Benefit Plan Descent a case Descent case <th <="" colspan="2" th=""><th></th><th>Form 5500-SF</th><th colspan="4">Short Form Annual Return/Report of Small Employee</th><th colspan="3">OMB Nos. 1210-0110 1210-0089</th></th>	<th></th> <th>Form 5500-SF</th> <th colspan="4">Short Form Annual Return/Report of Small Employee</th> <th colspan="3">OMB Nos. 1210-0110 1210-0089</th>			Form 5500-SF	Short Form Annual Return/Report of Small Employee				OMB Nos. 1210-0110 1210-0089		
Description Description Description Description This Form is Open to Public Inspection Part I Annual Report Learning Company > Complete all entries in accordance with the instructions to the Form 5500-557. This Form is Open to Public Inspection Part I Annual Report Learning Company > Complete all entries in accordance with the instructions to the Form 5500-557. This entrin is Open to Public Inspection A This seturate report is for: In a first returning on the		Department of the freedouty				2011					
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	j	Transfers to (from) the plan (se	ee instructions)	8j							

Page 2 - 1

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2T 2J 3D 2K

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

Part	V Compliance Questions						
10	During the plan year:		Yes	No	A	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			x			
С	Was the plan covered by a fidelity bond?					4	0000
d							
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)				2755		
f	as the plan failed to provide any benefit when due under the plan?			Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			x			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance						
11							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No						No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а]
lf y	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	D Enter the minimum required contribution for this plan year						
С	Enter the amount contributed by the employer to the plan for this plan year						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?					N/A	
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			١	res X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	<i>·</i>	13a				
b							No
С	C 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.)						
13c(1) Name of plan(s):				13c(2) EIN(s) 13c(3) PN(s)			N(s)
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	07/17/2012	ROBERT E. ALDRICH
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/17/2012	ROBERT E. ALDRICH
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor