term Investment Grade Fund	8,128,836	7,672,550
Bank of America Corp. common stock	-	2,001,000

* less than 5% at balance sheet date

4. INVESTMENTS (CONTINUED)

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2011	2010
Mutual funds	$ (332,294)	$ 1,494,323
Exchange traded funds	(199,810)	10,356
Common stocks	(132,289)	516,123
	$ (664,393)	$ 2,020,802

5. FAIR VALUE MEASUREMENTS

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Common stock – valued at the closing price reported on the active market on which the securities are traded.

Money market funds, mutual funds and exchange traded funds – valued at the net asset value of shares held by the Plan at year end as reported on the active market on which the shares are traded.

5. FAIR VALUE MEASUREMENTS (CONTINUED)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Level 1	Level 2	Level 3	Total
Money market funds and cash	$ 471,609	$ -	$ -	$ 471,609
Common stocks	586,560	-	-	586,560
Mutual funds - equity	10,946,152	-	-	10,946,152
Mutual funds - balanced	4,271,307	-	-	4,271,307
Mutual funds - fixed income	11,037,492	-	-	11,037,492
Exchange traded funds	1,268,204	-	-	1,268,204
Total assets at fair value	$ 28,581,324	$ -	$ -	$ 28,581,324

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Money market funds and cash	$ 234,614	$ -	$ -	$ 234,614
Common stocks	3,603,050	-	-	3,603,050
Mutual funds - equity	7,749,000	-	-	7,749,000
Mutual funds - balanced	3,517,632	-	-	3,517,632
Mutual funds - fixed income	10,072,194	-	-	10,072,194
Exchange traded funds	969,761	-	-	969,761
Total assets at fair value	$ 26,146,251	$ -	$ -	$ 26,146,251

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable, under the Plan's provisions, to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the employee's average compensation during the five consecutive calendar years of credited service which produced the highest average compensation. The accumulated plan benefits for active employees are based on the employee's average compensation during the five consecutive calendar years preceding the valuation date which produced the highest average compensation. Benefits payable under all circumstances – retirement, death, disability, and termination or employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial present value of accumulated plan benefits is determined by consulting actuaries and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant assumptions underlying the January 1, 2011 and 2010 actuarial computations are as follows:

- *Mortality* – Prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code;
- *Retirement* – Age-related retirement rates from age 62 to age 70 for active employees are reflective of recent retirement experiences with average retirement age of 64. Terminated participants are assumed to retire at age 65; and
- *Valuation Interest Rates* – 6.31% (6.7% in the 2010 actuarial valuation)

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

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

	January 1, 2011	January 1, 2010
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	$ 16,524,631	$ 15,546,637
Other participants	21,725,165	20,121,346
	38,249,796	35,667,983
Nonvested benefits	-	-
Total actuarial present value of accumulated plan benefits	$ 38,249,796	$ 35,667,983

The changes in the actuarial present value of accumulated plan benefits during the year ended January 1, 2011 are as follows:

Actuarial present value of accumulated plan benefits - January 1, 2010	$ 35,667,983
Increase (decrease) during the year attributable to:	
Benefit payments	(1,688,192)
Actuarial losses	151,220
Interest due to decrease in the discount period	2,328,488
Changes in assumptions	1,790,297
Net increase	2,581,813
Actuarial present value of accumulated plan benefits - January 1, 2011	$ 38,249,796

7. FUNDING POLICY

The Company contributes such amounts as necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Company's present intention is to make contributions in amounts sufficient to annually fund the Plan based upon actuarial valuations prepared by the Company's actuary, The Angell Pension Group. The Plan has met the ERISA minimum funding requirements for the years ended December 31, 2011 and 2010.

8. TAX STATUS OF THE PLAN

The Plan obtained its latest determination letter on March 21, 2003, in which the Internal Revenue Service stated that the Plan, as then designated, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

9. TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments are shares of mutual funds managed by Bank of America, N.A. Bank of America is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services amounted to $35,674 and $39,069 in 2011 and 2010, respectively.

At December 31, 2011, the Plan held 52,000 shares of common stock of the company, with a cost basis of $168,232. At December 31, 2010, the Plan held 117,000 shares of common stock of the Company, with a cost basis of $378,523. During 2011, the Plan sold 65,000 shares of Company common stock for proceeds of $778,297, resulting in a gain of $568,006.

