

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>CELEBRATE INTERACTIVE RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>03/20/2006</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>BUYSEASONS, INC.</u> <u>5915 S. MOORLAND RD.</u> <u>NEW BERLIN, WI 53151</u>	2b Employer Identification Number (EIN) <u>39-1994246</u> 2c Sponsor's telephone number <u>262-901-2000</u> 2d Business code (see instructions) <u>522220</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2012</u>	<u>DAVID KARST</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BUYSEASONS, INC. 5915 S. MOORLAND RD. NEW BERLIN, WI 53151	3b Administrator's EIN 39-1994246 3c Administrator's telephone number 262-901-2000
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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
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5 Total number of participants at the beginning of the plan year	5	387
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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	450
b Retired or separated participants receiving benefits.....	6b	35
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	485
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	485
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	269
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	12

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2R 3D 3H

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ **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) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ 1 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan CELEBRATE INTERACTIVE RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 BUYSEASONS, INC.	D Employer Identification Number (EIN) 39-1994246	

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.
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1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(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
39-0989781	86231	512086-000	269	01/01/2011	12/31/2011

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	3490

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
<div style="display: flex; justify-content: space-between;"> KOLB AND CO RETIREMENT PLAN SERVICE 13400 BISHOPS LN, SUITE 300 BROOKFIELD, WI 53005 </div>

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	3490	PLAN ADMINISTRATION	5

(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	271085
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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. Specify nature of costs ▶	6d	

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 ▶ STABLE VALUE INVESTMENT

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)	227381	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	1541	
(4) Transferred from separate account	7c(4)	117808	
(5) Other (specify below)	7c(5)	573	

▶ LOAN PAYMENTS

(6) Total additions	7c(6)	347303
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d Total of balance and additions (add b and c(6))	7d	347303
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)	48	
(3) Transferred to separate account	7e(3)	76170	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	76218
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f Balance at the end of the current year (subtract e(5) from d)	7f	271085
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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 organizations(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)	0
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)	0
(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)	0
(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) 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
		2011
		This Form is Open to Public Inspection.

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

A Name of plan <u>CELEBRATE INTERACTIVE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BUYSEASONS, INC.</u>	D Employer Identification Number (EIN) <u>39-1994246</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

31-1281022

(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)

NORTHWESTERN MUTUAL INVESTMENT SERV

52-2114207

(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?
23 23 53	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	5797	Yes ☐ No ☒

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

KOLB CO RETIREMENT PLAN SERVICES

39-1214345

(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	THIRD PARTY ADMINISTRATO	420	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

TRANSAMERICA LIFE INSURANCE CO

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	337	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NORTHWESTERN MUTUAL INVESTMENT SERV	22 23 53	5797
(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.	
TRANSAMERICA RETIREMENT SERVICES CO 31-1281022	COMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>CELEBRATE INTERACTIVE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<div style="border: 1px solid black; padding: 2px; font-weight: bold;">001</div>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BUYSEASONS, INC.</u>	D Employer Identification Number (EIN) <u>39-1994246</u>	

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)	32543	59257
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2042293	5307113
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		271084
(15) Other	1c(15)		277148

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	2074836	5914602

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2074836	5914602
---	-----------	---------	---------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	298066	
(B) Participants	2a(1)(B)	719395	
(C) Others (including rollovers)	2a(1)(C)	145150	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1162611

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)	1880	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1880

(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)		
(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)		-238122
c Other income.....	2c		-15693
d Total income. Add all income amounts in column (b) and enter total.....	2d		910676

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	120181	
(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)		120181
f Corrective distributions (see instructions)	2f		0
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)	17788	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		17788
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		137969

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		772707
l Transfers of assets:			
(1) To this plan.....	2l(1)		3067059
(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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: FREYBERGHINKLEASHLANDPOWERS&STOWELL

(2) EIN: 39-1531945

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.).....	☒	☐	1129
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.).....	☐	☒	
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.)	☐	☒	
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.).....	☐	☒	
e Was this plan covered by a fidelity bond?.....	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒	☐	
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.).....	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	☒	☐	
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.	☒	☐	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>CELEBRATE INTERACTIVE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BUYSEASONS, INC.</u>	D Employer Identification Number (EIN) <u>39-1994246</u>

