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
ENCYCLOPAEDIA BRITANNICA SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1985

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

331 NORTH LASALLE ST.
CHICAGO, IL 60654

2b Employer Identification Number (EIN)
36-2063569

2c Sponsor's telephone number
312-347-7079

2d Business code (see instructions)
511210

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.	09/29/2010	ANDREA B. TOBACK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with incorrect/unrecognized electronic signature.	09/29/2010	ANDREA B. TOBACK
	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")
ENCYCLOPAEDIA BRITANNICA INC.

331 NORTH LASALLE ST.
CHICAGO, IL 60654

3b Administrator's EIN
36-2063569

3c Administrator's telephone number
312-347-7079

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**	459
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**	274
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	181
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	455
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	455
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	443
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:
2J 2G 2K 3H 2E 2F

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)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
ENCYCLOPAEDIA BRITANNICA SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
ENCYCLOPAEDIA BRITANNICA INC.

D Employer Identification Number (EIN)
36-2063569

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE & ANNUITY CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	36291-002	455	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	13424839
5	Current value of plan's interest under this contract in separate accounts at year end	5	14312113

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED GENERAL ACCOUNT CONTRACT

b	Balance at the end of the previous year			7b	13332962
c	Additions: (1) Contributions deposited during the year	7c(1)	460780		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	417129		
	(4) Transferred from separate account	7c(4)	706452		
	(5) Other (specify below)	7c(5)	159115		
	▶ LOAN REPAYS, FORFS, MISC				
	(6) Total additions			7c(6)	1743476
d	Total of balance and additions (add **b** and **c(6)**)			7d	15076438
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1120910		
	(2) Administration charge made by carrier	7e(2)	720		
	(3) Transferred to separate account	7e(3)	368396		
	(4) Other (specify below)	7e(4)	161573		
	▶ LOAN GRANTS, FORFS, MISC				
	(5) Total deductions			7e(5)	1651599
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	13424839

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
ENCYCLOPAEDIA BRITANNICA SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ENCYCLOPAEDIA BRITANNICA INC.

D Employer Identification Number (EIN)
36-2063569

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

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

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

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

GRANT THORNTON LLP

36-6055558

(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	14850	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MAYER BROWN, LLP

36-1447220

(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	5934	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(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?
13 15 37 50 64	NONE	2485	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

THE PRUDENTIAL INSURANCE COMPANY OF

22-1211670

(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?
60	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
PRUDENTIAL RETIREMENT INSURANCE AND	15 60 64	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS SERVICES LLC 43-1804048	25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 4/30/2009 JANUS ADVISOR BALANCED FD

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BOSTON FINANCIAL DATA SERVICE, INC 04-2526037	55.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 WELLS FARGO ADV SM CAP

(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

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
ENCYCLOPAEDIA BRITANNICA SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ENCYCLOPAEDIA BRITANNICA INC.

D Employer Identification Number (EIN)
36-2063569

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: DRYDEN S & P 500 INDEX FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-123	P	2998864

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERN EQUITY/ARTIO

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-349	P	3648339

a Name of MTIA, CCT, PSA, or 103-12 IE: SA/JANUS BALANCED STRAT

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-180	P	1249600

a Name of MTIA, CCT, PSA, or 103-12 IE: LC GR/TURNER INV PARTNERS

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-141	P	881380

a Name of MTIA, CCT, PSA, or 103-12 IE: LGE CP VAL/LSV ASSET MGMT

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-318	P	3173110

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH/ARTISAN

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-185	P	1553250

a Name of MTIA, CCT, PSA, or 103-12 IE: SM CAP GROWTH/ESSEX

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-540	P	526825

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE/CRM FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-440	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 280745

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
ENCYCLOPAEDIA BRITANNICA SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ENCYCLOPAEDIA BRITANNICA INC.

D Employer Identification Number (EIN)
36-2063569

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	484020	446597
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	12064672	14312113
(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)	0	815903
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	13332962	13424839
(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	25881654	28999452
	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	25881654	28999452

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)	20629	
	(B) Participants	2a(1)(B)	1311490	
	(C) Others (including rollovers)	2a(1)(C)	5384	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1337503
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)	25704	
	(F) Other	2b(1)(F)	417129	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		442833
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)		3130534
	(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)		49502
c	Other income	2c		27
d	Total income. Add all **income** amounts in column (b) and enter total	2d		4960399
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1819194	
	(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)		1819194
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)	23407	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		23407
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1842601
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		3117798
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: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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		2000000
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			

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
ENCYCLOPAEDIA BRITANNICA SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ENCYCLOPAEDIA BRITANNICA INC.