10. PLAN TERMINATION PRIORITIES

Although it has not expressed any intention to do so, the Company has the right, under the Plan, to terminate the Plan, in certain circumstances, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early-retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the levels in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

10. PLAN TERMINATION PRIORITIES (CONTINUED)

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by PBGC at that time. Some benefits may be fully or partially provided by the then-existing Plan assets and the PBGC guaranty, while other benefits may not be provided at all.

* * * * * * *

A.T. CROSS COMPANY PENSION PLAN
EIN: 05-0126220
PLAN: 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

	(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	(d) Cost	(e) Current Value
		Money Market Funds and Cash:			
		JPMorgan deposit account	42,624 shares	$ 42,624	$ 42,624
*		Bank of America Treasury Reserves	428,985 shares	428,985	428,985
				471,609	471,609
		Mutual Funds:			
		Ridgeworth SEIX Floating Rate High Income	179,293 shares	1,561,432	1,550,884
		Ridgeworth SEIX High Yield Bond	144,290 shares	1,404,070	1,357,772
		Vanguard Long-term Investment Grade	789,974 shares	6,682,221	8,128,836
		Vanguard Total Stock Market Index	39,487 shares	1,200,000	1,192,893
		Aston Montag & Caldwell Growth	256,807 shares	5,730,991	5,901,421
		Causeway International Value	209,846 shares	3,058,169	2,264,238
		Lord Abbett Research Fund - Small Cap Value	49,940 shares	1,054,274	1,587,600
		Pimco All Asset Fund Institutional	370,131 shares	4,475,000	4,271,307
				25,166,157	26,254,951
		Exchange Traded Funds:			
		Rydex CurrencyShares Japanese Yen	1,238 shares	157,016	158,377
		First Trust Dow Jones Internet Index	3,230 shares	109,881	104,329
		First Trust Utilities AlphaDEX	6,153 shares	107,431	110,323
		First Trust S&P REIT Index	7,003 shares	108,750	108,476
		First Trust Consumer Discretionary AlphaDEX	5,192 shares	106,666	103,009
		First Trust Health Care AlphaDEX	3,998 shares	105,092	108,426
		iShares MSCI Malaysia Free Market Index	3,340 shares	48,076	44,756
		iShares MSCI Mexico Investable Market Index	862 shares	52,866	46,341
		iShares MSCI Thailand Investable Market Index	714 shares	46,127	42,919
		iShares MSCI All Peru Capped Index	1,107 shares	39,913	42,476
		iShares Trust Indonesia Invest Market	1,482 shares	48,724	43,437
		PowerShares DB US Dollar Index	7,128 shares	160,123	160,166
		PowerShares DB MultiSector Precious Metals	1,783 shares	103,660	96,068
		PowerShares DB MultiSector Energy	3,588 shares	101,318	99,101
				1,295,643	1,268,204
		Common Stocks:			
*		A.T. Cross Company	52,000 shares	168,232	586,560
			TOTAL INVESTMENTS	$ 27,101,641	$ 28,581,324

* Represents a party-in-interest

A.T. CROSS COMPANY PENSION PLAN
EIN: 05-0126220
PLAN: 003

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(f) Expense Incurred	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
	Single transactions:						
	Bank of America Corp. common stock	$ -	$ 1,705,467	$ 2,264,500	$ 4,533	$ 1,705,467	$ (563,566)
	Bank of America Treasury Reserves (4)	7,488,534	-	7,488,534	-	7,488,534	-
	Bank of America Treasury Reserves (2)	-	3,618,704	3,618,704	-	3,618,704	-
	Series of Transactions:						
	Ashton Montag & Caldwell Growth Fund	2,975,000	-	2,975,000	-	2,975,000	-
	Ashton Montag & Caldwell Growth Fund	-	850,000	672,457	-	850,000	177,543
	Bank of America Treasury Reserves	9,610,944	-	9,610,944	-	9,610,944	-
	Bank of America Treasury Reserves	-	9,374,188	9,374,188	-	9,374,188	-
	Vanguard Long-term Investment Grade Fund	538,359	-	538,359	-	538,359	-
	Vanguard Long-term Investment Grade Fund	-	1,300,000	1,074,918	-	1,300,000	225,082
	Vanguard Total Stock Market Index Fund	2,200,000	-	2,200,000	-	2,200,000	-
	Vanguard Total Stock Market Index Fund	-	988,007	1,000,000	-	988,007	(11,993)

Plan Name: A.T. Cross Company Pension Plan
EIN: 05-0126220
Plan Number: 003

Schedule SB, Line 26--Schedule of Active Participant Data

Attained Age	YEARS OF CREDITED SERVICE																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Comp.* Avg. Cash Bal.	No.	Avg. Comp.* Avg. Cash Bal.	No.	Avg. Comp.* Avg. Cash Bal.	No.	Avg. Comp.* Avg. Cash Bal.	No.	Avg. Comp.* Avg. Cash Bal.	No.	Avg. Comp.* Avg. Cash Bal.	No.	Avg. Comp.* Avg. Cash Bal.	No.	Avg. Comp.* Avg. Cash Bal.	No.	Avg. Comp.* Avg. Cash Bal.	No.	Avg. Comp.* Avg. Cash Bal.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 to 29	0		0		0		1		0		0		0		0		0		0	
30 to 34	0		0		2		1		0		0		0		0		0		0	
35 to 39	0		0		3		1		0		0		0		0		0		0	
40 to 44	0		0		3		5		1		5		0		0		0		0	
45 to 49	0		0		3		2		3		12		2		0		0		0	
50 to 54	0		0		7		4		5		5		4		9		0		0	
55 to 59	0		0		2		3		3		7		4		3		4		1	
60 to 64	0		0		0		1		1		3		0		2		0		1	
65 to 69	0		0		0		0		0		0		1		0		0		0	
70 & up	0		0		0		0		1		0		0		0		0		0	

* The plan is "hard frozen", and average annual accrued benefits are reported in lieu of average annual compensation.

SECTION XIII

ACTUARIAL COST METHODS

Traditional Unit Credit

The actuarial cost method used in the development of the minimum contribution was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

Projected Unit Credit

The actuarial cost method used in the development of the maximum contribution was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

SECTION XIV

ACTUARIAL METHODS AND ASSUMPTIONS

A summary of the actuarial assumptions used in the valuation is presented below:

Valuation Assets - Average of fair market value of plan assets as of the current valuation date and as of the valuation date for each of the prior two plan years adjusted for contributions and distributions from the prior period to the current valuation date. The resulting amount is restricted to fall within 90% to 110% of the fair market value of assets. [IRC Sec. 430(g)(3)(B)]. This method is restricted in that the expected earnings are limited by Internal Revenue Code Regulations. Therefore, the resulting asset value may tend to be less than the fair market value of assets over a long period of time.

Mandated Discount Rates (4 month lookback, September 2010 segment rates)

1. PPA funding - segment 1	3.78%
2. PPA funding - segment 2	6.31%
3. PPA funding - segment 3	6.57%

Plan's Effective Interest Rate: 6.31%

Financial Accounting Standards Board No. 35 Rates:

Mandated Discount Rates (above)

Salary Scale - Salary increases were not assumed in the valuation.

Taxable Wage Base Increase Assumption - Increases to the taxable wage base were not assumed.

Retirement Rates - A.T. Cross Retirement - Employees were assumed to retire in accordance with the rates shown below:

Age	Males	Females
55	0.0000	0.0000
56	0.0000	0.0000
57	0.0000	0.0000
58	0.0000	0.0000
59	0.0000	0.0000
60	0.0000	0.0000
61	0.0000	0.0000
62	0.3500	0.3500
63	0.2000	0.2000
64	0.2000	0.2000
65	0.2500	0.2500
66	0.5000	0.5000
67	0.1000	0.1000
68	0.1000	0.1000
69	0.3000	0.3000
70	1.0000	1.0000

SECTION XIV (Cont.)

Termination - A.T. Cross Withdrawal - Termination rates were assumed in the valuation. Employees were assumed to terminate in accordance with the rates shown below:

Age	Males	Females
20	0.2200	0.2200
25	0.1700	0.1700
30	0.1300	0.1300
35	0.0800	0.0800
40	0.0500	0.0500
45	0.0400	0.0400
50	0.0300	0.0300
55	0.0200	0.0200
60	0.0100	0.0100

Pre-retirement Mortality - IRS 2011 P.V. M Non-annuitants (1.430(h) and IRS 2011 P.V. F Non-annuitants (1.430(h) - Pre-retirement mortality was assumed in the valuation. Sample rates are as follows:

Age	Males	Females
20	0.0002	0.0001
25	0.0003	0.0001
30	0.0004	0.0002
35	0.0007	0.0004
40	0.0009	0.0005
45	0.0011	0.0007
50	0.0013	0.0011
55	0.0018	0.0021
60	0.0032	0.0035

