Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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
WOLFRAM RESEARCH, INC. 401 K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1992

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

100 TRADE CENTER DRIVE
CHAMPAIGN, IL 61820

2b Employer Identification Number (EIN)
37-1261248

2c Sponsor's telephone number
217-398-0700

2d Business code (see instructions)
541990

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.	09/23/2010	REBECCA PORTH, ADMIN COMM MEMBER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2010	REBECCA PORTH, DIRECTOR OF FINANCE
	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")
WOLFRAM RESEARCH, INC.

100 TRADE CENTER DRIVE
CHAMPAIGN, IL 61820

3b Administrator's EIN
37-1261248

3c Administrator's telephone number
217-398-0700

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**	411
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**	392
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	76
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	468
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	468
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	360
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:
2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
WOLFRAM RESEARCH, INC. 401 K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WOLFRAM RESEARCH, INC.

D Employer Identification Number (EIN)
37-1261248

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).. . . . . ☐ 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

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

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

THE VANGUARD GROUP, INC

23-1945930

(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?
15 37 52	NONE	4182	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
WOLFRAM RESEARCH, INC. 401 K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WOLFRAM RESEARCH, INC.

D Employer Identification Number (EIN)
37-1261248

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)	26162	32294
(2) Participant contributions	1b(2)	40910	40119
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	156526	203484
(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)	7084311	10284427
(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	7307909	10560324
	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	7307909	10560324

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)	363582	
	(B) Participants	2a(1)(B)	1103716	
	(C) Others (including rollovers)	2a(1)(C)	34971	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1502269
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	10220	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10220
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	231354	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		231354
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1644044
c Other income	2c		113
d Total income. Add all **income** amounts in column (b) and enter total	2d		3388000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	125453	
(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)		125453
f Corrective distributions (see instructions)	2f		6775
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3357	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3357
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		135585
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3252415
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: CAMERON, SMITH & COMPANY (2) EIN: 37-1364841

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
WOLFRAM RESEARCH, INC. 401 K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WOLFRAM RESEARCH, INC.

D Employer Identification Number (EIN)
37-1261248

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 23-2186884

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

Cameron, Smith & Company
certified public accountants
a professional corporation

"Your partner in financial success"

2319 West Jefferson
Springfield, Illinois 62702

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Facsimile 217-787-8823

Independent Auditor's Report

September 6, 2010

To the Participants and Administrator
Wolfram Research, Inc. 401(k) Plan

We were engaged to audit the financial statements and supplemental schedules of the Wolfram Research, Inc. 401(k) Plan (the Plan) as of December 31, 2009 and 2008, and for the years then ended, as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by the Vanguard Fiduciary Trust Company, 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 administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules as of and for the years ended December 31, 2009 and 2008. The form and content of the information included in the financial statements and 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 the Employee Retirement Income Security Act of 1974.

Sincerely,
Cameron, Smith & Company, P.C.



Robert Cameron
Principal

Wolfram Research, Inc. 401(k) Plan

Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes at End of Year

December 31, 2009

FEIN 37-1261248

Plan 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	500 Index Fund Investor Shares	Registered Investment Company	$ 2,445,991	$ 2,387,771
*	Explorer Fund	Registered Investment Company	506,790	483,860
*	Extended Market Index Fund Investor Shares	Registered Investment Company	270,321	307,250
*	International Growth Fund	Registered Investment Company	1,159,204	1,088,863
*	LifeStrategy Growth Fund	Registered Investment Company	824,466	833,127
*	LifeStrategy Conservative Growth Fund	Registered Investment Company	61,501	63,473
*	LifeStrategy Income Growth Fund	Registered Investment Company	70,697	74,004
*	LifeStrategy Moderate Growth Fund	Registered Investment Company	266,167	273,799
*	Prime Money Market Fund	Registered Investment Company	415,405	415,405
*	Short-Term Fund Investor Shares	Registered Investment Company	972,231	973,537
*	Total Bond Market Index	Registered Investment Company	466,293	476,782
*	U.S. Growth	Registered Investment Company	148,992	161,532
*	Wellesley Income Fund Investor Shares	Registered Investment Company	1,175,280	1,158,803
*	Windsor II Fund Investor Shares	Registered Investment Company	1,831,557	1,586,221
*	Participant Loans	Interest from 4.25% - 9.25%	203,484	203,484
		Total Investments	$ 10,818,379	$ 10,487,911

* Party in interest

(This schedule was prepared from data certified by the Vanguard Fiduciary Trust Company)

Wolfram Research, Inc. 401(k) Plan

Financial Statements and Supplemental Schedules

December 31, 2009 and 2008

Wolfram Research, Inc. 401(k) Plan

Financial Statements and Supplemental Schedules
December 31, 2009 and 2008

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September 6, 2010

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Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules as of and for the years ended December 31, 2009 and 2008. The form and content of the information included in the financial statements and 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 the Employee Retirement Income Security Act of 1974.

