Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2010

	, , , , , , , , , , , , , , , , , , , ,				Inis Form is Open to Pt Inspection	IDIIC
Part I	Annual Report Iden	tification Information			•	
For cale	ndar plan year 2010 or fiscal p			and ending 12/31/2	2010	
A This	return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or		
		a single-employer plan;	a DFE (s	pecify)		
B This	return/report is:	the first return/report;	the final	return/report;		
		an amended return/report;	a short p	lan year return/report (less t	han 12 months).	
C If the	plan is a collectively-bargaine	ed plan, check here				
D Chec	k box if filing under:	Form 5558;	automati	c extension;	the DFVC program;	
	3	special extension (enter des	cription)			
Part	II Basic Plan Inform	nation—enter all requested informa				
_	ne of plan	Since an requestion minima			1b Three-digit plan	001
SPRING	ER SCIENCE BUSINESS ME	EDIA 401K PLAN			number (PN) ▶	
					1c Effective date of plants of plant	an
2a Plan	snonsor's name and address	s (employer, if for a single-employer p	olan)		2b Employer Identification	
	ress should include room or s	, .	siarry		Number (EIN)	ttiOi1
SPRING	ER SCIENCE BUSINESS ME	EDIA, LLC			04-2509538	
			2c Sponsor's telephone number			
				212-620-8005		
	RING STREET DRK, NY 10013		NG STREET RK, NY 10013		2d Business code (see	е
					instructions) 511130	
					311130	
Caution	: A penalty for the late or inc	complete filing of this return/repor	t will be assessed	unless reasonable cause i	s established	
		enalties set forth in the instructions, I				dules,
stateme	nts and attachments, as well a	as the electronic version of this return	/report, and to the b	est of my knowledge and be	lief, it is true, correct, and con	nplete.
SIGN HERE	Filed with authorized/valid ele	ectronic signature.	10/14/2011	EDWARD WOODS		
HEKE	Signature of plan adminis	trator	Date	Enter name of individual s	igning as plan administrator	
SIGN HERE						
IILKE	Signature of employer/pla	n sponsor	Date	Enter name of individual s	igning as employer or plan sp	onsor
SIGN						

Signature of DFE Date Enter name
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010) v.092307.1

Enter name of individual signing as DFE

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	Plan administrator's name and address (if same as plan sponsor, enter "Sar RINGER SCIENCE BUSINESS MEDIA, LLC	ne")		dministrator's EIN -2509538
	3 SPRING STREET W YORK, NY 10013		nı	Iministrator's telephone umber 2-620-8005
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for this plan, er	nter the name, EIN and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	515
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6b, 6c, and		310
а	Active participants		6a	396
b	Retired or separated participants receiving benefits		6b	0
С	Other retired or separated participants entitled to future benefits		6c	121
d	Subtotal. Add lines 6a, 6b, and 6c		6d	517
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits	6e	0
f	Total. Add lines 6d and 6e	6f	517	
g	Number of participants with account balances as of the end of the plan year complete this item)		_	402
h	Number of participants that terminated employment during the plan year with less than 100% vested			0
7	Enter the total number of employers obligated to contribute to the plan (only			
	If the plan provides pension benefits, enter the applicable pension feature of 2E 2F 2G 2J 2S 2T 3D 3H f the plan provides welfare benefits, enter the applicable welfare feature code			
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor	(3) Trust		
10 a	Check all applicable boxes in 10a and 10b to indicate which schedules are a Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1)		Small Plan) nation) Information)

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Service Provider Information

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

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010	and ending 12/31/2010			
A Name of plan	B Three-digit 001			
SPRINGER SCIENCE BUSINESS MEDIA 401K PLAN	plan number (PN)			
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)			
SPRINGER SCIENCE BUSINESS MEDIA, LLC	04-2509538			
, ,	04-2309330			
Part I Service Provider Information (see instructions)				
You must complete this Part, in accordance with the instructions, to report the info or more in total compensation (i.e., money or anything else of monetary value) in or plan during the plan year. If a person received only eligible indirect compensation answer line 1 but are not required to include that person when completing the rem	connection with services rendered to the plan or the person's position with the n for which the plan received the required disclosures, you are required to			
1 Information on Persons Receiving Only Eligible Indirect Com	pensation			
a Check "Yes" or "No" to indicate whether you are excluding a person from the rema				
indirect compensation for which the plan received the required disclosures (see ins	structions for definitions and conditions)			
b If you answered line 1a "Yes," enter the name and EIN or address of each person received only eligible indirect compensation. Complete as many entries as needed				
(b) Enter name and EIN or address of person who provide	ed you disclosures on eligible indirect compensation			
(b) Enter name and EIN or address of person who provide	ed you disclosure on eligible indirect compensation			
(b) Enter name and EIN or address of person who provide	ed you disclosures on eligible indirect compensation			
	· · · · · · · · · · · · · · · · · · ·			
(b) Enter name and EIN or address of person who provide	ed you disclosures on eligible indirect compensation			

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	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
1	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	irect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	irect compensation

answered	d "yes" to line 1a above	e, complete as many e	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in to	otal compensation
			a) Enter name and EIN or	address (see instructions)		
FIDELITY 04-264778	INVESTMENTS INSTI	TUTIONAL	. ,	<u> </u>		
(b) Service Code(s)	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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65	RECORDKEEPER	3069	Yes 🖺 No 🗌	Yes 🖺 No 🗌	0	Yes X No
		(a) Enter name and EIN or	address (see instructions)	,	
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	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?	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
1		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	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

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			a) Enter name and EIN or	address (see instructions)		
			a) Enter name and Ent of	address (see mandalons)		
(b) Service Code(s)	Relationship to employer, employer 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?	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)	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?	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 No	Yes No		Yes No No
		((a) Enter name and EIN or	address (see instructions)		
	_	_				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or	Enter direct compensation paid by the plan. If none,	(e) Did service provider receive indirect compensation? (sources	(f) Did indirect compensation include eligible indirect compensation, for which the	Enter total indirect compensation received by service provider excluding	(h) Did the service provider give you a formula instead of

other than plan or plan

sponsor)

Yes No

plan received the required

disclosures?

Yes No

person known to be

a party-in-interest

enter -0-.

eligible indirect

compensation for which you answered "Yes" to element

(f). If none, enter -0-.

an amount or

estimated amount?

Yes No

Part I Service Provider Information (continued)		
3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compen or provides contract administrator, consulting, custodial, investment advisory, investment may questions for (a) each source from whom the service provider received \$1,000 or more in increase provider gave you a formula used to determine the indirect compensation instead of an amomany entries as needed to report the required information for each source.	anagement, broker, or recordkeepindirect compensation and (b) each so	g services, answer the following burce for whom the service
(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	formula used to determine	compensation, including any the service provider's eligibility 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	formula used to determine	compensation, including any the service provider's eligibility 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	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.

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Schedule C (Form 5500) 2010

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Pa		Service Providers Who Fail or Refuse to Provide Information					
4	this Schedule.		r who failed or refused to provide the information necessary to complete				
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide				
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide				
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide				
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide				
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide				
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide				

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Pa	art III	Termination Information on Accountants and Enrolled A (complete as many entries as needed)	Actuaries (see instructions)
а	Name:	·	b EIN:
С	Positio	n:	
d	Addres	s:	e Telephone:
Ex	planatior		
a	Name:		b EIN:
C	Positio	n:	D LIN.
d	Addres		e Telephone:
-	7.00.00	-	Total state of the
Ex	planatior		
_^	,		
а	Name:		b EIN:
С	Positio	n:	
d	Addres		e Telephone:
			·
Ex	planatior	:	
а	Name:		b EIN;
С	Positio	n:	
d	Addres	s:	e Telephone:
Ex	planatior	:	
			1.
<u>a</u>	Name:		b EIN;
<u>c</u>	Positio		
d	Addres	S:	e Telephone:
	nlonatic:		
ΕX	planatior		

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010		and	endir	ng 12/31/2010			
A Name of plan SPRINGER SCIENCE BUSINESS MEDIA 401K PLAN			В	Three-digit plan number (Pf	۱) ا	•	001
C Plan sponsor's name as shown on line 2a of Form 5500			D	Employer Identific	cation Nu	mber (E	EIN)
SPRINGER SCIENCE BUSINESS MEDIA, LLC				04-2509538			
Part I Asset and Liability Statement							
1 Current value of plan assets and liabilities at the beginning and end of the plan the value of the plan's interest in a commingled fund containing the assets of lines 1c(9) through 1c(14). Do not enter the value of that portion of an insuran benefit at a future date. Round off amounts to the nearest dollar. MTIAs, C and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. Se	more than one ce contract wh CCTs, PSAs, a	e plan on a l nich guaran and 103-12	line-b tees,	y-line basis unles during this plan y	s the valuear, to pa	ue is rep ay a spe	oortable on ecific dollar
Assets		(a) Be	eginn	ing 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)			1129300			902961
(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)						

1c(5)

1c(6)

1c(7)

1c(8)

1c(9)

1c(10)

1c(11)

1c(12)

1c(13)

1c(14)

1c(15)

(B) Common

(5) Partnership/joint venture interests

(6) Real estate (other than employer real property)

(7) Loans (other than to participants)

(8) Participant loans

(9) Value of interest in common/collective trusts.....

(10) Value of interest in pooled separate accounts.....

(11) Value of interest in master trust investment accounts

(12) Value of interest in 103-12 investment entities (13) Value of interest in registered investment companies (e.g., mutual

(15) Other

contracts).....

funds)..... (14) Value of funds held in insurance company general account (unallocated 152068

12407372

126842

9885511

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	11141653	13462401
	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		
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	11141653	13462401

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)	686223	
(B) Participants	2a(1)(B)	932753	
(C) Others (including rollovers)	2a(1)(C)	63522	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1682498
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	186	
(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)	12728	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12914
(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)	215049	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		215049
(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)		

_		
Pad	0	
ıay		•

			(a) Amount	(b) T	otal
2b (5) Unrealized appreciation (depreciation	on) of assets: (A) Real estate	2b(5)(A)			
(B) Other		2b(5)(B)			
(C) Total unrealized appreciation Add lines 2b(5)(A) and (B).	on of assets.	2b(5)(C)			
(6) Net investment gain (loss) from (common/collective trusts	2b(6)			
(7) Net investment gain (loss) from	pooled separate accounts	2b(7)			
(8) Net investment gain (loss) from	master trust investment accounts	2b(8)			
(9) Net investment gain (loss) from	103-12 investment entities	2b(9)			
(10) Net investment gain (loss) from companies (e.g., mutual funds)	registered investment	2b(10)			1421285
C Other income		2c			
d Total income. Add all income amounts	s in column (b) and enter total	2d			3331746
Expe	enses				
e Benefit payment and payments to pr	rovide benefits:				
(1) Directly to participants or benefic	ciaries, including direct rollovers	2e(1)	1967588		
(2) To insurance carriers for the pro	vision of benefits	2e(2)			
(3) Other		2e(3)			
(4) Total benefit payments. Add line	es 2e(1) through (3)	2e(4)			1967588
•	ions)	96			17736
•	icipant loans (see instructions)				
h Interest expense	. ,				
	ssional fees	0:(4)			
, , ,		0:(0)			
• •	ement fees	2:/2)			
, ,	enient iees		3174		
• •		0:(5)	0171		3174
	Add lines 2i(1) through (4)		_		1988498
•	nounts in column (b) and enter total I Reconciliation				1000100
		2k			1343248
k Net income (loss). Subtract line 2j fr	om line 2a	ZR			
Transfers of assets:		21/4)	-		977500
		2l(1) 2l(2)	<u> </u>		311300
(2) From this plan		21(2)			
Part III Accountant's Opinio	n				
3 Complete lines 3a through 3c if the op attached.	pinion of an independent qualified pub	lic accountant is attac	hed to this Form 5500. Comple	ete line 3d if an	opinion is not
a The attached opinion of an independe	ent qualified public accountant for this	plan is (see instruction	ns):		
(1) Unqualified (2) Q	ualified (3) Disclaimer	(4) Adverse			
b Did the accountant perform a limited s	scope audit pursuant to 29 CFR 2520.	.103-8 and/or 103-12(d	 d)?	X Yes	No
c Enter the name and EIN of the accou		,	, .		
(1) Name: BREGANTE AND CO	MPANY LLP	(2	2) EIN: 94-2861940		
d The opinion of an independent qualification	ed public accountant is not attached	because:			
(1) This form is filed for a CC	T, PSA, or MTIA. (2) It will be a	ttached to the next Fo	rm 5500 pursuant to 29 CFR 2	2520.104-50.	