Post-retirement Mortality - IRS 2011 P.V. M Annuitants (1.430(h)(3)- and IRS 2011 P.V. F Annuitants (1.430(h)(3)- - Post-retirement mortality was assumed in the valuation. Sample rates are as follows:

Age	Males	Females
65	0.0104	0.0095
70	0.0169	0.0153
75	0.0294	0.0243
80	0.0537	0.0404
85	0.0976	0.0695
90	0.1706	0.1247
95	0.2580	0.1876
100	0.3384	0.2332
105	0.3979	0.2931

SECTION XIV (Cont.)

Rates of Disablement - A.T. Cross Disability - Rates of disablement were assumed. Sample rates are as follows:

Age	Males	Females
20	0.0001	0.0001
25	0.0001	0.0001
30	0.0002	0.0002
35	0.0002	0.0002
40	0.0004	0.0004
45	0.0006	0.0006
50	0.0011	0.0011
55	0.0021	0.0021
60	0.0030	0.0030

Post-Disablement Mortality - IRS 2011 P.V. M Annuitants (1.430(h)(3)- and IRS 2011 P.V. F Annuitants (1.430(h)(3)- - Post-disablement mortality was assumed in the valuation. Sample rates are as follows:

Age	Males	Females
65	0.0104	0.0095
70	0.0169	0.0153
75	0.0294	0.0243
80	0.0537	0.0404
85	0.0976	0.0695
90	0.1706	0.1247
95	0.2580	0.1876
100	0.3384	0.2332
105	0.3979	0.2931

Administrative Expenses - Expenses of $ 120,394 per annum were assumed.

Percent Married - 85% of males and 55% of females were assumed to be married.

Age of Spouse - The female spouse is assumed to be 3 years younger than the male spouse.

A.T. CROSS COMPANY PENSION PLAN
EIN: 05-0126220
PLAN: 003

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(f) Expense Incurred	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
	Single transactions:						
	Bank of America Corp. common stock	$ -	$ 1,705,467	$ 2,264,500	$ 4,533	$ 1,705,467	$ (563,566)
	Bank of America Treasury Reserves (4)	7,488,534	-	7,488,534	-	7,488,534	-
	Bank of America Treasury Reserves (2)	-	3,618,704	3,618,704	-	3,618,704	-
	Series of Transactions:						
	Ashton Montag & Caldwell Growth Fund	2,975,000	-	2,975,000	-	2,975,000	-
	Ashton Montag & Caldwell Growth Fund	-	850,000	672,457	-	850,000	177,543
	Bank of America Treasury Reserves	9,610,944	-	9,610,944	-	9,610,944	-
	Bank of America Treasury Reserves	-	9,374,188	9,374,188	-	9,374,188	-
	Vanguard Long-term Investment Grade Fund	538,359	-	538,359	-	538,359	-
	Vanguard Long-term Investment Grade Fund	-	1,300,000	1,074,918	-	1,300,000	225,082
	Vanguard Total Stock Market Index Fund	2,200,000	-	2,200,000	-	2,200,000	-
	Vanguard Total Stock Market Index Fund	-	988,007	1,000,000	-	988,007	(11,993)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

A Name of plan
A.T. CROSS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
A.T. CROSS COMPANY

D Employer Identification Number (EIN)
05-0126220

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2011

2 Assets:

a	Market value	2a	26910701
b	Actuarial value	2b	25451537

3 Funding target/participant count breakdown:

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	617	16524631
b	For terminated vested participants	3b	619	17099864
c	For active participants:			
	(1) Non-vested benefits	3c(1)		0
	(2) Vested benefits	3c(2)		4823209
	(3) Total active	3c(3)	115	4823209
d	Total	3d	1351	38447704

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [X]

a	Funding target disregarding prescribed at-risk assumptions	4a	38249796
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	39239334

5	Effective interest rate	5	6.31%
6	Target normal cost	6	120394

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/2/2012
Date

JEAN M. WILSON
Type or print name of actuary

1105445
Most recent enrollment number

THE ANGELL PENSION GROUP, INC.
Firm name

401-438-9250
Telephone number (including area code)

88 BOYD AVENUE
EAST PROVIDENCE RI 02914
Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1341920
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1341920
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.60%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38 from prior year)		94
	b Interest on (a) using prior year's effective rate of 6.70% except as otherwise provided (see instructions)		11
	c Total available at beginning of current plan year to add to prefunding balance		105
	d Portion of (c) to be added to prefunding balance		105
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	105

Part III Funding percentages

14	Funding target attainment percentage	14	66.54%
15	Adjusted funding target attainment percentage	15	66.54%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	71.88%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	66.19%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/14/2011	1398186	0			
10/06/2011	1500000	0			
01/13/2012	2966062	0			
09/14/2012	890939	0			
		Totals ► 18(b)		6755187	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	6413962

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.78%	6.31%	6.57%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	**31a**		120394
b Excess assets, if applicable, but not greater than 31a	**31b**		
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		12996272	2514984
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**		2635378

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	2635378
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	6413962
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	3778584
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

A.T. Cross Company Pension Plan

EIN: 05-0126220; Plan Number: 003

2011 Schedule SB, line 22 - Description of Weighted Average Retirement Age

(1) Age	(2) Absolute Retirement Rate	(3) Cumulative Probability of Not Having Retired	(4) Probability of Employee Age 55 Retiring at Age(x)	(5) (1) x (4)	
55	0%	100.00%	0.00%	0.00	
56	0%	100.00%	0.00%	0.00	
57	0%	100.00%	0.00%	0.00	
58	0%	100.00%	0.00%	0.00	
59	0%	100.00%	0.00%	0.00	
60	0%	100.00%	0.00%	0.00	
61	0%	100.00%	0.00%	0.00	
62	35%	65.00%	35.00%	21.70	
63	20%	52.00%	13.00%	8.19	
64	20%	41.60%	10.40%	6.66	
65	25%	31.20%	10.40%	6.76	
66	50%	15.60%	15.60%	10.30	
67	10%	14.04%	1.56%	1.05	
68	10%	12.64%	1.40%	0.95	
69	30%	8.85%	3.79%	2.62	
70	100%	0.00%	8.85%	6.19	
TOTALS:			100.00%	**64.41**	*

* Average Assumed Retirement Age

The at-risk assumptions for the assumed form of payment:

Present value of benefits were valued using the following optional forms of payment. The form of payment with the highest present value was used to determine "at-risk" liability:

1: Life Annuity
2: Lump Sum Payment
3: 10 year certain and continuous
4: 50% Qualified Joint & Survivor Annuity
5: 75% Qualified Joint & Survivor Annuity
6: 100% Qualified Joint & Survivor Annuity

Appendix A

Summary of Plan Provisions

Plan Effective Date:	January 1, 1984
Plan Entry Date:	Effective May 20, 2006 no new participants or rehired employees shall enter the plan. Prior to May 20, 2006, all employees were eligible to participate the January 1 coincident with or next following the hire date.
Vesting Service:	1,000 or more hours of service during a plan year. No credit is recognized for employment before January 1, 1984.
Credited Service:	1,000 or more hours of service during a plan year. No credit is recognized for employment before January 1, 1984. Credited Service is frozen as of May 20, 2006.
Accrued Benefit:	Effective May 20, 2006 accrued benefits are frozen. Benefit Formula is 40% of Average Earnings less the Social Security Credit, prorated for less than 25 years of Credited Service. In no event will the accrued benefit be less than 20% of Average Earnings, prorated for less than 25 years of Credited Service. Social Security Credit is equal to the lesser of (i) and (ii), multiplied by (iii): (i) the average of the three most recent years of earnings (excluding earnings in excess of the Social Security Wage Base); and (ii) Social Security Covered Compensation; and (iii) 18.0% for participants born prior to 1938, 16.8% for participants born 1938-1954, 15.6% for participants born after 1954. Earnings are gross earnings during the plan year, limited by IRC 401(a)(17). Average Earnings are the average of the five consecutive years that produce the highest average.
Normal Retirement:	Eligibility is age 65. Benefit Formula is the accrued benefit.
Early Retirement:	Eligibility is age 62 with at least 5 years of Eligibility Service. Benefit is the accrued benefit if payments commence at normal retirement. If the participant elects to have payments commence at an earlier date, the benefit is reduced by 5/9ths of 1% for each month by which the early retirement date precedes the normal retirement date.
Late Retirement:	Eligibility is retirement after normal retirement age. Benefit is the accrued benefit.
Vested Deferred Retirement:	Eligibility is separation from service with at least 5 years of vesting service. Participants who were active on May 20, 2006 and participants who were involuntarily terminated during the period January 1, 2003 to May 20, 2006 are 100% vested and eligible regardless of vesting service. Benefit is the accrued benefit if payments commence at normal retirement. Terminated participants may elect commencement at age 62 or later, however the benefit will be reduced as for early retirement.