Sincerely,
Cameron, Smith & Company, P.C.



Robert Cameron
Principal

Wolfram Research, Inc. 401(k) Plan

Statement of Net Assets Available for Benefits

December 31, 2009 and 2008

	2009	2008
Assets		
Investments	$ 10,487,911	$ 7,240,837
Contributions receivable:		
Participants	40,119	40,910
Employer	32,294	26,162
Total contributions receivable	72,413	67,072
Net Assets Available for Benefits	$ 10,560,324	$ 7,307,909

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

Wolfram Research, Inc. 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2009 and 2008

	2009	2008
Additions		
Contributions		
Participant	$ 1,138,687	$ 897,563
Employer	363,582	292,125
Total Contributions	1,502,269	1,189,688
Investment Income		
Net appreciation (depreciation) in fair value of shares of registered investment companies	1,644,044	(3,048,865)
Interest and dividend income	241,574	320,247
Total Investment Income	1,885,618	(2,728,618)
Other Additions	113	5,557
Total Additions	3,388,000	(1,533,373)
Deductions		
Participant withdrawals	132,228	675,957
Other deductions	3,357	4,890
Total Deductions	135,585	680,847
Net increase in net assets available for benefits	3,252,415	(2,214,220)
Net assets available for benefits:		
Beginning of year	7,307,909	9,522,129
End of year	$ 10,560,324	$ 7,307,909

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

Note 1 – Description of the Plan

The following description of the Wolfram Research, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan provisions.

General

The Plan is a contributory defined contribution plan covering substantially all employees of Wolfram Research, Inc. (the Company). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participation

Employees are eligible to participate in the Plan on the first day of the month coincident or next following the date on which they complete three months of service.

Administration

The Vanguard Group is the record keeper of the Plan and therefore maintains all accounting records of the Plan. In addition, the Vanguard Fiduciary Trust Company is the trustee and custodian of the Plan. As trustee, the Vanguard Fiduciary Trust Company also initiates distributions of benefits to eligible employees pursuant to the provisions of the Plan. The Vanguard Group of Funds receives contributions directly from the employer.

Contributions

Participants may elect to reduce their pretax compensation (or taxable compensation in the case of Roth 401(k) contributions) between 1% and 60% and have this amount contributed to the Plan on their behalf. Participants are not permitted to make additional voluntary contributions to the Plan from after-tax compensation. The Company makes discretionary contributions each plan year, as allowed by the Plan. These discretionary contributions allow the Company to match 50% of participant contributions up to 6% of the participant's earnings, allowing a maximum of 3% of the participant's earnings to be matched by the company.

Vesting

Participants are fully vested with respect to both their own contributions (and investment earnings thereon) and to employer's discretionary contributions (and investment earnings thereon) immediately upon participation.

Note 1 – Description of the Plan – continued

Payment of Benefits

At age 55, participants are entitled to their vested account balance. Upon termination of employment, participants are entitled to their vested account balance as soon as practical after termination but prior to the anniversary date of termination.

Investment Programs

Participants may elect to have both employee and employer contributions invested in any combination of the following fund options:

- Vanguard 500 Index Fund Investor Shares
- Vanguard Explorer Fund
- Vanguard Extended Market Index Fund Investor Shares
- Vanguard International Growth Fund
- Vanguard LifeStrategy Growth Fund
- Vanguard LifeStrategy Conservative Growth Fund
- Vanguard LifeStrategy Income Fund
- Vanguard LifeStrategy Moderate Growth Fund
- Vanguard Prime Money Market Fund
- Vanguard Short-Term Fund Investor Shares
- Vanguard Total Bond Market Index Fund
- Vanguard U.S. Growth Fund
- Vanguard Wellesley Income Fund Investor Shares
- Vanguard Windsor II Fund Investor Shares

These funds are all invested with the related custodian, the Vanguard Fiduciary Trust Company.