D Employer Identification Number (EIN)
36-2063569

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): 22-1211670

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):

FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
ENCYCLOPÆDIA BRITANNICA SAVINGS PLAN
DECEMBER 31, 2009 AND 2008

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Grant Thornton



REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Audit • Tax • Advisory

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Participants and Administrator
Encyclopædia Britannica Savings Plan

We were engaged to audit the financial statements of the Encyclopædia Britannica Savings Plan (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedule as of December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note C, which was certified by Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, F.S.B., the custodian and trustee, respectively, of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian and trustee hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodian and trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided by the custodian and trustee is complete and accurate.

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

Grant Thornton LLP

Chicago, Illinois
September 3, 2010

Encyclopædia Britannica Savings Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	2009	2008
Assets		
Investments	$28,999,451	$25,881,655
NET ASSETS AVAILABLE FOR BENEFITS	$28,999,451	$25,881,655

The accompanying notes are an integral part of these statements.

Encyclopædia Britannica Savings Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2009

Investment income	
Interest income	$ 442,833
Net appreciation in fair value of investments	
Pooled accounts	3,130,533
Mutual funds	49,502
	3,180,035
Net investment income	3,622,868
Contributions	
Company	20,629
Participant	1,311,490
Rollover	5,384
Total contributions	1,337,503
Participating withdrawals	1,819,194
Administrative expenses	23,381
Total deductions	1,842,575
NET INCREASE	3,117,796
Net assets available for benefits	
Beginning of year	25,881,655
End of year	$28,999,451

The accompanying notes are an integral part of this statement.

NOTE A - DESCRIPTION OF THE PLAN

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

General

The Plan is a defined contribution plan established May 1, 1985, and most recently amended December 15, 2009, for technical compliance matters. Employees of Encyclopædia Britannica, Inc. and Merriam-Webster, Incorporated (together, the "Company") become eligible to participate on the first day of a calendar quarter following 30 days of service and attaining the age of 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions

Participants may contribute an amount not less than 2% of their compensation as defined by the Plan and may also make rollover contributions from other qualified plans. Participants direct the investment of their accounts to various investment options offered by the Plan, which include a guaranteed account and various pooled separate accounts. Participant contributions are recorded in the period in which the Company makes payroll deductions from participants' earnings.

Effective February 1, 2003, the Company ceased matching contributions for employees of Encyclopædia Britannica, Inc. Effective February 1, 2009, the Company ceased matching contributions for employees of Merriam-Webster, Incorporated, which had been $1.00 for each $1.00 contributed by an employee, up to a maximum of 4% of the participant's compensation. Matching contributions are recorded in the same period as employee contributions.

Effective January 1, 2007, the Company allowed for discretionary employer contributions for participants who make contributions to the Plan on the pay reduction method and who are employed by the Company on the last day of the year. No such employer contributions were made during the year ended December 31, 2009.

Participant Accounts

Each participant's account is credited with his or her contribution and the Company's match, if any, and Plan earnings. Earnings are allocated by fund based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. The benefit to which a participant is entitled is the value of his or her vested account.

NOTE A - DESCRIPTION OF THE PLAN - Continued

Vesting

Participants are immediately vested in their own contributions plus actual earnings thereon.

Vesting in the Company's contribution and related earnings is based on years of service; a participant becomes 33% vested after one year of service, 66% after two years of service and 100% vested after three years of service in the Company match and related earnings. However, if an active participant dies prior to attaining normal retirement age, the participant's account becomes 100% vested in the Company match and related earnings.

Benefit Payments

At termination of employment due to death, disability, retirement or other reasons, a participant may elect to receive either a lump-sum amount equal to the value of the vested portion of his or her account, installment payments over five years or begin receiving distributions at the age of 70-1/2. Distributions are subject to the applicable provisions in the Plan document.

Participant Loans

Participants may borrow a minimum of $1,000 up to a maximum of $50,000 or 50% of the vested portion of their account balance, whichever is less. A loan is collateralized by the balance in the participant's account and bears interest at the prime rate. Principal and interest are paid ratably through payroll deductions.