Death Before Retirement:	The spouse of a participant who dies with at least 5 years of vesting service is entitled to a survivor's benefit. Participants who were active on May 20, 2006 and participants who were involuntarily terminated during the period January 1, 2003 to May 20, 2006 are 100% vested and eligible regardless of vesting service. The surviving spouse's benefit shall be equal to the benefit the spouse would have received had the participant retired on the date of his death (or terminated employment and deferred retirement until his earliest possible retirement age), elected to receive benefits on the joint and 100% survivor basis (50% survivor basis if the participant died after employment termination) and then had died.
Death After Retirement:	There are no benefits paid if a participant dies after retirement unless the participant has elected an optional form of payment which provides for payments after his death.
Employee Contributions:	None.
Forms of Benefit:	The normal form of payment for single participants is the life annuity. The normal form for married participants is an actuarially reduced joint & 50% survivor annuity. Optional forms of payment include actuarially reduced joint and 50%, 75% and 100% survivor annuities

A.T. CROSS COMPANY PENSION PLAN
EIN: 05-0126220
PLAN: 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(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	(d) Cost	(e) Current Value
	Money Market Funds and Cash:			
	JPMorgan deposit account	42,624 shares	$ 42,624	$ 42,624
*	Bank of America Treasury Reserves	428,985 shares	428,985	428,985
			471,609	471,609
	Mutual Funds:			
	Ridgeworth SEIX Floating Rate High Income	179,293 shares	1,561,432	1,550,884
	Ridgeworth SEIX High Yield Bond	144,290 shares	1,404,070	1,357,772
	Vanguard Long-term Investment Grade	789,974 shares	6,682,221	8,128,836
	Vanguard Total Stock Market Index	39,487 shares	1,200,000	1,192,893
	Aston Montag & Caldwell Growth	256,807 shares	5,730,991	5,901,421
	Causeway International Value	209,846 shares	3,058,169	2,264,238
	Lord Abbett Research Fund - Small Cap Value	49,940 shares	1,054,274	1,587,600
	Pimco All Asset Fund Institutional	370,131 shares	4,475,000	4,271,307
			25,166,157	26,254,951
	Exchange Traded Funds:			
	Rydex CurrencyShares Japanese Yen	1,238 shares	157,016	158,377
	First Trust Dow Jones Internet Index	3,230 shares	109,881	104,329
	First Trust Utilities AlphaDEX	6,153 shares	107,431	110,323
	First Trust S&P REIT Index	7,003 shares	108,750	108,476
	First Trust Consumer Discretionary AlphaDEX	5,192 shares	106,666	103,009
	First Trust Health Care AlphaDEX	3,998 shares	105,092	108,426
	iShares MSCI Malaysia Free Market Index	3,340 shares	48,076	44,756
	iShares MSCI Mexico Investable Market Index	862 shares	52,866	46,341
	iShares MSCI Thailand Investable Market Index	714 shares	46,127	42,919
	iShares MSCI All Peru Capped Index	1,107 shares	39,913	42,476
	iShares Trust Indonesia Invest Market	1,482 shares	48,724	43,437
	PowerShares DB US Dollar Index	7,128 shares	160,123	160,166
	PowerShares DB MultiSector Precious Metals	1,783 shares	103,660	96,068
	PowerShares DB MultiSector Energy	3,588 shares	101,318	99,101
			1,295,643	1,268,204
	Common Stocks:			
*	A.T. Cross Company	52,000 shares	168,232	586,560
		TOTAL INVESTMENTS	$ 27,101,641	$ 28,581,324

* Represents a party-in-interest

SECTION VI

AMORTIZATION BASES UNDER SECTION 430 OF THE IRS CODE

Type	Initial Period	Initial Amount	Remaining Period	Remaining Amount	Annual Payment
Shortfall Bases					
	7	$ 5,443,998	7	$ 5,443,998	$ 895,698
	7	$ 5,348,915	6	$ 4,847,668	$ 900,180
	7	$ -120,588	5	$ -99,475	$ -21,398
	7	$ 4,428,450	4	$ 2,804,081	$ 740,504