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	<u>0</u>
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): <u>06-1654801</u> <u>42-6362604</u> 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 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% 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): _____

INDEPENDENT AUDITOR'S REPORT

**CELEBRATE INTERACTIVE
RETIREMENT PLAN**

DECEMBER 31, 2011

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

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Celebrate Interactive
Retirement Plan

We were engaged to audit the financial statements and supplemental schedules of Celebrate Interactive Retirement Plan (the Plan) as of December 31, 2011, and for the year then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements and supplemental schedules based on our audit.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by MG Trust Company, LLC and Transamerica Life Insurance Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Transamerica Life Insurance Company held the Plan's investment assets and executed investment transactions from June 1, 2011, to December 31, 2011, and that MG Trust Company, LLC held the Plan's investment assets and executed investment transactions for the period of January 1, 2011 to May 31, 2011. The plan administrator has obtained certifications from the trustees as of December 31, 2011, and for the year then ended, that the information provided to the plan administrator by the trustees 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 December 31, 2011 financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

We have compiled the accompanying statement of net assets available for benefits of the Celebrate Interactive Retirement Plan as of December 31, 2010 in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying December 31, 2010 statement of net assets available for benefits, and accordingly, do not express an opinion or any other form of assurance on it.

*Freyberg Hinkle
Ashland Powers & Stowell S.C.*

Brookfield, Wisconsin
October 5, 2012

**CELEBRATE INTERACTIVE
RETIREMENT PLAN**

**Statements of Net Assets Available for Benefits
December 31, 2011 and 2010**

	2011 <u>(Audited)</u>	2010 <u>(Compiled)</u>
ASSETS		
Investments, at fair value		
Collective trust fund	\$ 271,084	\$
Separate accounts	5,307,113	2,042,293
Other	<u>277,148</u>	<u></u>
Total investments	\$ <u>5,855,345</u>	\$ <u>2,042,293</u>
Notes receivable from participants	\$ <u>59,257</u>	\$ <u>32,543</u>
Total assets	\$ <u>5,914,602</u>	\$ <u>2,074,836</u>
LIABILITIES		
Refundable excess contributions	\$ <u>67,845</u>	\$ <u></u>
Net assets available for benefits	\$ <u><u>5,846,757</u></u>	\$ <u><u>2,074,836</u></u>

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

**CELEBRATE INTERACTIVE
RETIREMENT PLAN**

**Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2011**

	<u>2011</u> (Audited)
Additions to net assets attributed to:	
Investment loss	
Net depreciation in fair value of investments	\$ <u>(253,815)</u>
Contributions	
Employer	\$ 298,066
Participant	719,395
Participant rollovers	145,150
	\$ <u>1,162,611</u>
Interest income on notes receivable from participants	\$ <u>1,880</u>
Total additions	\$ <u>910,676</u>
Deductions from net assets attributed to:	
Benefits paid to participants	\$ 120,181
Excess contributions	67,845
Administrative expenses	<u>17,788</u>
Total deductions	\$ <u>205,814</u>
Net increase	\$ 704,862
Net assets available for benefits	
Beginning of year	2,074,836
Transfer of assets (Note 12)	<u>3,067,059</u>
End of year	\$ <u><u>5,846,757</u></u>

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

CELEBRATE INTERACTIVE RETIREMENT PLAN

Notes to Financial Statements December 31, 2011 and 2010

1. Description of the Plan

The following description of the Plan is provided for general information purposes only. 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 covering all eligible employees of BuySeasons, Inc., Liberty Interactive Advertising, LLC, Evite, Inc. and Giftco, Inc. (the Companies) who have completed six months of continuous service, with a minimum of 1,000 hours service and are age 21 or older. The Plan formally named BuySeasons, Inc. Retirement Plan, was changed effective June 1, 2011 to Celebrate Interactive Retirement Plan. The Plan is subject to the provisions of ERISA, as amended.

Plan administration

MG Trust Company, LLC was appointed trustee of the Plan for the period January 1, 2011 to May 31, 2011 and Transamerica Life Insurance Company was appointed trustee for the Plan effective June 1, 2011. The Plan is administered by the Companies.