Administrative Expenses

Custodian expenses and fees are paid by the Plan. Transaction charges for loan and benefit transactions are charged to individual participants' accounts.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosures of contingent assets and liabilities, if any. Actual results could differ from those estimates.

Investment Valuation

Investments, other than the Prudential Retirement Insurance and Annuity Company ("PRIAC") Guaranteed Income Fund, are stated at fair value based primarily on quoted market prices of the underlying securities as reported and certified by PRIAC (see note C).

The Plan holds an investment in the PRIAC Guaranteed Income Fund. The PRIAC Guaranteed Income Fund is a guaranteed insurance contract ("GIC") with PRIAC in which assets are invested in a pooled account. The account is credited with earnings based on specified contract rates and charged for withdrawals and administrative expenses by PRIAC. The contract provides a guaranteed rate of interest.

The GIC is fully benefit responsive and is stated at contract value, which approximates fair value (principal balance of the contracts, plus accrued interest at the stated rate, plus contributions received less contract charges) at December 31, 2009 and 2008. The aggregate average crediting interest rate and aggregate average yield was 2.85% and 3.60% as of December 31, 2009 and 2008, respectively.

Forfeited Accounts

Forfeitures result from non-vested Company contributions previously allocated to terminated employees. The forfeiture reserve balance of $32,332 and $43,242 at December 31, 2009 and 2008, respectively, is available to offset Company cash contributions or pay Plan expenses in accordance with the Plan agreement. In 2009, audit and legal expenses were offset by forfeited non-vested accounts of $20,785.

Payment of Benefits

Benefits are recorded when paid.

Reclassifications

Certain prior-year amounts were reclassified to conform to the current-year presentation.

NOTE C - INFORMATION CERTIFIED BY THE CUSTODIAN AND TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by the Department of Labor's regulations. Accordingly, PRIAC and Prudential Bank & Trust, F.S.B., the custodian and trustee, respectively, of the Plan, have certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate:

- Investments, as shown in the statements of net assets available for benefits as of December 31, 2009 and 2008.
- Investment income, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2009.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2009.

The Plan's independent accountants did not perform audit procedures with respect to this information except for comparison of data included in financial statements and supplemental schedule.

NOTE D - INVESTMENTS

The following investments represent 5% or more of the Plan's assets at December 31:

	2009	2008
PRIAC		
Guaranteed Income Fund	$13,424,839	$13,332,962
Pooled separate accounts		
Artio International Blend Fund	3,648,339	2,768,433
LSV Asset Management Large Cap Value Fund	3,173,110	2,568,079
Dryden S&P 500® Index Fund	2,998,864	2,709,184
Artisan Partners Mid Cap Growth Fund	1,553,250	1,063,909

The Plan provides for investments that are exposed to interest rate, credit and overall market volatility risks. Due to the level of risk associated with investment securities, changes in values may occur in the near term which could materially affect participants' account balances and the values reported in the statements of net assets available for benefits.

NOTE E - FAIR VALUE MEASUREMENTS

Fair value is established under a hierarchy that gives the highest priority to Level 1 measurements and the lowest priority to Level 3 measurements. The levels of the fair value hierarchy are as follows:

Level 1 - Information is based on unadjusted quoted prices for identical assets in active markets.

Level 2 - Information includes the following:

- Quoted prices for similar assets in active markets.
- Quoted prices for identical or similar assets in inactive markets.
- Inputs other than quoted prices that are observable.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset has a specified (contractual) term, the Level 2 information must be observable for substantially the full term of the asset.

Level 3 - Inputs to the valuation are not observable and significant to the fair value measurement.

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

The following is a description of the valuation methods used at December 31, 2009 and 2008:

Pooled separate accounts - Valued at the net asset value ("NAV") of shares held by the Plan at year-end. The NAV is based on the value of the underlying securities minus liabilities, and then divided by the number of units held by the Plan at year-end. There were no unfunded commitments and no redemption limitations.

Mutual funds - Valued at the NAV of the shares held by the Plan at year-end, which is obtained from an active market.

Guaranteed Income Fund - Valued at the Plan's interest in the insurance contract based on information reported by PRIAC, which is stated at contract value and is an approximation of fair value. The contract primarily invests in long-term bonds and mortgages.

Participant loans - Valued at face value, which approximates fair value.