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Pa	art IV Compliance Question	ns						
4		Part IV. MTIAs, 103-12 IEs, and GIAs j and 4l. MTIAs also do not complete		4f, 4g,	4h, 4k, 4	m, 4n, or 5	j.	
	During the plan year:				Yes	No	Amo	unt
а	period described in 29 CFR 2510.	he plan any participant contributions w 3-102? Continue to answer "Yes" for a ons and DOL's Voluntary Fiduciary Co	ny prior year failures	4a		X		
b	close of the plan year or classified secured by participant's account b	d income obligations due the plan in o during the year as uncollectible? Disr alance. (Attach Schedule G (Form 55	egard participant loans 00) Part I if "Yes" is	4b		X		
С	Were any leases to which the plan	was a party in default or classified du (Form 5500) Part II if "Yes" is checker	ring the year as	4c		X		
d	reported on line 4a. Attach Schedu	ctions with any party-in-interest? (Do ule G (Form 5500) Part III if "Yes" is		4d		X		
е	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	4f		X		
~	•	e current value was neither readily de		41				
g	•	ndependent third party appraiser?		4g		X		
h	,	contributions whose value was neithe arket nor set by an independent third p	,	4h		X		
i	•	nvestment? (Attach schedule(s) of assurirements.)	-	4i	X			
j	value of plan assets? (Attach sche	ies of transactions in excess of 5% of edule of transactions if "Yes" is checke ments.)	d, and	4j		X		
k		tributed to participants or beneficiaries of the PBGC?		4k		X		
ı	Has the plan failed to provide any	benefit when due under the plan?		41		X		
m	If this is an individual account plan	, was there a blackout period? (See ir	structions and 29 CFR	4m		X		
n		the "Yes" box if you either provided the notice applied under 29 CFR 2520.10		4n		X		
5a		n been adopted during the plan year or a assets that reverted to the employer this y		Yes	No X	Amour	ıt:	
5b	If, during this plan year, any asset transferred. (See instructions.)	s or liabilities were transferred from thi	s plan to another plan(s)	, ident	fy the pla	n(s) to wh	ich assets or liabi	lities were
	5b(1) Name of plan(s)					5b(2) EIN	(s)	5b(3) PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For							
. 01	calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and	ending	12/31/2	2010			
	Name of plan INGER SCIENCE BUSINESS MEDIA 401K PLAN		e-digit				
SPKI	INGER SCIENCE BUSINESS MEDIA 401K PLAN		n numb	er	001		
		(PN	١)				
_							
	Plan sponsor's name as shown on line 2a of Form 5500 INGER SCIENCE BUSINESS MEDIA, LLC	D Emp	loyer lo	dentificati	on Number	(EIN)	
SPKI	INGER SCIENCE BUSINESS MEDIA, LLC	04	l-25095	38			
	art I Distributions						
Allı	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 du	iring the yea	r (if mo	re than t	wo, enter El	Ns of the	e two
	payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107						
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.						
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the	ne plan					
	year		3				
Pa	Funding Information (If the plan is not subject to the minimum funding requirements ERISA section 302, skip this Part)	of section o	f 412 o	f the Inte	rnal Revenu	e Code	or
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?			Yes	No		N/A
7			Ш	100	□	<u>L</u>	14/4
_	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						
		- d-			V		
		nth		ay		ır	
•	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the re	emainder of	this s	,		r	
6	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the real Enter the minimum required contribution for this plan year	emainder of	this s	,		ır	
6	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the re	emainder of	this s	,		r	
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6	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the real Enter the minimum required contribution for this plan year	emainder of	this so	,			N/A
7	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the real Enter the minimum required contribution for this plan year	emainder of	this so	chedule.			
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the real Enter the minimum required contribution for this plan year	emainder of	this so	Yes	☐ No		N/A
7	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the real Enter the minimum required contribution for this plan year	emainder of	this so	chedule.			
7 8	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the real Enter the minimum required contribution for this plan year	emainder of	this so	Yes	☐ No		N/A
7 8	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the real Enter the minimum required contribution for this plan year	emainder of	this so	Yes	☐ No		N/A
7 8	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the real Enter the minimum required contribution for this plan year	emainder of	f this se 6a 6b 6c	Yes	No		N/A
7 8 Pa	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the real Enter the minimum required contribution for this plan year	emainder of	f this se 6a 6b 6c	Yes Yes	No No		N/A
7 8 Pa	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the real Enter the minimum required contribution for this plan year	emainder of	f this se 6a 6b 6c	Yes Yes	No No		N/A
7 8 Pa	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the real Enter the minimum required contribution for this plan year	oviding r agree	f this se 6a 6b 6c	Yes Yes ease al Reven	No No Both ue Code,		N/A
7 8 Pa	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the real Enter the minimum required contribution for this plan year	emainder of boviding r agree bease 5(e)(7) of the bay any exer	f this se 6a 6b 6c	Yes Yes ease al Reven	No No Both ue Code,		N/A N/A
7 8 Par 9	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the real Enter the minimum required contribution for this plan year	emainder of	this se 6a 6b 6c	Yes Yes ease al Reven	No Both ue Code,	es [N/A N/A

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Schedule R (Form 5500) 2010

Par	t V	Additional Information for Multiemployer Defined Benefit Pension Plans					
13	Ente	er the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in					
		ollars). 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					
	е	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					
	е	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					
	е	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 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					
1	е	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 amplayor					
	a b	Name of contributing employer EIN C Dollar amount contributed by employer					
	<u>บ</u> 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					
	е	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):					
	_	No contribution and con					
	a b	Name of contributing employer 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					
,	e	and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year 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):					

Page .

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of participant for:	the				
	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 ma employer contribution during the current plan year to:	ke an				
	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	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.					
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benefi	t Pensi	on Plans			
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in 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 18-2	21 vears	21 years or more			
	What duration measure was used to calculate item 19(b)?	i yours	L 21 yours or more			
	Effective duration Macaulay duration Modified duration Other (specify):					

FINANCIAL STATEMENTS

For the Year Ended December 31, 2010

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Building Service Partnerships Since 1976

Independent Auditors' Report

Board of Directors Springer Science + Business Media, LLC

We were engaged to audit the financial statements of Springer Science and Business Media 401(k) Plan as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedule as of and for the year ended December 31, 2010, as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of Springer Science and Business Media 401(k) Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note H, which was certified by Fidelity Management Trust Company, custodian of the plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds Springer Science and Business Media 401(k) Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

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

San Francisco, California

October 14, 2011

Bregante + Company LLT

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2010 and 2009

	2010	2009
Assets:		
Investments, at fair value:		
Money market funds	\$ 902,961	\$ 1,129,300
Mutual funds	12,407,372	9,885,511
Total investments	13,310,333	11,014,811
Receivables:		
Employer's contribution receivable	748,505	686,223
Notes receivable from participants	152,068	126,842
Total receivables	900,573	813,065
Total assets	14,210,906	11,827,876
Liabilities	_	
Net assets available for benefits	\$ 14,210,906	\$ 11,827,876

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2010

Additions to net assets attributed to:

Net investment income:	
Net appreciation in market value of investments	\$ 1,421,285
Interest and dividends	215,235
Net investment income	1,636,520
Interest on notes receivable from participants	12,728
Contributions:	
Participants' contributions	932,753
Employer's contributions	748,505
Participants' rollovers	63,522
Total contributions	1,744,780
Transfers of assets to plan	977,500
Total additions	4,371,528
Deductions from net assets attributed to:	
Benefits paid to participants	1,967,588
Corrective distributions	17,736
Administrative and investment expenses	3,174
Total deductions	1,988,498
Net increase	2,383,030
Net assets available for benefits, December 31, 2009	11,827,876
Net assets available for benefits, December 31, 2010	\$ 14,210,906

See accompanying notes and auditors' report.

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

NOTE A -- Plan description

The following brief description of the Springer Science and Business Media 401(k) Plan (the Plan) sponsored by Springer Science + Business Media, LLC (the Company) provides only general information. Participants should refer to the Plan document or Summary Plan Description for more complete information.

General

The Plan is a defined contribution plan covering all full-time employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The effective date of the Plan was March 1, 2003. The Plan was amended effective May 1, 2008.

Contributions

Participants may make voluntary elective contributions between 1 percent and 50 percent of their annual compensation subject to limitations prescribed by the Internal Revenue Code (the Code), as well as rollover contributions from a qualified plan.

The Company may make discretionary profit-sharing contributions to eligible employees with at least 1,000 hours of service in the plan year as determined by the Board of Directors. The contribution is allocated to each respective participant in the ratio that such participant's compensation bears to total eligible compensation. The Company made a discretionary contribution of \$748,505 for the year ended December 31, 2010.

Plan participants may elect to invest their contributions and the related employer discretionary contributions in one or more of 35 available investment vehicles.

Participant accounts

Separate accounts are maintained for each participant (an elective deferral contribution account and a discretionary employer contribution account). Each participant's elective contribution account is credited with the participant's elective contribution and an allocation of Plan earnings attributable to the elective account.

Each participant's discretionary employer contribution account is credited with the Company's discretionary contribution, along with an allocation of Plan earnings attributable to the account. Investment direction for each participant's account is provided by the participant.

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2010

NOTE A -- **Plan description** (continued)

Vesting

Participants are fully and immediately vested in their elective deferral contributions accounts and rollover contribution accounts together with allocated Plan earnings thereon. Participants are also fully and immediately vested in the Company's discretionary contributions.

Notes receivable from participants

Participants may borrow up to the lesser of 50 percent or \$50,000, reduced by the highest outstanding loan balance currently outstanding, from their account balances, subject to plan provisions. The repayment term of the loans may vary from one to five years (with the exception of a loan used to purchase a primary residence, whereby the term of the loan may be up to ten years) with interest payable at a rate comparable for similar types of loans by other lenders. Payments of interest and principal must be made on at least a quarterly basis. Participants may only have two loans outstanding at any given time.

The loans are evidenced by promissory notes and require repayments of principal and interest in accordance with the terms and conditions of the loan agreement. The loans are secured by the participant's interest in the Plan's assets. If a participant terminates service with the Company prior to repayment of the loan, the outstanding balance of the loan becomes due immediately and the amount of any distribution from the Plan is reduced accordingly.

Payment of benefits

Upon separation from service, normal retirement, death or disability, the value of a participant's interest will be paid to the participant or a designated beneficiary as a qualified joint and survivorship annuity benefit or as a single lump-sum payment, unless another distribution option is elected. Withdrawing participants having vested benefits of \$1,000 or less will receive a lump-sum payment.

Plan termination

Although the Company has not expressed an intention to do so, it reserves the right to terminate the Plan at any time or amend the Plan for any reason. However, neither through amendment nor termination, may any part of Plan assets be used for purposes other than the exclusive benefit of the participants.

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2010

NOTE B -- Summary of accounting policies

Basis of accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Investment valuation and income recognition

Units of participation in the pooled investment funds are valued at fair value as reported by the custodian, which is based on the current market value of the investments held by the funds. The investments are allocated to participants at all times.

Purchases and sales of the funds are recorded on a trade date basis. Dividend and interest income is recorded on an accrual basis as earned.

Payment of benefits

Benefits are recorded when paid.

Administrative expenses

All expenses relating to the administration of the Plan, including fees paid to Fidelity Management Trust Company (Fidelity) for the management of the Plan's investments, are paid by the Company except for loan origination and maintenance fees and investment management fees.

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 reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Reclassification of financial statements

Certain reclassifications have been made to the financial statements for the year ended December 31, 2009 to conform to the year ended December 31, 2010 financial statement presentation. These reclassifications have no effect on net assets available for benefits as previously reported.

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2010

NOTE C -- Investments

The Plan's investments are held by Fidelity in 35 separate pooled investment funds. Participants may direct their contributions to any of the available mutual funds or money market funds. The investments as of December 31, 2010 are noted on the supplemental schedule.

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

	 2010	 2009
Fidelity Magellan	\$ 1,170,229	\$ 1,118,940
Fidelity Freedom 2010	\$ 219,482	\$ 605,944
Fidelity Freedom 2020	\$ 2,320,361	\$ 1,772,517
Fidelity Freedom 2030	\$ 1,043,322	\$ 751,749
Fidelity Retirement Money Market	\$ 902,961	\$ 1,129,300
Fidelity US Bond Index	\$ 1,065,616	\$ 847,774

NOTE D -- Fair value measurements

In accordance with generally accepted accounting principles, the Plan has categorized all investment assets according to the fair value hierarchy as either: Level 1, observable inputs that are derived from quoted prices (unadjusted) for identical assets or liabilities in an active market; Level 2, quoted prices in non-active markets or in active markets for similar assets or liabilities, inputs other than quoted prices that are observable, and inputs that are not directly observable, but are corroborated by observable market data; or Level 3, unobservable inputs, which cannot be corroborated by external market data.

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2010

NOTE D -- Fair value measurements (continued)

The Plan does not hold any Level 2 or Level 3 investment assets. The following table summarizes the Level 1 investment assets held by the Plan at December 31:

	2010	2009	
Money market funds	\$ 902,961	\$ 1,129,300	
Mutual funds:			
Target funds	5,639,826	4,368,250	
Growth funds	2,598,519	2,499,111	
Index funds	1,423,702	1,166,446	
Select funds	1,211,755	628,291	
Cap funds	699,027	462,330	
International funds	493,959	479,178	
Income funds	205,119	159,743	
Value funds	135,465	122,162	
Total mutual funds	12,407,372	9,885,511	
Total investments	\$ 13,310,333	\$ 11,014,811	

The fair value of money market funds, mutual funds and the investment contract with Prudential is based on quoted net asset values of shares held by the Plan at year end.

NOTE E -- Transfers of assets to Plan

Effective June 1, 2010, the Plan was amended to merge the current Medicine Group 401(k) Plan into the Plan due to an acquisition of this company by the Company. The investments in this plan were liquidated, and a total of \$977,500 was transferred into the Plan during the year ended December 31, 2010.

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2010

NOTE F -- Tax status

The Plan obtained its latest determination letter on October 9, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the Plan administrator believes that the Plan is qualified and the related trust is tax-exempt as of the date of the financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

NOTE G -- Risks and uncertainties

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

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2010

NOTE H -- Information prepared and certified by custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodian as of December 31:

	2010	2009
Investments, at fair value:		
Money market funds	\$ 902,961	\$ 1,129,300
Mutual funds	\$ 12,407,372	\$ 9,885,511
Net investment income	\$ 1,636,520	\$ 2,236,801

NOTE I -- Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements at December 31, 2010 to Form 5500:

	Per Financial		Per
	Statements	Differences	Form 5500
Investments: Money market funds Mutual funds	\$ 902,961 12,407,372	\$ -	\$ 902,961 12,407,372
Notes receivable from participants	152,068	-	152,068
Employer's contribution receivable	748,505	(748,505)	
Total assets	14,210,906	(748,505)	13,462,401
Liabilities			
Net assets available for benefits	\$ 14,210,906	\$ (748,505)	\$ 13,462,401

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2010

NOTE I -- Reconciliation of financial statements to Form 5500 (continued)

The following is a reconciliation of changes in net assets available for benefits per the financial statements at December 31, 2010 to Form 5500:

	Per Financial Statements	Differences	Per Form 5500
Investment income: Net appreciation in fair market			
value of investments	\$ 1,421,285	\$ -	\$ 1,421,285
Interest and dividends	215,235	-	215,235
Interest on notes receivable from participants	12,728	-	12,728
Contributions:			
Participants'	932,753	-	932,753
Employer's	748,505	(62,282)	686,223
Participants' rollovers	63,522	-	63,522
Transfer of assets to plan	977,500	-	977,500
Benefits paid to participants	1,967,588	-	1,967,588
Corrective distributions	17,736	-	17,736
Administrative and investment expenses	3,174		3,174
Net increase (decrease) Net assets available for benefits,	2,383,030	(62,282)	2,320,748
December 31, 2009	11,827,876	(686,223)	11,141,653
Net assets available for benefits,		. (10 2)	
December 31, 2010	\$ 14,210,906	<u>\$ (748,505)</u>	<u>\$ 13,462,401</u>

NOTE J -- Subsequent events

The date to which events occurring after December 31, 2010 have been evaluated for possible adjustment to the financial statements or disclosure is October 14, 2011 which is the date on which the financial statements were available to be issued.

See auditors' report.



Employer Identification Number: 13-2508264 Plan Number: 001

Line 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2010

(a) Party in Interest	(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
	Fidelity Investment Manager Mutual Funds	Fidelity Magellan	\$ 1,289,107	\$ 1,170,229
	Fidelity Investment Manager Mutual Funds	Fidelity Contrafund	395,221	484,794
	Fidelity Investment Manager Mutual Funds	Fidelity Equity Income	145,669	141,669
	Fidelity Investment Manager Mutual Funds	Fidelity Growth Company	316,512	527,657
	Fidelity Investment Manager Mutual Funds	Fidelity Growth and Income	263,630	188,424
	Fidelity Investment Manager Mutual Funds	Fidelity Value	119,667	135,465
	Fidelity Investment Manager Mutual Funds	Fidelity Select Healthcare	128,967	142,981
	Fidelity Investment Manager Mutual Funds	Fidelity Select Technology	107,846	144,226
	Fidelity Investment Manager Mutual Funds	Fidelity Select Utilities	37,134	38,959
	Fidelity Investment Manager Mutual Funds	Fidelity Select Financial	25,550	28,216
	Fidelity Investment Manager Mutual Funds	Fidelity Blue Chip Growth	192,458	227,415
	Fidelity Investment Manager Mutual Funds	Fidelity Low Price Stock	117,122	134,303
	Fidelity Investment Manager Mutual Funds	Fidelity Diversified International	457,455	493,959
	Fidelity Investment Manager Mutual Funds	Fidelity Mid Cap Stock	276,291	334,853
	Fidelity Investment Manager Mutual Funds	Fidelity Small Cap Stock	183,270	229,871
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom Income	58,911	63,450
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2000	163,013	170,914
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2010	201,603	219,482
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2020	2,094,756	2,320,361
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2030	927,207	1,043,322
	Fidelity Investment Manager Mutual Funds	Spartan Total Market Index	23,024	25,707
	Fidelity Investment Manager Mutual Funds	Spartan Extended Market Index	135,948	171,053
	Fidelity Investment Manager Mutual Funds	Fidelity Select Natural Resources	311,585	403,692
	Fidelity Investment Manager Mutual Funds	Fidelity Select Industrials	368,071	407,913
	Fidelity Investment Manager Mutual Funds	Fidelity Select Consumer Discretionary Index	43,667	45,768
	Fidelity Investment Manager Mutual Funds	Fidelity Retirement Money Market	902,961	902,961
	Fidelity Investment Manager Mutual Funds	Spartan US Equity Index	128,626	161,326
	Fidelity Investment Manager Mutual Funds	Fidelity US Bond Index	1,034,094	1,065,616
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2040	499,187	554,346
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2005	58,383	76,508
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2015	38,665	46,506
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2025	163,340	192,263
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2035	471,129	545,367
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2045	242,098	293,586
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2050	152,943	177,171
*	Notes receivable from participants (int	erest rates from 5.25% to 10.00%)		152,068
			\$ 12,075,110	\$ 13,462,401

^{*} Party in interest

See auditors' report.

FINANCIAL STATEMENTS

For the Year Ended December 31, 2010

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Building Service Partnerships Since 1976

Independent Auditors' Report

Board of Directors Springer Science + Business Media, LLC

We were engaged to audit the financial statements of Springer Science and Business Media 401(k) Plan as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedule as of and for the year ended December 31, 2010, as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of Springer Science and Business Media 401(k) Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note H, which was certified by Fidelity Management Trust Company, custodian of the plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds Springer Science and Business Media 401(k) Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

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

San Francisco, California

October 14, 2011

Bregante + Company LLT

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2010 and 2009

	2010	2009
Assets:		
Investments, at fair value:		
Money market funds	\$ 902,961	\$ 1,129,300
Mutual funds	12,407,372	9,885,511
Total investments	13,310,333	11,014,811
Receivables:		
Employer's contribution receivable	748,505	686,223
Notes receivable from participants	152,068	126,842
Total receivables	900,573	813,065
Total assets	14,210,906	11,827,876
Liabilities		
Net assets available for benefits	\$ 14,210,906	\$ 11,827,876

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2010

Additions to net assets attributed to:

Net investment income:	
Net appreciation in market value of investments	\$ 1,421,285
Interest and dividends	215,235
Net investment income	1,636,520
Interest on notes receivable from participants	12,728
Contributions:	
Participants' contributions	932,753
Employer's contributions	748,505
Participants' rollovers	63,522
Total contributions	1,744,780
Transfers of assets to plan	977,500
Total additions	4,371,528
Deductions from net assets attributed to:	
Benefits paid to participants	1,967,588
Corrective distributions	17,736
Administrative and investment expenses	3,174
Total deductions	1,988,498
Net increase	2,383,030
Net assets available for benefits, December 31, 2009	11,827,876
Net assets available for benefits, December 31, 2010	\$ 14,210,906

See accompanying notes and auditors' report.

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

NOTE A -- Plan description

The following brief description of the Springer Science and Business Media 401(k) Plan (the Plan) sponsored by Springer Science + Business Media, LLC (the Company) provides only general information. Participants should refer to the Plan document or Summary Plan Description for more complete information.

General

The Plan is a defined contribution plan covering all full-time employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The effective date of the Plan was March 1, 2003. The Plan was amended effective May 1, 2008.

Contributions

Participants may make voluntary elective contributions between 1 percent and 50 percent of their annual compensation subject to limitations prescribed by the Internal Revenue Code (the Code), as well as rollover contributions from a qualified plan.

The Company may make discretionary profit-sharing contributions to eligible employees with at least 1,000 hours of service in the plan year as determined by the Board of Directors. The contribution is allocated to each respective participant in the ratio that such participant's compensation bears to total eligible compensation. The Company made a discretionary contribution of \$748,505 for the year ended December 31, 2010.

Plan participants may elect to invest their contributions and the related employer discretionary contributions in one or more of 35 available investment vehicles.

Participant accounts

Separate accounts are maintained for each participant (an elective deferral contribution account and a discretionary employer contribution account). Each participant's elective contribution account is credited with the participant's elective contribution and an allocation of Plan earnings attributable to the elective account.

Each participant's discretionary employer contribution account is credited with the Company's discretionary contribution, along with an allocation of Plan earnings attributable to the account. Investment direction for each participant's account is provided by the participant.

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2010

NOTE A -- **Plan description** (continued)

Vesting

Participants are fully and immediately vested in their elective deferral contributions accounts and rollover contribution accounts together with allocated Plan earnings thereon. Participants are also fully and immediately vested in the Company's discretionary contributions.

Notes receivable from participants

Participants may borrow up to the lesser of 50 percent or \$50,000, reduced by the highest outstanding loan balance currently outstanding, from their account balances, subject to plan provisions. The repayment term of the loans may vary from one to five years (with the exception of a loan used to purchase a primary residence, whereby the term of the loan may be up to ten years) with interest payable at a rate comparable for similar types of loans by other lenders. Payments of interest and principal must be made on at least a quarterly basis. Participants may only have two loans outstanding at any given time.

The loans are evidenced by promissory notes and require repayments of principal and interest in accordance with the terms and conditions of the loan agreement. The loans are secured by the participant's interest in the Plan's assets. If a participant terminates service with the Company prior to repayment of the loan, the outstanding balance of the loan becomes due immediately and the amount of any distribution from the Plan is reduced accordingly.

Payment of benefits

Upon separation from service, normal retirement, death or disability, the value of a participant's interest will be paid to the participant or a designated beneficiary as a qualified joint and survivorship annuity benefit or as a single lump-sum payment, unless another distribution option is elected. Withdrawing participants having vested benefits of \$1,000 or less will receive a lump-sum payment.

Plan termination

Although the Company has not expressed an intention to do so, it reserves the right to terminate the Plan at any time or amend the Plan for any reason. However, neither through amendment nor termination, may any part of Plan assets be used for purposes other than the exclusive benefit of the participants.

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2010

NOTE B -- Summary of accounting policies

Basis of accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Investment valuation and income recognition

Units of participation in the pooled investment funds are valued at fair value as reported by the custodian, which is based on the current market value of the investments held by the funds. The investments are allocated to participants at all times.

Purchases and sales of the funds are recorded on a trade date basis. Dividend and interest income is recorded on an accrual basis as earned.

Payment of benefits

Benefits are recorded when paid.

Administrative expenses

All expenses relating to the administration of the Plan, including fees paid to Fidelity Management Trust Company (Fidelity) for the management of the Plan's investments, are paid by the Company except for loan origination and maintenance fees and investment management fees.

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 reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Reclassification of financial statements

Certain reclassifications have been made to the financial statements for the year ended December 31, 2009 to conform to the year ended December 31, 2010 financial statement presentation. These reclassifications have no effect on net assets available for benefits as previously reported.

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2010

NOTE C -- Investments

The Plan's investments are held by Fidelity in 35 separate pooled investment funds. Participants may direct their contributions to any of the available mutual funds or money market funds. The investments as of December 31, 2010 are noted on the supplemental schedule.

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

	2010		2009	
Fidelity Magellan	\$	1,170,229	\$	1,118,940
Fidelity Freedom 2010	\$	219,482	\$	605,944
Fidelity Freedom 2020	\$	2,320,361	\$	1,772,517
Fidelity Freedom 2030	\$	1,043,322	\$	751,749
Fidelity Retirement Money Market	\$	902,961	\$	1,129,300
Fidelity US Bond Index	\$	1,065,616	\$	847,774

NOTE D -- Fair value measurements

In accordance with generally accepted accounting principles, the Plan has categorized all investment assets according to the fair value hierarchy as either: Level 1, observable inputs that are derived from quoted prices (unadjusted) for identical assets or liabilities in an active market; Level 2, quoted prices in non-active markets or in active markets for similar assets or liabilities, inputs other than quoted prices that are observable, and inputs that are not directly observable, but are corroborated by observable market data; or Level 3, unobservable inputs, which cannot be corroborated by external market data.

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2010

NOTE D -- Fair value measurements (continued)

The Plan does not hold any Level 2 or Level 3 investment assets. The following table summarizes the Level 1 investment assets held by the Plan at December 31:

	2010	2009	
Money market funds	\$ 902,961	\$ 1,129,300	
Mutual funds:			
Target funds	5,639,826	4,368,250	
Growth funds	2,598,519	2,499,111	
Index funds	1,423,702	1,166,446	
Select funds	1,211,755	628,291	
Cap funds	699,027	462,330	
International funds	493,959	479,178	
Income funds	205,119	159,743	
Value funds	135,465	122,162	
Total mutual funds	12,407,372	9,885,511	
Total investments	\$ 13,310,333	\$ 11,014,811	

The fair value of money market funds, mutual funds and the investment contract with Prudential is based on quoted net asset values of shares held by the Plan at year end.

NOTE E -- Transfers of assets to Plan

Effective June 1, 2010, the Plan was amended to merge the current Medicine Group 401(k) Plan into the Plan due to an acquisition of this company by the Company. The investments in this plan were liquidated, and a total of \$977,500 was transferred into the Plan during the year ended December 31, 2010.

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2010

NOTE F -- Tax status

The Plan obtained its latest determination letter on October 9, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the Plan administrator believes that the Plan is qualified and the related trust is tax-exempt as of the date of the financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

NOTE G -- Risks and uncertainties

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

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2010

NOTE H -- Information prepared and certified by custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodian as of December 31:

	2010	2009
Investments, at fair value:		
Money market funds	\$ 902,961	\$ 1,129,300
Mutual funds	\$ 12,407,372	\$ 9,885,511
Net investment income	\$ 1,636,520	\$ 2,236,801

NOTE I -- Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements at December 31, 2010 to Form 5500:

	Per Financial		Per
	Statements	Differences	Form 5500
Investments: Money market funds Mutual funds	\$ 902,961 12,407,372	\$ -	\$ 902,961 12,407,372
Notes receivable from participants	152,068	-	152,068
Employer's contribution receivable	748,505	(748,505)	
Total assets	14,210,906	(748,505)	13,462,401
Liabilities			
Net assets available for benefits	\$ 14,210,906	<u>\$ (748,505)</u>	\$ 13,462,401

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2010

NOTE I -- Reconciliation of financial statements to Form 5500 (continued)

The following is a reconciliation of changes in net assets available for benefits per the financial statements at December 31, 2010 to Form 5500:

	Per Financial Statements	Differences	Per Form 5500
Investment income: Net appreciation in fair market			
value of investments	\$ 1,421,285	\$ -	\$ 1,421,285
Interest and dividends	215,235	-	215,235
Interest on notes receivable from participants	12,728	-	12,728
Contributions:			
Participants'	932,753	-	932,753
Employer's	748,505	(62,282)	686,223
Participants' rollovers	63,522	-	63,522
Transfer of assets to plan	977,500	-	977,500
Benefits paid to participants	1,967,588	-	1,967,588
Corrective distributions	17,736	-	17,736
Administrative and investment expenses	3,174		3,174
Net increase (decrease) Net assets available for benefits,	2,383,030	(62,282)	2,320,748
December 31, 2009	11,827,876	(686,223)	11,141,653
Net assets available for benefits,	ф 14 0 10 00 г	Φ (7.10.70.7)	Ф 10 462 405
December 31, 2010	\$ 14,210,906	<u>\$ (748,505)</u>	<u>\$ 13,462,401</u>

NOTE J -- Subsequent events

The date to which events occurring after December 31, 2010 have been evaluated for possible adjustment to the financial statements or disclosure is October 14, 2011 which is the date on which the financial statements were available to be issued.

See auditors' report.



Employer Identification Number: 13-2508264 Plan Number: 001

Line 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2010

(a) Party in Interest	(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
	Fidelity Investment Manager Mutual Funds	Fidelity Magellan	\$ 1,289,107	\$ 1,170,229
	Fidelity Investment Manager Mutual Funds	Fidelity Contrafund	395,221	484,794
	Fidelity Investment Manager Mutual Funds	Fidelity Equity Income	145,669	141,669
	Fidelity Investment Manager Mutual Funds	Fidelity Growth Company	316,512	527,657
	Fidelity Investment Manager Mutual Funds	Fidelity Growth and Income	263,630	188,424
	Fidelity Investment Manager Mutual Funds	Fidelity Value	119,667	135,465
	Fidelity Investment Manager Mutual Funds	Fidelity Select Healthcare	128,967	142,981
	Fidelity Investment Manager Mutual Funds	Fidelity Select Technology	107,846	144,226
	Fidelity Investment Manager Mutual Funds	Fidelity Select Utilities	37,134	38,959
	Fidelity Investment Manager Mutual Funds	Fidelity Select Financial	25,550	28,216
	Fidelity Investment Manager Mutual Funds	Fidelity Blue Chip Growth	192,458	227,415
	Fidelity Investment Manager Mutual Funds	Fidelity Low Price Stock	117,122	134,303
	Fidelity Investment Manager Mutual Funds	Fidelity Diversified International	457,455	493,959
	Fidelity Investment Manager Mutual Funds	Fidelity Mid Cap Stock	276,291	334,853
	Fidelity Investment Manager Mutual Funds	Fidelity Small Cap Stock	183,270	229,871
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom Income	58,911	63,450
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2000	163,013	170,914
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2010	201,603	219,482
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2020	2,094,756	2,320,361
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2030	927,207	1,043,322
	Fidelity Investment Manager Mutual Funds	Spartan Total Market Index	23,024	25,707
	Fidelity Investment Manager Mutual Funds	Spartan Extended Market Index	135,948	171,053
	Fidelity Investment Manager Mutual Funds	Fidelity Select Natural Resources	311,585	403,692
	Fidelity Investment Manager Mutual Funds	Fidelity Select Industrials	368,071	407,913
	Fidelity Investment Manager Mutual Funds	Fidelity Select Consumer Discretionary Index	43,667	45,768
	Fidelity Investment Manager Mutual Funds	Fidelity Retirement Money Market	902,961	902,961
	Fidelity Investment Manager Mutual Funds	Spartan US Equity Index	128,626	161,326
	Fidelity Investment Manager Mutual Funds	Fidelity US Bond Index	1,034,094	1,065,616
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2040	499,187	554,346
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2005	58,383	76,508
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2015	38,665	46,506
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2025	163,340	192,263
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2035	471,129	545,367
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2045	242,098	293,586
	Fidelity Investment Manager Mutual Funds	Fidelity Freedom 2050	152,943	177,171
*	Notes receivable from participants (int	erest rates from 5.25% to 10.00%)		152,068
			\$ 12,075,110	\$ 13,462,401

^{*} Party in interest

See auditors' report.