Loans

Participants may borrow up to the lesser of $50,000 or 50% of the current value of their account. Loans must be repaid, including interest at a fixed rate, over a period not to exceed five years. However, if the purpose of the loan is to acquire a principal residence dwelling unit for the participant within a reasonable time of the loan, the loan may be repaid over 30 years. Loan borrowings and repayments (including interest) are withdrawn from/invested in the investment funds according to participant instructions.

Plan Termination

Although it has not expressed any interest to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to ERISA requirements.

Note 1 – Description of the Plan – continued

Plan Termination - continued

If the Plan is terminated, benefits will be distributed in accordance with the provisions of the Plan.

Tax Status

The Plan obtained its latest determination letter on May 14, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the plan's financial statements.

Risks and Uncertainties

The Plan provides for various investment options in any combination of shares of registered investment companies that invest in stocks, bonds, fixed income securities and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities could occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 2 – Significant Accounting Policies

The following accounting policies, which conform with generally accepted accounting principles, have been used consistently in the preparation of the Plan's financial statements:

Basis of Accounting

The financial statements of the plan have been prepared on the accrual method of accounting.

Investments

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Participant loans are valued at cost, which approximates fair value. Purchases and sales of investments are recorded on a trade-date basis. Income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in divided income.

Note 2 – Significant Accounting Policies – continued

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of additions and deductions during the reporting period. Actual results could differ form those estimates.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

In 2009 and 2008, substantially all administrative expenses were paid directly by the Company.

Note 3 – Related Party Transactions

The Plan invests in shares of mutual funds managed by an affiliate of the Vanguard Fiduciary Trust Company (VFTC). VFTC acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Note 4 - Changes in Net Assets Available for Benefits by Investment Fund (Unaudited)

The allocation of changes in net assets available for plan benefits for the year ended December 31, 2009, follows.
Please note that all funds are participant directed.

	500 Index Fund Investor Shares*	Explorer	Extended Market Index Fund Investor Shares	International Growth*	Life Strategy Growth*	Life Strategy Income	Life Strategy Conservative Growth	Life Strategy Moderate Growth	Prime Money Market	Short-Term Fund Investor Shares*	Total Bond Market Index	U.S. Growth	Wellesley Income Fund Investor Shares*	Windsor II Fund Investor Shares*	Participant Loans	Total
Additions																
Contributions	$ 287,729	$ 92,560	$ 66,900	$ 182,467	$ 174,671	$ 41,847	$ 32,565	$ 46,248	$ 87,369	$ 81,782	$ 101,220	$ 37,481	$ 111,651	$ 157,778	$ 0	$ 1,502,269
Investment Income																
Net appreciation (depreciation) in fair value of shares of registered investment companies	444,203	117,014	80,005	279,498	143,247	5,301	6,294	38,298	0	81,630	5,720	38,254	106,775	297,805	0	1,644,044
Interest and dividend income	45,562	812	3,225	17,651	16,535	1,927	1,410	6,264	1,829	36,623	15,692	839	48,369	34,616	10,220	241,574
Total Investment Income	489,765	117,827	83,229	297,148	159,782	7,228	7,704	44,563	1,829	118,253	21,412	39,093	155,144	332,421	10,220	1,885,618
Other Additions	0	0	0	0	0	0	0	0	113	0	0	0	0	0	0	113
Total Additions	777,494	210,387	150,130	479,615	334,453	49,075	40,269	90,810	89,311	200,034	122,632	76,574	266,795	490,198	10,220	3,388,000
Deductions																
Participant withdrawals	6,609	6,342	6,397	8,596	24,212	2,717	1,379	2,753	35,902	5,889	4,791	9,421	3,501	8,051	5,667	132,228
Other deductions	807	78	94	241	342	70	49	238	270	187	114	62	374	433	0	3,357
Total Deductions	7,416	6,419	6,491	8,836	24,554	2,787	1,428	2,991	36,172	6,075	4,905	9,483	3,875	8,484	5,667	135,585
Net increase (decrease) prior to interfund transfers	770,078	203,967	143,639	470,779	309,899	46,288	38,842	87,819	53,139	193,959	117,726	67,092	262,920	481,714	4,553	3,252,415
Interfund transfers	44,709	13,385	(12,682)	9,920	(2,293)	7,568	(702)	6,654	46,743	(13,603)	27,548	(1,039)	(87,287)	(81,325)	42,405	0
Net increase (decrease) in net assets available for benefits	814,787	217,352	130,957	480,698	307,606	53,856	38,140	94,473	99,882	180,356	145,274	66,053	175,633	400,389	46,958	3,252,415
Net assets available for benefits:																
Beginning of year	1,585,371	$ 271,009	$ 179,650	$ 616,571	$ 533,789	$ 22,096	$ 27,299	$ 182,632	$ 321,541	$ 795,852	$ 336,374	$ 97,009	$ 988,822	$ 1,193,368	$ 156,526	$ 7,307,909
End of year	$ 2,400,158	$ 488,361	$ 310,607	$ 1,097,269	$ 841,396	$ 75,952	$ 65,439	$ 277,105	$ 421,423	$ 976,208	$ 481,648	$ 163,062	$ 1,164,455	$ 1,593,757	$ 203,484	$ 10,560,324

* Fund total represents 5% of more of the total net assets available for benefits at year end.

Note 4 - Changes in Net Assets Available for Benefits by Investment Fund (Unaudited)

The allocation of changes in net assets available for plan benefits for the year ended December 31, 2008, follows.
Please note that all funds are participant directed.

	500 Index Fund Investor Shares*	Explorer	Extended Market Index Fund Investor Shares	International Growth*	Life Strategy Growth*	Life Strategy Income	Life Strategy Conservative Growth	Life Strategy Moderate Growth	Prime Money Market	Short-Term Fund Investor Shares*	Total Bond Market Index	U.S. Growth	Wellesley Income Fund Investor Shares*	Windsor II Fund Investor Shares*	Participant Loans	Total
Additions																
Contributions	$ 229,820	$ 72,623	$ 51,302	$ 166,630	$ 134,613	$ 15,925	$ 32,794	$ 32,547	$ 51,103	$ 62,117	$ 59,484	$ 26,420	$ 90,923	$ 163,385	$ 0	$ 1,189,688
Investment Income																
Net appreciation (depreciation) in fair value of shares of registered investment companies	(932,335)	(164,723)	(99,907)	(499,205)	(264,507)	(1,991)	(4,961)	(67,312)	0	(81,340)	3,838	(53,787)	(173,610)	(709,026)	0	(3,048,865)
Interest and dividend income	45,529	1,778	2,931	64,620	15,311	608	983	6,264	9,499	40,098	12,215	897	66,271	45,007	8,235	320,247
Total Investment Income	(886,805)	(162,944)	(96,976)	(434,586)	(249,196)	(1,383)	(3,978)	(61,049)	9,499	(41,242)	16,054	(52,890)	(107,339)	(664,019)	8,235	(2,728,618)
Other Additions	0	0	0	0	0	0	0	0	5,557	0	0	0	0	0	0	5,557
Total Additions	(656,985)	(90,321)	(45,674)	(267,955)	(114,583)	14,542	28,815	(28,501)	66,160	20,875	75,537	(26,470)	(16,415)	(500,634)	8,235	(1,533,373)
Deductions																
Participant withdrawals	241,505	4,977	73,566	62,511	43,228	1,909	16,401	18,128	34,751	23,716	6,580	5,431	55,167	65,002	23,085	675,957
Other deductions	720	60	86	213	253	51	62	156	2,230	141	87	57	309	463	0	4,890
Total Deductions	242,225	5,037	73,652	62,724	43,481	1,960	16,463	18,284	36,981	23,857	6,667	5,488	55,476	65,466	23,085	680,847
Net increase (decrease) prior to interfund transfers	(899,211)	(95,358)	(119,326)	(330,680)	(158,064)	12,582	12,353	(46,786)	29,178	(2,982)	68,870	(31,958)	(71,892)	(566,100)	(14,849)	(2,214,220)
Interfund transfers	32,211	(15,391)	7,648	56,002	3,553	(698)	2,137	1,659	(66,230)	(66,979)	21,221	687	(24,425)	(17,385)	65,990	0
Net increase (decrease) in net assets available for benefits	(866,999)	(110,749)	(111,679)	(274,678)	(154,511)	11,884	14,489	(45,126)	(37,052)	(69,960)	90,091	(31,271)	(96,316)	(583,485)	51,141	(2,214,220)
Net assets available for benefits:																
Beginning of year	2,452,370	$ 381,758	$ 291,329	$ 891,248	$ 688,300	$ 10,212	$ 12,810	$ 227,758	$ 358,593	$ 865,812	$ 246,283	$ 128,280	$ 1,085,138	$ 1,776,853	$ 105,385	$ 9,522,128
End of year	$ 1,585,371	$ 271,009	$ 179,650	$ 616,571	$ 533,789	$ 22,096	$ 27,299	$ 182,632	$ 321,541	$ 795,852	$ 336,374	$ 97,009	$ 988,822	$ 1,193,368	$ 156,526	$ 7,307,909