Contributions

A participant may elect to make voluntary pretax and after tax contributions of their eligible compensation subject to certain Internal Revenue Code (IRC) limitations. Participants who have attained age 50 before the end of the year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. As determined on a discretionary basis by the Companies, matching contributions equal to a percentage of deferrals may be made. The Companies matched 50% to a maximum of 2% of each participant's eligible compensation contributed to the Plan through May 31, 2011 and 50% to a maximum of 3% through December 31, 2011.

Participant accounts

Individual accounts are maintained for each participant of the Plan. These accounts reflect the participant's contribution and related company matching contributions as well as the participant's share of the Plan's investment income (loss) and any fees directly allocated to their account. Allocations of the Plan's investment income (loss) are based on earnings or participant account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment alternatives

Participants may direct the investment of their account balances in multiples of one percent to any of the defined investment options offered by the Plan and maintained by the trustee. Participants may change their investment options daily.

Vesting

Participant contributions to the Plan and earnings thereon are immediately vested 100%. Company contributions are subject to a four year vesting schedule, although company contributions will always be 100% vested after the participant reaches normal retirement age, death, or becomes disabled while an employee.

CELEBRATE INTERACTIVE RETIREMENT PLAN

Notes to Financial Statements December 31, 2011 and 2010

1. Description of the Plan (continued)

Forfeited accounts

If a participant is not 100% vested at termination, the nonvested portion of their employer contributions account is placed in a separate account and used to reduce future employer contributions and administrative expenses. During the year ended December 31, 2011 forfeited participant accounts were used to reduce employer contributions by \$4,816. At December 31, 2011 and 2010, there were \$5,711 and \$6,539 of forfeitures that have not yet been applied.

Benefits

Upon death, disability, termination or retirement a participant or the participant's beneficiary is entitled to receive the participant's entire vested account balance. Normal retirement age is 65, with the exception of employees that were age 18 or older and employed with Liberty Interactive Holdings, LLC, Evite, Inc. or Giftco, Inc. prior to June 1, 2011, in which case normal retirement age is 55. A participant may elect to receive benefit payments in the form of a lump-sum or rollover payment. Terminated employees with vested account balances greater than \$1,000 but less than \$5,000 are transferred to an IRA in the participant's name, and terminated employees with vested account balances of less than \$1,000 are distributed in a lump-sum, , unless a timely request for other distribution is made. Certain withdrawals are permitted during employment for financial hardship or upon attainment of age 59½ as defined in the Plan.

Notes receivable from participants

At the discretion of the plan administrator, loans may be made to participants for the lesser of \$50,000 or 50% of the participant's vested interest with a minimum loan amount of \$1,000. The maximum number of loans outstanding at any time is one. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 6.00%, which is determined by the plan administrator as of the date each loan is made. The term of a loan may be up to five years unless the loan is made for the purchase of the participant's principal residence, in which case the term of the loan shall be consistent with the applicable laws and regulations. Principal and interest is paid ratably through payroll deductions.

2. Summary of significant accounting policies

Basis of presentation

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

Use of estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

**CELEBRATE INTERACTIVE
RETIREMENT PLAN**

**Notes to Financial Statements
December 31, 2011 and 2010**

2. Summary of significant accounting policies (continued)

Valuation of investments and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Administrative expenses

Certain administrative expenses of maintaining the Plan are paid by the Companies. Certain transaction fees are paid directly by the participants.

Payment of benefits

Benefits paid to participants or beneficiaries are recorded when paid.

Date of management's review

Management has evaluated subsequent events for the Plan through the date the financial statements were issued, and has concluded that there are no recognized or non-recognized subsequent events relevant for financial statement disclosure.

New accounting standard

In January 2010, the Financial Accounting Standards Board (FASB) issued *Accounting Standards Update* (ASU) No. 2010-06, *Fair Value Measurements and Disclosures* (ASU 2010-06), which amends *Accounting Standards Codification* (ASC) 820 (originally issued as FASB Statement No. 157, *Fair Value Measurements*), adding new disclosure requirements for Level 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which is effective for fiscal years beginning after December 15, 2010. The application of this guidance only affects disclosures and therefore will not impact the Plan's financial statements.