NOTE E - FAIR VALUE MEASUREMENTS - Continued

Furthermore, while the Plan administrator believes these valuation methods are appropriate and consistent with other market participants, the use of other methodologies or assumptions could result in different values at the reporting date.

The following table sets forth the Plan's assets at fair value:

	2009			
	Level 1	Level 2	Level 3	Total
Mutual funds	$815,903	$ -	$ -	$ 815,903
Pooled separate accounts				
Growth funds (a)	-	2,961,455	-	2,961,455
Value funds (b)	-	3,453,855	-	3,453,855
Blended funds (c)	-	7,896,803	-	7,896,803
Guaranteed income fund	-	-	13,424,839	13,424,839
Participant loans	-	-	446,596	446,596
	$815,903	$14,312,113	$13,871,435	$28,999,451

(a) Growth funds seek to maximize the value of savings over time by investing in the stocks of companies that have a strong potential for providing above-average earnings growth.

(b) Value funds seek to increase the value of savings over time by investment in undervalued, or attractively priced, stocks of well-established companies.

(c) Blended funds seek to increase the value of savings over time by investing in a combination of stocks of companies that have potential for strong earnings growth and stocks of companies that are priced below their expected long-term worth. The Plan offers blended funds in two major categories - domestic and target date. Domestic blended funds invest the majority of assets in stocks of companies in the United States. Target-date blended funds invest in a mix of stocks in the United States and abroad, bonds and short-term investments, in order to meet the individual investee's lifestyle, financial needs and investment risk.

	2008			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ -	$12,064,673	$ -	$12,064,673
Guaranteed Income Fund	-	-	13,332,962	13,332,962
Participant loans	-	-	484,020	484,020
	$ -	$ 2,064,673	$13,816,982	$25,881,655

NOTE E - FAIR VALUE MEASUREMENTS - Continued

Level 3 Gains and Losses

Changes in the fair value of Level 3 assets for the year ended December 31, 2009, were as follows:

Guaranteed Income Fund	
Balance, beginning of year	$13,332,962
Contributions	460,780
Investment fund transfers	(741,311)
Investment income	417,129
Other	(44,721)
Balance, end of year	$13,424,839
Participant loans	
Balance, beginning of year	$ 484,020
Net new loans, repayments and defaults	(37,424)
Balance, end of year	$ 446,596

NOTE F - RELATED-PARTY TRANSACTIONS

Plan assets include investments in funds managed by PRIAC. PRIAC is also the Plan's custodian. Such transactions qualify as party-in-interest transactions under ERISA. Personnel of the Company perform administrative functions at no charge to the Plan. Participant loans also qualify as party-in-interest transactions. Prudential Insurance Company of America (parent company of PRIAC) provides investment advisory services to the Plan.

NOTE G - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in the Company contribution portion of their account balances.

NOTE H - TAX STATUS

The Internal Revenue Service has informed the Company by letter dated March 21, 2002, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving that determination letter. On January 29, 2010, the Company submitted a request to the Internal Revenue Service for a new determination letter. The Plan administrator believes the Plan is currently being operated in compliance with applicable requirements of the IRC.

NOTE I - SUBSEQUENT EVENTS

The Plan administrator has evaluated subsequent events through September 3, 2010, and is not aware of any information that requires recognition in the financial statements or related disclosures.

SUPPLEMENTAL SCHEDULE

Encyclopædia Britannica Savings Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2009

(a)	(b) Identity of issuer/ (c) description of investment	(d) Cost**	(e) Current value
*	Prudential Retirement Insurance and Annuity Company		
	Pooled separate accounts		
	Turner Investments Partners Large Cap Growth Fund		$ 881,380
	Janus Advisor Balanced Strategy Fund		1,249,600
	Artio International Blend Fund		3,648,339
	LSV Asset Management Large Cap Value Fund		3,173,110
	Artisan Partners Mid Cap Growth Fund		1,553,250
	Dryden S&P 500® Index Fund		2,998,864
	Essex Small Cap Growth Fund		526,825
	CRM Mid Cap Value Fund		280,745
	Guaranteed Income Fund		13,424,839
	Wells Fargo		
	Mutual fund		
	Wells Fargo Advantage Small Cap Value A		815,903
*	Participant loans, interest ranges from 3.25% to 8.25%		446,596
			$28,999,451

*Represents a party-in-interest.