* Fund total represents 5% of more of the total net assets available for benefits at year end.

Note 5 – Fair Value Disclosure

Effective January 1, 2008, the Plan adopted Accounting Standards Codification (ASC) 820 (formerly SFAS No. 157) which requires, among other things, the disclosure of estimated fair market values and the changes in fair market value for all assets and liabilities expected to be converted to cash. ASC 820 establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan's assumptions about the inputs market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

Level 1 Inputs	Quoted prices in active markets for identical assets or liabilities at the reporting date.
Level 2 Inputs	Other than quoted prices included with Level 1 that are observable for substantially the full term of the asset or liability, either directly or indirectly. Level 2 assets include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities that are not active; and inputs other than quoted prices that are observable, such as models or other valuation methodologies.
Level 3 Inputs	Unobservable inputs for the valuation of the asset or liability. Level 3 assets include investments for which there is little, if any, market activity. These inputs require significant management judgment or estimation.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, ASC 820 establishes that an asset or liability's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. The Company's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment, and considers factors specific to the asset or liability.

All of the Plan's investments other than participant loans receivable have been categorized as Level 1 in the fair value hierarchy. Participant loans receivable and contributions receivable have been categorized as Level 3 in the fair value hierarchy. It is management's belief that the amounts presented on the statement of net assets available for benefits and further detailed in Note 4 reasonably reflect the fair value of those assets as of December 31, 2009. In addition, it is management's belief that the amounts presented in the statement of changes in net assets available for benefits and further detailed in Note 4 reasonably reflect the changes in the fair values of the items presented as of December 31, 2009.

Supplemental Schedules

Wolfram Research, Inc. 401(k) Plan

Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes at End of Year

December 31, 2009

FEIN 37-1261248

Plan 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	500 Index Fund Investor Shares	Registered Investment Company	$ 2,445,991	$ 2,387,771
*	Explorer Fund	Registered Investment Company	506,790	483,860
*	Extended Market Index Fund Investor Shares	Registered Investment Company	270,321	307,250
*	International Growth Fund	Registered Investment Company	1,159,204	1,088,863
*	LifeStrategy Growth Fund	Registered Investment Company	824,466	833,127
*	LifeStrategy Conservative Growth Fund	Registered Investment Company	61,501	63,473
*	LifeStrategy Income Growth Fund	Registered Investment Company	70,697	74,004
*	LifeStrategy Moderate Growth Fund	Registered Investment Company	266,167	273,799
*	Prime Money Market Fund	Registered Investment Company	415,405	415,405
*	Short-Term Fund Investor Shares	Registered Investment Company	972,231	973,537
*	Total Bond Market Index	Registered Investment Company	466,293	476,782
*	U.S. Growth	Registered Investment Company	148,992	161,532
*	Wellesley Income Fund Investor Shares	Registered Investment Company	1,175,280	1,158,803
*	Windsor II Fund Investor Shares	Registered Investment Company	1,831,557	1,586,221
*	Participant Loans	Interest from 4.25% - 9.25%	203,484	203,484
		Total Investments	$ 10,818,379	$ 10,487,911

* Party in interest

(This schedule was prepared from data certified by the Vanguard Fiduciary Trust Company)

Wolfram Research, Inc. 401(k) Plan

Schedule H, line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2009
FEIN 37-1261248
Plan 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Net Gain (Loss)
Vanguard	Vanguard 500 Index Investor Shares	$ 416,612			$ 416,612	
Vanguard	Vanguard 500 Index Investor Shares		$ 46,253	$ 64,086	$ 46,253	(17,833)

(This schedule was prepared from data certified by the Vanguard Fiduciary Trust Company)