**CELEBRATE INTERACTIVE
RETIREMENT PLAN**

**Notes to Financial Statements
December 31, 2011 and 2010**

3. Investments

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

	2011		2010	
	No. Shares	Fair Value	No. Shares	Fair Value
Separate accounts				
American Funds Capital World Growth		\$	\$	108,428
American Funds EuroPacific Growth Fund	14,248	491,854		146,530
American Funds Growth Fund of America				131,361
American Funds Small Cap World				156,876
American Funds Target Date Retirement 2030				112,907
American Funds Target Date Retirement 2040				128,774
American Funds Target Date Retirement 2045				197,923
Fidelity Advisor New Insights Fund	37,468	729,126		
Fidelity Diversified International Fund				112,144
Franklin Small Cap Value Fund	11,524	468,348		
Vanguard Target Retirement 2035 Fund	25,205	315,319		
Vanguard Target Retirement 2040 Fund	14,451	296,248		
Vanguard Target Retirement 2045 Fund	26,492	340,953		

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$253,815 for the year ended December 31, 2011.

The Plan invests in a fully benefit-responsive contract in the Transamerica's Group Annuity Contract (Contract). The Contract maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value reported to the Plan by the trustee. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

CELEBRATE INTERACTIVE RETIREMENT PLAN

Notes to Financial Statements December 31, 2011 and 2010

3. Investments (continued)

The fair value of the investment contract at December 31, 2011 and 2010 approximated contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield rate as of December 31, 2011 and 2010 was 1.20% and 1.48%. There is no minimum crediting interest rate under the terms of the contract.

Certain events, such as the premature termination of the contract by the Plan or termination of the Plan, would limit the Plan's ability to transact at contract value with the Fund. The plan administrator believes the occurrence of such events that would limit the Plan's ability to transact at contract value with Plan participants is not probable.

4. Fair value measurement

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

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

Level 2 Inputs to the valuation methodology includes

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

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

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Collective trust fund: Valued based on the current market value of the underlying assets of the fund determined periodically by the trustee.

**CELEBRATE INTERACTIVE
RETIREMENT PLAN**

**Notes to Financial Statements
December 31, 2011 and 2010**

4. Fair value measurement (continued)

Separate accounts: Valued at the net asset value (NAV) of shares held by the Plan at year end. Separate accounts may include mutual funds and collective investment trusts.

Other: Other investments representing participant self directed accounts, including mutual funds and money market accounts are valued at the quoted NAV of shares held at year end and amortized cost, which approximates fair value.

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

The following summarizes by level, within the fair value hierarchy, the Plan's assets at fair value as December 31, 2011 and 2010:

	Assets at Fair Value as of December 31, 2011			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Collective trust fund	\$	\$ 271,084	\$	\$ 271,084
Separate accounts				
Bond	257,838			257,838
Bond Large/Mid Growth	16,574			16,574
Equity	729,126			729,126
Equity Large/Mid Growth		232,263		232,263
High Yield Bond	94,297			94,297
Hybrid	1,890,688			1,890,688
International Equity	762,511			762,511
Large/Mid Blend Equity	214,564			214,564
Large/Mid Blend Equity/ Large/Mid Growth	126,285			126,285
Large/Mid Value Equity	145,814			145,814
Small Company Equity	216,081			216,081
Small Company Equity Large/ Mid Growth	468,348			468,348
Specialty	152,724			152,724
Other	242,264	34,884		277,148
Total assets at fair value	\$ 5,317,114	\$ 538,231	\$	\$ 5,855,345

**CELEBRATE INTERACTIVE
RETIREMENT PLAN**

**Notes to Financial Statements
December 31, 2011 and 2010**

4. Fair value measurement (continued)

	Assets at Fair Value as of December 31, 2010			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Separate accounts				
Equity	\$ 131,361	\$	\$	\$ 131,361
Foreign Large Blend	2,419			2,419
Global Equity	199,865			199,865
Global Real Estate	28,581			28,581
High Yield Bond	72,890			72,890
Hybrid	729,904			729,904
Intermediate-Term Bond	28,993			28,993
International Equity	146,530			146,530
Large Blend	13,950			13,950
Large Growth	99,792			99,792
Large/Mid Blend Equity/ Growth	34,045			34,045
Large/Mid Growth	52,285			52,285
Large/Mid Value Equity	247,017			247,017
Mid-Cap Value	60,644			60,644
Money Market		22,028		22,028
Short-Term Bond	4,906			4,906
Small Blend	2,046			2,046
Small Growth	4,140			4,140
Small Value	6,164			6,164
World Allocation	46,304			46,304
World Bond	108,429			108,429
Total assets at fair value	\$ 2,020,265	\$ 22,028	\$	\$ 2,042,293

Change in fair value levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

**CELEBRATE INTERACTIVE
RETIREMENT PLAN**

**Notes to Financial Statements
December 31, 2011 and 2010**

4. Fair value measurement (continued)

Change in fair value levels (continued)

Plan management has evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2011, there were no significant transfers in or out of levels 1, 2 or 3.

5. Trustee certification

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, all investment information disclosed in the accompanying financial statements including investments held, net realized and unrealized depreciation in fair value of investments and investment income were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by MG Trust Company, LLC and Transamerica Life Insurance Company, the trustees.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

Investments, at fair value	
Collective trust fund	\$ 271,084
Separate accounts	5,307,113
Net depreciation in fair value of investments	\$ 236,581

6. Tax status

The Internal Revenue Service (IRS) has determined by a letter dated September 30, 2008, that the prototype document on which the Plan is based is designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

**CELEBRATE INTERACTIVE
RETIREMENT PLAN**

**Notes to Financial Statements
December 31, 2011 and 2010**

6. Tax status (continued)

U.S. generally accepted accounting principles 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 IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

7. Plan termination

Although it has not expressed any intent to do so, the Companies have the right under the Plan to discontinue its contributions and to terminate the Plan at any time, subject to the provisions of ERISA. In the event of plan termination, participants become fully vested in their accounts.

8. Party-in-interest transactions

Transactions involving funds managed by the trustees and notes receivable from participants are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

9. Refundable excess contributions

The IRC Section 401(k)(3) limits the elective deferrals made by highly compensated employees when compared with those made by the non-highly compensated employees. Excess participant contributions are refunded back to participants.

CELEBRATE INTERACTIVE RETIREMENT PLAN

Notes to Financial Statements December 31, 2011 and 2010

10. Prohibited transactions

Department of Labor (DOL) regulation 29 CFR 2510.3-102 and Field Assistance bulletin 2003-02 provide that employers are required to segregate employee contributions to the Plan from its general assets as soon as practicable, but in no event more than 15 business days following the end of the month in which the amounts are withheld from wages. The instructions for Form 5500 and the DOL Frequently Asked Questions About Reporting Delinquent Contributions state that when an employer is delinquent in forwarding participant contributions and holds them commingled with its general assets, the employer will have engaged in a non-exempt prohibited transaction under ERISA Section 406. These contributions are considered non-exempt party-in-interest transactions, which may result in an imposition of a 15% excise tax on the amount of the transactions. During 2011 the Companies failed to remit to the Plan, employee contributions totaling \$1,129 within the period prescribed by DOL regulations.

11. Risks and uncertainties

The Plan's investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the values of investments, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances, the amount reported in the statements of net assets available for benefits.

12. Transfers from other plans

The Companies are wholly-owned subsidiaries of Liberty Media Corporation (Liberty). Liberty owns interests in a broad range of electronic retailing, media, communications and entertainment businesses and acquired several new subsidiaries in 2010. Pursuant to a transition service agreement, dated December 1, 2010, the former retirement plan of the newly acquired subsidiaries, Liberty Interactive Advertising, LLC, Evite, Inc. and Giftco, Inc., continued to cover substantially all employees until June 1, 2011, after which the net assets available for benefits of the employees of these businesses were transferred out of the former plan to the Celebrate Interactive Retirement Plan.