**Not applicable as Plan is participant directed.

RUN DATE: 01/13/10
CYCLE: 1002HT
PLAN NBR: 709646

PLAN NAME: ENCYCLOPAEDIA BRITANNICA

PLAN SPONSOR EIN: 362063569

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES FOR PLAN YEAR 2009

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST,COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	GUARANTEED INCOME FUND	13,424,839	13,424,839
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	INTERN BLEND/ARTIO	3,968,295	3,648,339
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	LC GR/TURNER INV PARTNERS	989,293	881,380
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	LGE CP VAL/LSV ASSET MGMT	3,705,253	3,173,110
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	MID CAP GROWTH/ARTISAN	1,481,441	1,553,250
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	SM CAP GROWTH/ESSEX	585,870	526,825
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	MID CAP VALUE/CRM FUND	306,848	280,745
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	SA/JANUS BALANCED STRAT	1,061,465	1,249,600
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	DRYDEN S&P 500 INDEX FUND	3,222,524	2,998,864
PRUDENTIAL MUTUAL FUNDS	WELLS FARGO ADV SM CAP	771,346	815,903
PARTICIPANT LOANS	3.25% - 8.50%	0	446,597

FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
ENCYCLOPÆDIA BRITANNICA SAVINGS PLAN
DECEMBER 31, 2009 AND 2008

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Grant Thornton



REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Audit • Tax • Advisory

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Participants and Administrator
Encyclopædia Britannica Savings Plan

We were engaged to audit the financial statements of the Encyclopædia Britannica Savings Plan (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedule as of December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note C, which was certified by Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, F.S.B., the custodian and trustee, respectively, of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian and trustee hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodian and trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided by the custodian and trustee is complete and accurate.

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

Grant Thornton LLP

Chicago, Illinois
September 3, 2010

Encyclopædia Britannica Savings Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	2009	2008
Assets		
Investments	$28,999,451	$25,881,655
NET ASSETS AVAILABLE FOR BENEFITS	$28,999,451	$25,881,655

The accompanying notes are an integral part of these statements.

Encyclopædia Britannica Savings Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2009

Investment income	
Interest income	$ 442,833
Net appreciation in fair value of investments	
Pooled accounts	3,130,533
Mutual funds	49,502
	3,180,035
Net investment income	3,622,868
Contributions	
Company	20,629
Participant	1,311,490
Rollover	5,384
Total contributions	1,337,503
Participating withdrawals	1,819,194
Administrative expenses	23,381
Total deductions	1,842,575
NET INCREASE	3,117,796
Net assets available for benefits	
Beginning of year	25,881,655
End of year	$28,999,451

The accompanying notes are an integral part of this statement.

NOTE A - DESCRIPTION OF THE PLAN

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

General

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Contributions

Participants may contribute an amount not less than 2% of their compensation as defined by the Plan and may also make rollover contributions from other qualified plans. Participants direct the investment of their accounts to various investment options offered by the Plan, which include a guaranteed account and various pooled separate accounts. Participant contributions are recorded in the period in which the Company makes payroll deductions from participants' earnings.

Effective February 1, 2003, the Company ceased matching contributions for employees of Encyclopædia Britannica, Inc. Effective February 1, 2009, the Company ceased matching contributions for employees of Merriam-Webster, Incorporated, which had been $1.00 for each $1.00 contributed by an employee, up to a maximum of 4% of the participant's compensation. Matching contributions are recorded in the same period as employee contributions.

Effective January 1, 2007, the Company allowed for discretionary employer contributions for participants who make contributions to the Plan on the pay reduction method and who are employed by the Company on the last day of the year. No such employer contributions were made during the year ended December 31, 2009.

Participant Accounts

Each participant's account is credited with his or her contribution and the Company's match, if any, and Plan earnings. Earnings are allocated by fund based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. The benefit to which a participant is entitled is the value of his or her vested account.

NOTE A - DESCRIPTION OF THE PLAN - Continued

Vesting

Participants are immediately vested in their own contributions plus actual earnings thereon.

Vesting in the Company's contribution and related earnings is based on years of service; a participant becomes 33% vested after one year of service, 66% after two years of service and 100% vested after three years of service in the Company match and related earnings. However, if an active participant dies prior to attaining normal retirement age, the participant's account becomes 100% vested in the Company match and related earnings.

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At termination of employment due to death, disability, retirement or other reasons, a participant may elect to receive either a lump-sum amount equal to the value of the vested portion of his or her account, installment payments over five years or begin receiving distributions at the age of 70-1/2. Distributions are subject to the applicable provisions in the Plan document.

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Participants may borrow a minimum of $1,000 up to a maximum of $50,000 or 50% of the vested portion of their account balance, whichever is less. A loan is collateralized by the balance in the participant's account and bears interest at the prime rate. Principal and interest are paid ratably through payroll deductions.

Administrative Expenses

Custodian expenses and fees are paid by the Plan. Transaction charges for loan and benefit transactions are charged to individual participants' accounts.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosures of contingent assets and liabilities, if any. Actual results could differ from those estimates.

Investment Valuation

Investments, other than the Prudential Retirement Insurance and Annuity Company ("PRIAC") Guaranteed Income Fund, are stated at fair value based primarily on quoted market prices of the underlying securities as reported and certified by PRIAC (see note C).

The Plan holds an investment in the PRIAC Guaranteed Income Fund. The PRIAC Guaranteed Income Fund is a guaranteed insurance contract ("GIC") with PRIAC in which assets are invested in a pooled account. The account is credited with earnings based on specified contract rates and charged for withdrawals and administrative expenses by PRIAC. The contract provides a guaranteed rate of interest.

The GIC is fully benefit responsive and is stated at contract value, which approximates fair value (principal balance of the contracts, plus accrued interest at the stated rate, plus contributions received less contract charges) at December 31, 2009 and 2008. The aggregate average crediting interest rate and aggregate average yield was 2.85% and 3.60% as of December 31, 2009 and 2008, respectively.

Forfeited Accounts

Forfeitures result from non-vested Company contributions previously allocated to terminated employees. The forfeiture reserve balance of $32,332 and $43,242 at December 31, 2009 and 2008, respectively, is available to offset Company cash contributions or pay Plan expenses in accordance with the Plan agreement. In 2009, audit and legal expenses were offset by forfeited non-vested accounts of $20,785.

Payment of Benefits

Benefits are recorded when paid.

Reclassifications

Certain prior-year amounts were reclassified to conform to the current-year presentation.

NOTE C - INFORMATION CERTIFIED BY THE CUSTODIAN AND TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by the Department of Labor's regulations. Accordingly, PRIAC and Prudential Bank & Trust, F.S.B., the custodian and trustee, respectively, of the Plan, have certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate:

- Investments, as shown in the statements of net assets available for benefits as of December 31, 2009 and 2008.
- Investment income, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2009.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2009.

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NOTE D - INVESTMENTS

The following investments represent 5% or more of the Plan's assets at December 31:

	2009	2008
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Guaranteed Income Fund	$13,424,839	$13,332,962
Pooled separate accounts		
Artio International Blend Fund	3,648,339	2,768,433
LSV Asset Management Large Cap Value Fund	3,173,110	2,568,079
Dryden S&P 500® Index Fund	2,998,864	2,709,184
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The Plan provides for investments that are exposed to interest rate, credit and overall market volatility risks. Due to the level of risk associated with investment securities, changes in values may occur in the near term which could materially affect participants' account balances and the values reported in the statements of net assets available for benefits.

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Level 2 - Information includes the following:

- Quoted prices for similar assets in active markets.
- Quoted prices for identical or similar assets in inactive markets.
- Inputs other than quoted prices that are observable.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset has a specified (contractual) term, the Level 2 information must be observable for substantially the full term of the asset.

Level 3 - Inputs to the valuation are not observable and significant to the fair value measurement.

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

The following is a description of the valuation methods used at December 31, 2009 and 2008:

Pooled separate accounts - Valued at the net asset value ("NAV") of shares held by the Plan at year-end. The NAV is based on the value of the underlying securities minus liabilities, and then divided by the number of units held by the Plan at year-end. There were no unfunded commitments and no redemption limitations.

Mutual funds - Valued at the NAV of the shares held by the Plan at year-end, which is obtained from an active market.

Guaranteed Income Fund - Valued at the Plan's interest in the insurance contract based on information reported by PRIAC, which is stated at contract value and is an approximation of fair value. The contract primarily invests in long-term bonds and mortgages.

Participant loans - Valued at face value, which approximates fair value.

NOTE E - FAIR VALUE MEASUREMENTS - Continued

Furthermore, while the Plan administrator believes these valuation methods are appropriate and consistent with other market participants, the use of other methodologies or assumptions could result in different values at the reporting date.

The following table sets forth the Plan's assets at fair value:

	2009			
	Level 1	Level 2	Level 3	Total
Mutual funds	$815,903	$ -	$ -	$ 815,903
Pooled separate accounts				
Growth funds (a)	-	2,961,455	-	2,961,455
Value funds (b)	-	3,453,855	-	3,453,855
Blended funds (c)	-	7,896,803	-	7,896,803
Guaranteed income fund	-	-	13,424,839	13,424,839
Participant loans	-	-	446,596	446,596
	$815,903	$14,312,113	$13,871,435	$28,999,451

(a) Growth funds seek to maximize the value of savings over time by investing in the stocks of companies that have a strong potential for providing above-average earnings growth.

(b) Value funds seek to increase the value of savings over time by investment in undervalued, or attractively priced, stocks of well-established companies.

(c) Blended funds seek to increase the value of savings over time by investing in a combination of stocks of companies that have potential for strong earnings growth and stocks of companies that are priced below their expected long-term worth. The Plan offers blended funds in two major categories - domestic and target date. Domestic blended funds invest the majority of assets in stocks of companies in the United States. Target-date blended funds invest in a mix of stocks in the United States and abroad, bonds and short-term investments, in order to meet the individual investee's lifestyle, financial needs and investment risk.

	2008			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ -	$12,064,673	$ -	$12,064,673
Guaranteed Income Fund	-	-	13,332,962	13,332,962
Participant loans	-	-	484,020	484,020
	$ -	$ 2,064,673	$13,816,982	$25,881,655

NOTE E - FAIR VALUE MEASUREMENTS - Continued

Level 3 Gains and Losses

Changes in the fair value of Level 3 assets for the year ended December 31, 2009, were as follows:

Guaranteed Income Fund	
Balance, beginning of year	$13,332,962
Contributions	460,780
Investment fund transfers	(741,311)
Investment income	417,129
Other	(44,721)
Balance, end of year	$13,424,839
Participant loans	
Balance, beginning of year	$ 484,020
Net new loans, repayments and defaults	(37,424)
Balance, end of year	$ 446,596

NOTE F - RELATED-PARTY TRANSACTIONS

Plan assets include investments in funds managed by PRIAC. PRIAC is also the Plan's custodian. Such transactions qualify as party-in-interest transactions under ERISA. Personnel of the Company perform administrative functions at no charge to the Plan. Participant loans also qualify as party-in-interest transactions. Prudential Insurance Company of America (parent company of PRIAC) provides investment advisory services to the Plan.

NOTE G - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in the Company contribution portion of their account balances.

NOTE H - TAX STATUS

The Internal Revenue Service has informed the Company by letter dated March 21, 2002, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving that determination letter. On January 29, 2010, the Company submitted a request to the Internal Revenue Service for a new determination letter. The Plan administrator believes the Plan is currently being operated in compliance with applicable requirements of the IRC.

NOTE I - SUBSEQUENT EVENTS

The Plan administrator has evaluated subsequent events through September 3, 2010, and is not aware of any information that requires recognition in the financial statements or related disclosures.

SUPPLEMENTAL SCHEDULE

Encyclopædia Britannica Savings Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2009

(a)	(b) Identity of issuer/ (c) description of investment	(d) Cost**	(e) Current value
*	Prudential Retirement Insurance and Annuity Company		
	Pooled separate accounts		
	Turner Investments Partners Large Cap Growth Fund		$ 881,380
	Janus Advisor Balanced Strategy Fund		1,249,600
	Artio International Blend Fund		3,648,339
	LSV Asset Management Large Cap Value Fund		3,173,110
	Artisan Partners Mid Cap Growth Fund		1,553,250
	Dryden S&P 500® Index Fund		2,998,864
	Essex Small Cap Growth Fund		526,825
	CRM Mid Cap Value Fund		280,745
	Guaranteed Income Fund		13,424,839
	Wells Fargo		
	Mutual fund		
	Wells Fargo Advantage Small Cap Value A		815,903
*	Participant loans, interest ranges from 3.25% to 8.25%		446,596
			$28,999,451

*Represents a party-in-interest.

**Not applicable as Plan is participant directed.