**CELEBRATE INTERACTIVE
RETIREMENT PLAN**

**Notes to Financial Statements
December 31, 2011 and 2010**

13. Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2011:

Net assets available for plan benefits per financial statements	\$ 5,846,757
Refundable excess contributions	<u>67,845</u>
Net assets available for plan benefits per Form 5500	<u><u>\$ 5,914,602</u></u>

The following is a reconciliation of the increase in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2011:

Increase in net assets available for benefits per financial statements	\$ 704,862
Refundable excess contributions	<u>67,845</u>
Increase in net assets available for benefits per Form 5500	<u><u>\$ 772,707</u></u>

SUPPLEMENTAL INFORMATION

CELEBRATE INTERACTIVE RETIREMENT PLAN**Plan Sponsor: BuySeasons, Inc.****Plan Sponsor EIN: 39-1994246****Plan Number: 001****Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2011**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investments Par Value, Interest Rate, Maturity Date, and Number of Shares	Cost	Current Value
Collective trust fund				
	* Transamerica Stable Value Compass Option	26,419.444 shares	**	\$ 271,084
Separate accounts				
	AllianceBernstein High Income Fund	10,977.534 shares	**	\$ 94,297
	American Funds EuroPacific Growth Fund	14,248.385 shares	**	491,854
	American Funds Fundamental Investor Fund	3,575.452 shares	**	126,285
	Fidelity Advisor New Insights Fund	37,467.967 shares	**	729,126
	Franklin Small Cap Value Fund	11,524.312 shares	**	468,348
	Invesco Global Real Estate Fund	4,461.858 shares	**	42,432
	Lord Abbett Developing Growth Fund	11,126.742 shares	**	216,081
	Lord Abbett Fundamental Equity Fund	17,970.214 shares	**	214,564
	Oppenheimer Developing Markets Fund	2,650.898 shares	**	75,153
	PIMCO Real Return Fund	388.527 shares	**	4,581
	PIMCO Total Return Fund	23,720.134 shares	**	257,838
	Prudential Jennison Natural Resources Fund	663.578 shares	**	30,558
	RidgeWorth Mid-Cap Value Equity Fund	14,955.265 shares	**	145,814
	Templeton Global Bond Fund	1,335.574 shares	**	16,574
	Thornburg International Value Fund	11,239.983 shares	**	270,657
	* Transamerica Growth Opportunities Fund	29,363.147 shares	**	232,263
	Vanguard Target Retirement 2005 Fund	2,113.983 shares	**	25,325
	Vanguard Target Retirement 2010 Fund	354.070 shares	**	7,942
	Vanguard Target Retirement 2015 Fund	6,924.257 shares	**	85,168
	Vanguard Target Retirement 2020 Fund	10,877.785 shares	**	235,945
	Vanguard Target Retirement 2025 Fund	12,384.801 shares	**	151,961
	Vanguard Target Retirement 2030 Fund	9,752.811 shares	**	204,029
	Vanguard Target Retirement 2035 Fund	25,205.396 shares	**	315,319
	Vanguard Target Retirement 2040 Fund	14,451.127 shares	**	296,248
	Vanguard Target Retirement 2045 Fund	26,492.049 shares	**	340,953
	Vanguard Target Retirement 2050 Fund	11,161.097 shares	**	227,798
	Total investment in separate accounts			\$ 5,307,113

See accompanying notes and independent auditor's opinion.

CELEBRATE INTERACTIVE RETIREMENT PLAN**Plan Sponsor: BuySeasons, Inc.****Plan Sponsor EIN: 39-1994246****Plan Number: 001****Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2011**

(a)	(b)	(c)	(d)	(e)
		Description of Investments Par Value, Interest Rate, Maturity Date, and Number of Shares	Cost	Current Value
	Identity of Issuer, Borrower, Lessor, or Similar Party			
Other			**	\$ <u>277,148</u>
	* Notes receivable from participants, interest rates ranging from 4.25% to 6.00%, maturities ranging from 2012 to 2016			\$ <u>59,257</u>
	Total			\$ <u><u>5,914,602</u></u>

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

See accompanying notes and independent auditor's opinion.

**CELEBRATE INTERACTIVE
RETIREMENT PLAN**

Plan Sponsor: BuySeasons, Inc.

Plan Sponsor EIN: 39-1994246

Plan Number: 001

**Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2011**

Participant Contributions Transferred Late to Plan	Total that Constitutes Non-exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: ☐ \$	-0- \$	1,129 \$	-0- \$	-0-

See accompanying notes and independent auditor's opinion.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with
the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2011****This Form is Open to Public
Inspection****Part I Annual Report Identification Information**For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

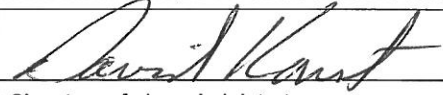
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or
☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan Celebrate Interactive Retirement Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 03/20/2006
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) BuySeasons, Inc. 5915 S. Moorland Rd. New Berlin WI 53151	2b Employer Identification Number (EIN) 39-1994246 2c Sponsor's telephone number 262-901-2000 2d Business code (see instructions) 522220

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		<u>10-12-2011</u>	David Karst
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BuySeasons, Inc. 5915 S. Moorland Rd. New Berlin WI 53151	3b Administrator's EIN 39-1994246 <hr/> 3c Administrator's telephone number 262-901-2000
--	---

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
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5 Total number of participants at the beginning of the plan year	5	387
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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	450
b Retired or separated participants receiving benefits.....	6b	35
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a, 6b, and 6c.....	6d	485
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e.....	6f	485
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	269
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	12

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2R 3D 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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) ☒ **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) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☒ **A** (Insurance Information) 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

**CELEBRATE INTERACTIVE
RETIREMENT PLAN**

Plan Sponsor: BuySeasons, Inc.

Plan Sponsor EIN: 39-1994246

Plan Number: 001

**Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2011**

Participant Contributions Transferred Late to Plan	Total that Constitutes Non-exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: ☐ \$	-0- \$	1,129 \$	-0- \$	-0-

See accompanying notes and independent auditor's opinion.

CELEBRATE INTERACTIVE RETIREMENT PLAN

Plan Sponsor: BuySeasons, Inc.

Plan Sponsor EIN: 39-1994246

Plan Number: 001

Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investments Par Value, Interest Rate, Maturity Date, and Number of Shares	Cost	Current Value
Collective trust fund				
	* Transamerica Stable Value Compass Option	26,419.444 shares	**	\$ 271,084
Separate accounts				
	AllianceBernstein High Income Fund	10,977.534 shares	**	\$ 94,297
	American Funds EuroPacific Growth Fund	14,248.385 shares	**	491,854
	American Funds Fundamental Investor Fund	3,575.452 shares	**	126,285
	Fidelity Advisor New Insights Fund	37,467.967 shares	**	729,126
	Franklin Small Cap Value Fund	11,524.312 shares	**	468,348
	Invesco Global Real Estate Fund	4,461.858 shares	**	42,432
	Lord Abbett Developing Growth Fund	11,126.742 shares	**	216,081
	Lord Abbett Fundamental Equity Fund	17,970.214 shares	**	214,564
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	PIMCO Total Return Fund	23,720.134 shares	**	257,838
	Prudential Jennison Natural Resources Fund	663.578 shares	**	30,558
	RidgeWorth Mid-Cap Value Equity Fund	14,955.265 shares	**	145,814
	Templeton Global Bond Fund	1,335.574 shares	**	16,574
	Thornburg International Value Fund	11,239.983 shares	**	270,657
	* Transamerica Growth Opportunities Fund	29,363.147 shares	**	232,263
	Vanguard Target Retirement 2005 Fund	2,113.983 shares	**	25,325
	Vanguard Target Retirement 2010 Fund	354.070 shares	**	7,942
	Vanguard Target Retirement 2015 Fund	6,924.257 shares	**	85,168
	Vanguard Target Retirement 2020 Fund	10,877.785 shares	**	235,945
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	Vanguard Target Retirement 2030 Fund	9,752.811 shares	**	204,029
	Vanguard Target Retirement 2035 Fund	25,205.396 shares	**	315,319
	Vanguard Target Retirement 2040 Fund	14,451.127 shares	**	296,248
	Vanguard Target Retirement 2045 Fund	26,492.049 shares	**	340,953
	Vanguard Target Retirement 2050 Fund	11,161.097 shares	**	227,798
	Total investment in separate accounts			\$ 5,307,113

See accompanying notes and independent auditor's opinion.

CELEBRATE INTERACTIVE RETIREMENT PLAN**Plan Sponsor: BuySeasons, Inc.****Plan Sponsor EIN: 39-1994246****Plan Number: 001****Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2011**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investments Par Value, Interest Rate, Maturity Date, and Number of Shares	Cost	Current Value
Other			**	\$ 277,148
	* Notes receivable from participants, interest rates ranging from 4.25% to 6.00%, maturities ranging from 2012 to 2016			\$ 59,257
	Total			\$ 5,914,602

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments