

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>04/01/2010</u> and ending <u>03/31/2011</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>EMPLOYEES PENSION PLAN OF THE H. W. WILSON COMPANY</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1966</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1966</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1966</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>THE H. W. WILSON COMPANY</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>950 UNIVERSITY AVE</u> <u>BRONX, NY 10452</u> </div> <div style="width: 45%;"> <u>950 UNIVERSITY AVE</u> <u>BRONX, NY 10452</u> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>13-1737493</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>718-588-8400</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>51120</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>13-1737493</u>	2c Sponsor's telephone number <u>718-588-8400</u>	2d Business code (see instructions) <u>51120</u>	
2b Employer Identification Number (EIN) <u>13-1737493</u>					
2c Sponsor's telephone number <u>718-588-8400</u>					
2d Business code (see instructions) <u>51120</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	Filed with authorized/valid electronic signature.	04/10/2013	MATTHEW CARRINGTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/10/2013	JAMES WALKER
	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 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") EMPLOYEE BENEFITS COMMITTEE OF THE H W WILSON COMPANY 950 UNIVERSITY AVE BRONX, NY 10452	3b Administrator's EIN 13-2992200 3c Administrator's telephone number 718-588-8400
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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	
5 Total number of participants at the beginning of the plan year	5	559
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	155
b Retired or separated participants receiving benefits.....	6b	149
c Other retired or separated participants entitled to future benefits.....	6c	224
d Subtotal. Add lines 6a , 6b , and 6c	6d	528
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	19
f Total. Add lines 6d and 6e	6f	547
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G

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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 04/01/2010 and ending 03/31/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>EMPLOYEES PENSION PLAN OF THE H. W. WILSON COMPANY</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE H. W. WILSON COMPANY</u>	D Employer Identification Number (EIN) <u>13-1737493</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>27331097</u>
b Actuarial value	2b <u>27007305</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>163</u> <u>14973568</u>
b For terminated vested participants	3b <u>236</u> <u>8063423</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>528627</u>
(2) Vested benefits	3c(2) <u>12263789</u>
(3) Total active	3c(3) <u>160</u> <u>12792416</u>
d Total	3d <u>559</u> <u>35829407</u>
4 If the plan is at-risk, check the box and complete items (a) and (b) <input checked="" type="checkbox"/>	
a Funding target disregarding prescribed at-risk assumptions	4a <u>35728878</u>
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b <u>36231524</u>
5 Effective interest rate	5 <u>6.58</u> %
6 Target normal cost	6 <u>200000</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>07/12/2012</u>
Signature of actuary	Date
<u>THOMAS A. HARRIGAN</u>	<u>11-05657</u>
Type or print name of actuary	Most recent enrollment number
<u>BUCK CONSULTANTS, LLC</u>	<u>203-975-0260</u>
Firm name	Telephone number (including area code)
<u>281 TRESSER BLVD., 6TH FLOOR</u> <u>STAMFORD, CT 06901-3217</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	104548
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	104073
9	Amount remaining (Item 7 minus item 8).....	0	475
10	Interest on item 9 using prior year's actual return of <u>36.42</u> %		173
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>7.51</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	648

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	75.58 %
15	Adjusted funding target attainment percentage.....	15	75.58 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	68.67 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/14/2010	461700				
10/13/2010	260000				
01/13/2011	352000				
04/14/2011	352000				
06/08/2011	15575364				
			Totals ▶	18(b)	17001064
				18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 15810312
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 4.71 %	2nd segment: 6.67 %	3rd segment: 6.77 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	200000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	8822750	1382604
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	1582604
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35).....	36	1582604
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	15810312
38 Interest-adjusted excess contributions for current year (see instructions).....	38	14227708
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 04/01/2010		and ending 03/31/2011	
A Name of plan EMPLOYEES PENSION PLAN OF THE H. W. WILSON COMPANY		B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE H. W. WILSON COMPANY		D Employer Identification Number (EIN) 13-1737493	

Part I	Service Provider Information (see instructions)
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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

(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)

FIDELITY MANAGEMENT TRUST CO

82 DEVONSHIRE ST
BOSTON, MA 02109

04-2723880

(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?
12 21	VENDOR	181314	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BUCK CONSULTANTS

281 TRESSER
STAMFORD, CT 06901

13-3954297

(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?
11	VENDOR	31120	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COHEN AND SCHAEFFER

420 LEXINGTON AVE
NEW YORK, NY 10022

13-3707711

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	VENDOR	7750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 04/01/2010 and ending 03/31/2011

A Name of plan <u>EMPLOYEES PENSION PLAN OF THE H. W. WILSON COMPANY</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE H. W. WILSON COMPANY</u>	D Employer Identification Number (EIN) <u>13-1737493</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS U.S. TOTAL MARKET EQUITY CP</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST CO</u>		
c EIN-PN <u>20-4659714-041</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2685581</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS SELECT INTL EQUITY CP</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST CO</u>		
c EIN-PN <u>20-4659714-021</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1346757</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS LONG DURATION CP</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST CO</u>		
c EIN-PN <u>20-4659714-053</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9042002</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS LONG CORP A OR BETTER CP</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST CO</u>		
c EIN-PN <u>20-4659714-103</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14951076</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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;">2010</div> This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 04/01/2010 and ending 03/31/2011		
A Name of plan EMPLOYEES PENSION PLAN OF THE H. W. WILSON COMPANY	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE H. W. WILSON COMPANY	D Employer Identification Number (EIN) 13-1737493	

Part I	Asset and Liability Statement
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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)	984059	572000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	99	204
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	422657	1357288
(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)		
(9) Value of interest in common/collective trusts.....	1c(9)	25403259	28025416
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	558526	487584

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	27368600	30442492

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	78776	74329
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	78776	74329

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	27289824	30368163
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1748279	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1748279
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1485	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1485
(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)		
(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	3348678	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3348678
(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)		-70942
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5027500

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1638977	
(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)		1638977
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	181246	
(3) Investment advisory and management fees	2i(3)	128938	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		310184
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1949161

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3078339
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: COHEN AND SCHAEFFER

(2) EIN: 13-3707711

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.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 04/01/2010 and ending 03/31/2011

A Name of plan <u>EMPLOYEES PENSION PLAN OF THE H. W. WILSON COMPANY</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE H. W. WILSON COMPANY</u>	D Employer Identification Number (EIN) <u>13-1737493</u>

Part I	Distributions
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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): _____ 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	<u>0</u>

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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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(es). If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2010
v.092308.1

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): _____

**Employees' Pension Plan of
The H.W. Wilson Company**

**Financial Statements and Supplemental Schedules
Years Ended March 31, 2011 and 2010**

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Independent Auditors' Report

To the Administrator of the
Employees' Pension Plan of
The H.W. Wilson Company
Bronx, New York

We were engaged to audit the financial statements and supplemental schedule of the Employees' Pension Plan of The H.W. Wilson Company (the "Plan") as of March 31, 2011 and 2010 and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to such information referred to in Note 4, which was certified by Fidelity Management Trust Company ("FMTC") and The Equitable Life Assurance Society of the United States, ("Equitable") the custodians of the Plan, except for comparing such information with the related information included in the March 31, 2011 and 2010 financial statements and accompanying supplemental schedules. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from FMTC as of and for the years ended March 31, 2011 and 2010 and that the information provided to the Plan administrator by FMTC is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by FMTC, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads "Cohen & Schaeffer P.C.".

December 29, 2011
New York, NY

Employees' Pension Plan of The H.W. Wilson Company

**Statement of Net Assets Available for Benefits
As of March 31, 2011 and 2010**

	<u>2011</u>	<u>2010</u>
Assets:		
Cash	\$ 1,357,288	\$ 422,657
Investments, at fair value (Notes 3, 4 and 5)	28,025,416	25,403,259
Participation rights receivable (Note 6)	487,584	558,526
Contribution Receivable	572,000	984,059
Accrued income	204	99
Total assets	<u>30,442,492</u>	<u>27,368,600</u>
Less liabilities:		
Accrued expenses	<u>74,329</u>	<u>78,776</u>
Total liabilities	<u>74,329</u>	<u>78,776</u>
Net assets available for benefits, at fair value	<u>\$ 30,368,163</u>	<u>\$ 27,289,824</u>

See accompanying notes to financial statements

Employees' Pension Plan of The H.W. Wilson Company
Statements of Changes in Net Assets Available for Benefits
March 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Investment income:		
Net appreciation in fair value of investments (Notes 3 and 4)	\$ 3,348,678	\$ 7,159,921
Interest income (Note 4)	<u>1,485</u>	<u>1,703</u>
	3,350,163	7,161,624
Less: Investment management fees	<u>128,938</u>	<u>171,526</u>
	<u>3,221,225</u>	<u>6,990,098</u>
Contributions	1,748,279	1,716,236
Participants' rights (loss) income	<u>(70,942)</u>	<u>239,502</u>
	1,677,337	1,955,738
Total additions	\$ 4,898,562	\$ 8,945,836
Deductions:		
Benefits payments	\$ 1,638,977	\$ 1,611,764
Administrative expenses	<u>181,246</u>	<u>180,291</u>
Total deductions	<u>1,820,223</u>	<u>1,792,055</u>
Net increase in net assets available for benefits	3,078,339	7,153,781
Net assets available for benefits, beginning of year	<u>27,289,824</u>	<u>20,136,043</u>
Net assets available for benefits, end of year	\$ <u>30,368,163</u>	\$ <u>27,289,824</u>

See accompanying notes to financial statements

Employees' Pension Plan of The H.W. Wilson Company

Notes to Financial Statements March 31, 2011 and 2010

Note 1 – Description of the Plan

The Employees' Pension Plan of the H.W. Wilson Company (the "Plan") is a defined benefit pension Plan funded by The H.W. Wilson Company, Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The following description of the Plan provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit Plan. All employees of the Company who have attained age twenty-one years and have completed one year of continuous service ("Participants") are eligible to participate in the Plan.

Contributions

The Company makes contributions to the Plan based on actuarially determined amounts, which will provide for all Participants' benefits at retirement.

Plan Benefits

The Plan provides retirement benefits for Participants based on a stipulated amount per year of service, as defined in the Plan. Participants who have attained age 65 receive normal retirement benefits for life.

Participants are fully vested in the Plan after five years of continuous service or at normal retirement age 65.

Early retirement and postponed retirement are permitted under the Plan. Employees are eligible for unreduced early retirement benefits at age 62 with 30 years of credited service. Members who retire before age 62 with at least 30 years of credited service would have their benefits reduced by 5/12% for each month by which their commencement date precedes the date they attain age 62. Employees who retire before age 62 with less than 30 years of credited service would have their benefits reduced by 5/12% for each month by which their commencement date precedes their normal retirement date. Disabled employees are entitled to receive benefits equal to the present value of their accrued benefit, reduced by amounts the employee may receive under any Federal disability law.

Upon death of an active Participant who has attained age 55, the spouse will receive for the rest of his or her life 50% of the benefit the Participant would have received had the Participant retired on the day before his or her death. Upon death of an active Participant who has not attained age 55, the spouse will receive for the rest of his or her life 50% of the benefit the Participant would have received had the Participant been terminated on the day before his or her death.

Employees' Pension Plan of The H.W. Wilson Company

**Notes to Financial Statements (continued)
March 31, 2011 and 2010**

Note 1 – Description of the Plan - continued

Benefit Payments

Benefits begin on the first day of the month after a Participant retires provided that the Participant files an application for benefits with the Benefits Committee of the Company prior to the retirement date. Generally, benefit payments are made monthly; however, depending on the present value of the Participant's accrued benefit, the Benefits Committee may make payments quarterly, semiannually, annually or in a lump-sum.

A lump sum payment of an actuarial equivalent value will be made in lieu of all benefits if the present value of the pension payable as of the normal retirement date or actual termination of service amounts to \$3,500 or less. The determinations as to whether a lump-sum payment is due shall be made following the termination of service or death. To the extent the present value of a pension exceeds \$3,500, the present value of a pension shall be redetermined annually as of the first day of each subsequent Plan year. Any lump-sum benefit payable shall be made following the determination that the amount qualifies for distribution under the provisions. In no event shall a lump-sum payment be made following the date pension payments have commenced as an annuity.

Any Participant with an eligible spouse will automatically receive a joint and 50% survivor benefit unless the Participant and the spouse each decline such a benefit in accordance with the Plan.

On October 31, 2007, the Company's Board of Directors resolved to freeze the Employees Pension Plan effective December 31, 2007. In connection with the plan's freeze, the accumulation of benefits under the Plan were reduced. The portion of the projected benefit obligation was reduced based on the expected future compensation level of employees was \$2,476,450. The unrecognized prior service cost associated with previously expected years of service of employees was a loss which amounted to \$903,551 for the plan.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The Plan prepares its financial statements in accordance with generally accepted accounting standards and principles established by the Financial Accounting Standards Board (FASB). References to U. S. GAAP in these footnotes are to the FASB Accounting Standards Codification.

The accompanying financial statements are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition

The financial statements of the Plan reflect investments at fair value which is determined by reference to quoted market prices except for the unallocated insurance contract in the general account which is stated at contract value, which represents cost, plus interest income, less distributions for benefits and administrative expenses to date (Note 4). Purchases and sales of securities are recorded on a trade date basis. Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Employees' Pension Plan of The H.W. Wilson Company

Notes to Financial Statements (continued) March 31, 2011 and 2010

Note 2 – Summary of Significant Accounting Policies – (continued)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosures of contingent assets and liabilities and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Recently adopted accounting pronouncements

In May 2011 the FASB issued new accounting guidance providing clarification on existing requirements and ensure that the fair value measurement and disclosure requirements are similar between U.S. GAAP and International Financial Reporting Standards. The new guidance changes certain fair value measurement.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Risk and Uncertainties

The Plan provides for various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Administrative Expenses

Administrative expenses are paid by the Plan and include fees paid to third parties for independent administrative services.

Reclassifications

Certain prior year amounts have been reclassified to conform to the current year's presentation.

Employees' Pension Plan of The H.W. Wilson Company

**Notes to Financial Statements (continued)
March 31, 2011 and 2010**

Note 3 - Investments

The following presents investments that represent 5% or more of the Plan's net assets:

	<u>March 31</u>	
	<u>2011</u>	<u>2010</u>
Fidelity Management Trust Company:		
Pyramis/Fidelity Long Duration Collective Trust	\$ 9,042,002	\$ 5,808,760
Pyramis/Fidelity Long Corporation A or Better Commingled Pool	14,951,076	-
Pyramis/FMTC Select Equity Total Market Trust	2,685,581	14,603,745

During the years ended March 31, 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

	<u>March 31</u>	
	<u>2011</u>	<u>2010</u>
<u>Commingled pools</u>	\$ <u>3,348,678</u>	\$ <u>7,159,921</u>
<u>Total</u>	\$ <u><u>3,348,678</u></u>	\$ <u><u>7,159,921</u></u>

Note 4 – Information Certified by the Plan's Custodian

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, the custodians have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

	<u>March 31</u>	
	<u>2011</u>	<u>2010</u>
Cash and cash equivalents	\$ 1,357,288	\$ 422,657
Commingled pools	<u>28,025,416</u>	<u>25,403,259</u>
Total Investments	\$ <u><u>29,382,704</u></u>	\$ <u><u>25,825,916</u></u>
Accrued Income	\$ <u><u>204</u></u>	\$ <u><u>1,682</u></u>

	<u>March 31</u>	
	<u>2011</u>	<u>2010</u>
Net appreciation in fair value of investments	\$ <u><u>3,348,678</u></u>	\$ <u><u>7,519,921</u></u>
Interest income	\$ <u><u>1,485</u></u>	\$ <u><u>1,703</u></u>

Employees' Pension Plan of The H.W. Wilson Company

Notes to Financial Statements (continued) **March 31, 2011 and 2010**

The Plan's independent accountants 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.

Note 5 - Fair Value Measurements

ASC 820-10 establishes 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 measurement) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under ASC 820-10 are described below:

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 include: 1) quoted prices for similar assets or liabilities in active markets; 2) quoted prices for identical or similar assets or liabilities in inactive markets; 3) inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

The following table set forth by level, within the fair value hierarchy, the Plan's asset at fair value as of March 31, 2010:

<u>Assets at Fair Value as of March 31, 2011</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market	\$ 1,357,288	\$	\$	\$ 1,357,288
Mutual Funds	<u>28,025,416</u>			<u>28,025,416</u>
	<u>\$ 29,382,704</u>	<u>\$ -</u>	<u>\$</u>	<u>\$ 29,382,704</u>

<u>Assets at Fair Value as of December 31, 2010</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market	\$ 422,657	\$	\$	\$ 422,657
Mutual Funds	<u>25,403,259</u>			<u>25,403,259</u>
	<u>25,825,916</u>	<u>-</u>	<u>-</u>	<u>25,825,916</u>

The Plan's investments that are measured at fair value on a recurring basis, such as money market funds, mutual funds are generally classified within Level 1 of the fair value hierarchy. The fair values of these investments are based on quoted market prices in active markets.

Employees' Pension Plan of The H.W. Wilson Company

Notes to Financial Statements (continued) **March 31, 2011 and 2010**

Note 6 – Contract with Insurance Company

On April 1, 2006, the Equitable Life Assurance Society of the United States contract was converted from an Immediate Participation Guarantee (IPG) contract to a Dividend Experience Contract. The Equitable Life Assurance Society of the United States holds the assets and liabilities for this contract for which the fair value was \$2,882,853 as of March 31, 2006. The assets and liabilities have been reduced from the plans accumulated benefit obligations and plan assets as of April 1, 2006. The Plan retains a participation right to experience credits for the remainder of the contract. The Plan records a receivable totaling \$487,854 and \$558,526 for the value of this right at March 31, 2011 and 2010 respectively.

Note 7 – Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated benefits (benefits attributable under the Plan's provisions to the service employees have rendered to the valuation date), including both vested future service with the employer and non-vested benefits, was determined by a consulting actuary, Buck Consultants, Inc., as of March 31, 2011 and 2010 respectively.

The most significant assumptions underlying the actuarial computations of the present value of vested benefits are as follows:

	March 31	
	2011	2010
Interest:		
Return on investments	9.00%	9.00%
Discount rate for projected benefit obligation	5.50%	7.25%
Turnover	A sliding scale from 7.9% to .14% between the ages of 25 and 64	A sliding scale from 7.9% to .14% between the ages of 25 and 64
Salary increases	A sliding scale from 3.1% to 8.2% between the ages of 25 and 65	A sliding scale from 3.1% to 8.2% between the ages of 25 and 65
Valuation method	Frozen initial liability cost method	Frozen initial liability cost method
Mortality	1983 group annuity mortality table	1983 group annuity mortality table
Expenses	No load	No load
Normal retirement age	65	65

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Employees' Pension Plan of The H.W. Wilson Company

Notes to Financial Statements (continued) **March 31, 2011 and 2010**

The actuarial present value of accumulated Plan benefits is as follows:

	March 31	
	2011	2010
Vested Benefits		
Participants currently receiving payments	\$ 15,266,114	\$ 14,867,722
Other payments	22,066,985	20,965,516
	<u>37,333,099</u>	<u>35,833,238</u>
 Non-vested benefits		
	<u>585,289</u>	<u>554,276</u>
	\$ <u>37,918,388</u>	\$ <u>36,387,514</u>

Statement of changes in accumulated Plan benefits:

	Year ended March 31, 2011
Actuarial present value of accumulated Plan benefits at beginning of year	\$ 36,387,514
Increase (decrease) during the year attributable to:	
Annuity Contract Conversion	
Changes in assumptions	1,622,902
Benefits accumulated	(587,849)
Interest due to passage of time	2,134,798
Benefits paid	(1,638,977)
Net increase	<u>1,530,874</u>
Actuarial present value of accumulated benefits at end of year	\$ <u>37,918,388</u>

Note 8 – Funding Policy

The Company's funding policy is to make contributions to the Plan as determined by the Plan's independent actuary. The Company complies with the minimum funding requirements of ERISA. No employee contributions are permitted. The Company made contributions of \$1,748,279 and \$2,116,257 the years ended March 31, 2011 and 2010 respectively.

Note 9 – Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, subject to provisions for expenses of administration or liquidation, generally to provide the following benefits in the order indicated:

- (a) Benefits that become payable three or more years before the effective date of Plan termination, or that could have become payable at the beginning of such three year period had the Participant not deferred the commencement of his or her benefits.
- (b) Benefits provided under the Plan for a Participant whose employment terminated prior to the effective date of the Plan terminations, or any immediate or deferred benefits that would have been payable to or on behalf of a Participant had his or her employment terminated for any reason other than death or the effective date of Plan termination.

Employees' Pension Plan of The H.W. Wilson Company

Notes to Financial Statements (continued) March 31, 2011 and 2010

- (c) Benefits payable under the Plan to or on behalf of a retired Participant whose employment terminated prior to the effective date of the Plan termination.
- (d) The remaining assets shall be allocated to provide the benefits accrued under the Plan, without regard to vesting requirements.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (the "PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit. However, if Plan benefits have been increased within the five years before Plan termination, the whole amount of a Plan's vested benefits or the benefit increase may not be guaranteed.

Whether all Participants receive their benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 10 – Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated December 24, 1996, that the Plan is qualified and is tax exempt under the appropriate sections of the Internal Revenue Code ("IRC"). However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, exempt from taxation.

Note 11 – Subsequent Events Review

Subsequent events have been evaluated through December 29, 2011, which is the date the financial statements are available to be issued.

During this period The H. W. Wilson Company, the Plan sponsor was acquired by EBSCO Publishing, Inc., on June 1, 2011 at which time a contribution of over \$17.8 million dollars was made to the Plan. The contribution coincided with the purchase of annuities from Metlife for all participants of the pension Plan. As a result, the Plan is fully funded.

**Employees' Pension Plan of
The H.W. Wilson Company**

SUPPLEMENTAL SCHEDULES

Employees' Pension Plan of The H.W. Wilson Company

Schedule of Assets Held for Investment Purposes at End of Year
EIN: 13-1737493 Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party	Description of investment maturity date, rate of interest collateral, par or maturity value	Cost	Current Value
	<i>Mutual Funds</i>			
*	Fidelity Management Trust Company: Pyramis Long Duration Collective Commingled Pool	A separate Fund within Fidelity which invests in a diversified investment portfolio which include U.S. Treasuries, government sponsored enterprises, government agency, corporate, market-backed and asset-backed securities. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the Fund.	\$ 7,514,644	\$ 9,042,002
	Pyramis Long Corporate A or Better Commingled Pool	A separate Fund with Fidelity which invests in a selection of A rated Corporate debt securities. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the Fund.	15,015,243	14,951,076
	Pyramis US Total Market Equity Commingled Pool	A separate Fund within Fidelity which invests primarily in common stocks with market capitalization consistent with the Wilshire 5000 index. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the Fund.	1,875,128	2,685,581
	Pyramis Select International Equity Commingled Pool	A separate Fund within Fidelity which invests in foreign securities that seek long term growth of capital. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the Fund.	753,343	1,346,757

Employees' Pension Plan of The H.W. Wilson Company

Schedule of Assets Held for Investment Purposes at End of Year
EIN: 13-1737493 Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party	Description of investment maturity date, rate of interest collateral, par or maturity value	Cost	Current Value
	<i>Money Market</i> FMTC Institutional Cash Portfolio	A segregated Fund within Fidelity which invests in high quality short term U.S. dollar denominated money market securities of domestic and foreign issuers. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the Fund.	1,357,288	1,357,288
			<u>\$ 26,515,646</u>	<u>\$ 29,382,704</u>

* A party-in-interest to the Plan as determined by ERISA.

See independent auditors' report

Employees' Pension Plan of The H.W. Wilson Company

Schedule of Reportable Transactions

EIN: 13-1737493 Plan Number: 001

For the Year Ended March 31, 2011

During the year ended March 31, 2011, the Plan had the following "reportable transactions", as defined, involving an amount in excess of 5% of the net assets available for the Plan benefits at the beginning of the year, April 1, 2010:

Description of asset Identity of party involved	Purchase price Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Pyramis High Yield Bond Com. Pool Sell : 46,403 units	\$ 44.76	\$ 1,060,188	\$ 2,076,998	\$ 1,016,810
Pyramis Long Co A OR BTR CM PL Buy : 1,069,462	14.04	15,015,243	15,015,243	-
Pyramis Long Duration Buy : 199,249	13.91	2,771,559	2,771,559	-
Pyramis Select Intl Equity Sell : 17,240	123.41	1,249,320	2,127,568	878,248
Pyramis US Total Market Equity Sell : 1,019,093	14.02	10,367,315	14,287,688	3,920,373
Sel Eq TTL Mkt Transition Buy : 1,428,769	10.00	14,287,688	14,287,688	-
Sel Eq TTL Mkt Transition Sell : 1,428,769	9.9853	14,287,688	14,266,621	(21,067)

Note: The purchase and selling price for each reportable transaction represents its fair value at the time of acquisition or disposition.

See independent auditors' report

Employees' Pension Plan of The H.W. Wilson Company

Schedule of Assets Held for Investment Purposes at End of Year
EIN: 13-1737493 Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment maturity date, rate of interest collateral, par or maturity value	Cost	Current Value	
<i>Mutual Funds</i>				
* Fidelity Management Trust Company: Pyramis Long Duration Collective Commingled Pool	A separate Fund within Fidelity which invests in a diversified investment portfolio which include U.S. Treasuries, government sponsored enterprises, government agency, corporate, market- backed and asset-backed securities. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the Fund.	\$ 7,514,644	\$ 9,042,002	
Pyramis Long Corporate A or Better Commingled Pool	A separate Fund with Fidelity which invests in a selection of A rated Corporate debt securities. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the Fund.	15,015,243	14,951,076	
Pyramis US Total Market Equity Commingled Pool	A separate Fund within Fidelity which invests primarily in common stocks with market capitalization consistent with the Wilshire 5000 index. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the Fund.	1,875,128	2,685,581	
Pyramis Select International Equity Commingled Pool	A separate Fund within Fidelity which invests in foreign securities that seek long term growth of capital. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the Fund.	753,343	1,346,757	

Employees' Pension Plan of The H.W. Wilson Company

Schedule of Assets Held for Investment Purposes at End of Year

EIN: 13-1737493 Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment maturity date, rate of interest collateral, par or maturity value	Cost	Current Value	
<i>Money Market</i> FMTC Institutional Cash Portfolio	A segregated Fund within Fidelity which invests in high quality short term U.S. dollar denominated money market securities of domestic and foreign issuers. There is no maturity date, rate of interest, collateral, par or maturity value due to the nature of the Fund.	1,357,288	1,357,288	
		<u>\$ 26,515,646</u>	<u>\$ 29,382,704</u>	

* A party-in-interest to the Plan as determined by ERISA.

See independent auditors' report

Employees' Pension Plan of The H.W. Wilson Company

Schedule of Reportable Transactions
EIN: 13-1737493 Plan Number: 001

For the Year Ended March 31, 2011

During the year ended March 31, 2011, the Plan had the following "reportable transactions", as defined, involving an amount in excess of 5% of the net assets available for the Plan benefits at the beginning of the year, April 1, 2010:

Identity of party involved	Description of asset	Purchase price Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Pyramis High Yield Bond Com. Pool Sell : 46,403 units		\$ 44.76	\$ 1,060,188	\$ 2,076,998	\$ 1,016,810
Pyramis Long Co A OR BTR CM PL Buy : 1,069,462		14.04	15,015,243	15,015,243	-
Pyramis Long Duration Buy : 199,249		13.91	2,771,559	2,771,559	-
Pyramis Select Intl Equity Sell : 17,240		123.41	1,249,320	2,127,568	878,248
Pyramis US Total Market Equity Sell : 1,019,093		14.02	10,367,315	14,287,688	3,920,373
Sel Eq TTL Mkt Transition Buy : 1,428,769		10.00	14,287,688	14,287,688	-
Sel Eq TTL Mkt Transition Sell : 1,428,769		9.9853	14,287,688	14,266,621	(21,067)

Note: The purchase and selling price for each reportable transaction represents its fair value at the time of acquisition or disposition.

See independent auditors' report

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 04/01/2010 and ending 03/31/2011

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Employees' Pension Plan of The H. W. Wilson Company	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">001</td> </tr> <tr> <td colspan="2">C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The H.W. Wilson Company</td> </tr> <tr> <td colspan="2">D Employer Identification Number (EIN) 13-1737493</td> </tr> </table>	B Three-digit plan number (PN) ►	001	C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The H.W. Wilson Company		D Employer Identification Number (EIN) 13-1737493	
B Three-digit plan number (PN) ►	001						
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The H.W. Wilson Company							
D Employer Identification Number (EIN) 13-1737493							

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>4</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a		27,331,097
b Actuarial value.....	2b		27,007,305
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	163	14,973,568
b For terminated vested participants	3b	236	8,063,423
c For active participants:			
(1) Non-vested benefits.....	3c(1)		528,627
(2) Vested benefits.....	3c(2)		12,263,789
(3) Total active	3c(3)	160	12,792,416
d Total.....	3d	559	35,829,407
4 If the plan is at-risk, check the box and complete items (a) and (b) <input checked="" type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		35,728,878
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		36,231,524
5 Effective interest rate.....	5		6.58 %
6 Target normal cost.....	6		200,000

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>July 12, 2012</u> Date 11-05657 Most recent enrollment number (203) 975-0260 Telephone number (including area code)
Thomas A. Harrigan Type or print name of actuary Buck Consultants, LLC Firm name 281 Tresser Blvd., 6th Floor Stamford CT 06901-3217 Address of the firm		

EMPLOYEES' PENSION PLAN OF THE H. W. WILSON COMPANY

EIN: 13-1737493

PN: 001

Schedule SB, Line 26 - Schedule of Active Participant Data

Attained Age	YEARS OF CREDITED SERVICE										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	
Under 25											
25 to 29											
30 to 34		4	3	4							11
35 to 39			1	5	7	1					14
40 to 44		1	4	1	6	4					16
45 to 49			5	7	7	3					22
50 to 54			1	3	9	1	6				20
55 to 59		1	2		8	5	5	5	3		29
60 to 64		1	3	4	5	4	4	4	4	1	30
65 to 69			1	4	5		1	3	1		15
70 & up				1			1			1	3
Total		7	20	29	47	18	17	12	8	2	160

**EMPLOYEES' PENSION PLAN OF
THE H. W. WILSON COMPANY**

**EIN: 13-1737493
PN: 001**

Schedule SB, line 25 – Change in Method

The interest rates used to value funding liabilities changed from the Full Yield Curve with no lookback for the 2009 valuation to Segment Rates with a four month lookback for the 2010 valuation.

**EMPLOYEES' PENSION PLAN OF
THE H. W. WILSON COMPANY**

**EIN: 13-1737493
PN: 001**

Schedule SB, Part V – Summary of Plan Provisions

Eligibility for Membership

All union and non-union employees who have attained age 21 and completed one year of continuous service. In the fourth quarter of 2007 the plan was amended to freeze entry into the plan and benefit accruals as of December 31, 2007.

Normal Retirement Pension

Eligibility

Age 65.

Amount of Pension

The sum of (i) and (ii) for retirements on or after February 1, 2003:

(i) For service prior to January 1, 1998

1.37% of the member's compensation for the year ending December 31, 1997 not in excess of \$12,500 plus 1.75% of such compensation in excess of \$12,500; plus

(ii) For service on and after December 31, 1997

1.37% of the member's compensation during each calendar year of credited service after December 31, 1997 not in excess of \$12,500 plus 1.75% of such compensation in excess of \$12,500 but not in excess of the maximum compensation limit for the year.

The above benefit is not to be less than the benefit accrued as of January 31, 1996 under the prior plan formula.

Unreduced Early Retirement Pension

Eligibility

Age 62 and 30 years of credited service.

Amount of Pension

Accrued pension payable immediately.

Early Retirement Pension

Eligibility

Age 55 and 20 years of credited service.

Amount of Pension

Accrued pension deferred to age 65 or pension commencing earlier, reduced 5% for each year by which commencement date precedes the member's 65th birthday if the member has less than 30 years of credited service or reduced 5% for each year by which commencement date precedes member's 62nd birthday if the member has 30 or more years of credited service.

**EMPLOYEES' PENSION PLAN OF
THE H. W. WILSON COMPANY**

**EIN: 13-1737493
PN: 001**

Schedule SB, Part V – Summary of Plan Provisions

Disability Retirement Pension

Eligibility	Total, permanent and unavoidable disability after age 55 and 20 years of credited service.
Amount of Pension	Accrued pension payable immediately.

Deferred Vested Pension

Eligibility	5 years of continuous service.
Amount of Pension	Accrued pension deferred to age 65, or reduced pension payable at age 55 or later if member terminated with 20 years of credited service.

In lieu of all or part of the above pension, a member who was hired prior to January 1, 1975 and who terminates after attaining age 35 and completing 5 years of continuous service may elect a lump sum payment.

Spouse's Benefit

Eligibility	Benefit is paid upon member's death in active service after completing 5 years of continuous service or upon the member's death after terminating employment and completing 5 years of continuous service prior to commencing benefit payments.
Amount of Benefit	Benefit begins immediately or, if later, when member would have reached age 55. It is payable to spouse for life, calculated as though member had retired or terminated employment on day before death under the normal form of pension.

Normal Form of Benefit

Single	Life Annuity.
Married	Reduced 50% joint and survivorship annuity.

**EMPLOYEES' PENSION PLAN OF
THE H. W. WILSON COMPANY**

**EIN: 13-1737493
PN: 001**

Schedule SB, Part V – Summary of Plan Provisions

Optional Forms of Benefit

- (1) Life annuity.
- (2) 50% joint and survivorship.
- (3) 75% joint and survivorship.
- (4) 100% joint and survivorship.
- (5) 10 years certain and life annuity.

Contributions

Non-contributory.

[illegible]

**EMPLOYEES' PENSION PLAN OF
THE H. W. WILSON COMPANY**

**EIN: 13-1737493
PN: 001**

Schedule SB, line 24 – Change in Actuarial Assumptions

Expected plan administrative expenses added to the Target Normal Cost changed from \$190,000 to \$200,000.

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**EMPLOYEES' PENSION PLAN OF
THE H. W. WILSON COMPANY**

EIN: 13-1737493

PN: 001

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Line 22

This age is derived by applying, for an employee with the characteristics of an average new entrant to the plan, the following formula, modified so that the "½" is not used for $t = \text{FRA} - \text{ERA}$.

FRA-ERA

$$\sum_{t=0} (\text{tpERA}) * (\text{qrERA} + t)$$

FRA-ERA

$$\sum_{t=0} (\text{tpERA}) * (\text{qrERA} + t)$$

where FRA = age everyone is assumed to retire
ERA = earliest retirement age
tpERA = probability of surviving to age ERA + t
qrERA + t = probability of retiring at age ERA + t

Annual Rate of Retirement

Age	Retirement Percentage
55	3.00%
56	3.60
57	4.20
58	4.80
59	5.40
60	6.00
61	6.60
62	22.50
63	8.00
64	8.50
65	50.00
66	100.00

* The assumed annual rate of retirement when a member is first eligible for an unreduced early retirement pension is 75%.

**EMPLOYEES' PENSION PLAN OF
THE H. W. WILSON COMPANY**

**EIN: 13-1737493
PN: 001**

Schedule SB, Line 4 – Additional Information for Plans in At-Risk Status

For purposes of determining at-risk Funding Target and at-risk Target Normal Cost, employees eligible to retire and receive a benefit in the next 11 years are assumed to retire when first eligible (but not before the end of the current plan year) and will elect to receive the form of benefit producing the highest present value.

All participants are assumed to take a 50% joint and survivor annuity.

**EMPLOYEES' PENSION PLAN OF
THE H. W. WILSON COMPANY**

EIN: 13-1737493

PN: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Funding interest rates

Current Year:	Segment Rates with four month lookback:	
	First Segment Rate	4.71%
	Second Segment Rate	6.67%
	Third Segment Rate	6.77%
	Effective Interest Rate	6.58%

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

Actuarial cost method

Unit Credit Method. The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected administrative expenses to be paid from plan assets during the year.

Non-Prescribed Funding Assumptions and Methods

Salary increase assumption

Not applicable since benefits are frozen.

Social Security

Not applicable since benefits are frozen.

Expenses

Expected plan administrative expenses of \$200,000 were added to the Target Normal Cost.

Frequency of optional payment forms

All participants are assumed to take a 50% joint and survivor annuity.

Marital percentage

100% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

**EMPLOYEES' PENSION PLAN OF
THE H. W. WILSON COMPANY**

EIN: 13-1737493

PN: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Retirement rates

Age	Assumption
55	3.00%
56	3.60%
57	4.20%
58	4.80%
59	5.40%
60	6.00%
61	6.60%
62	22.50%
63	8.00%
64	8.50%
65	50.00%
66	100.00%

*The assumed annual rate of retirement when a member is first eligible for an unreduced early retirement pension is 75%.

In addition, for purposes of determining at-risk Funding Target and at-risk Target Normal Cost, employees eligible to retire and receive a benefit in the next 11 years are assumed to retire when first eligible (but not before the end of the current plan year) and will elect to receive the form of benefit producing the highest present value.

Disability rates

Age	Assumption
25	0.09%
30	0.11%
35	0.14%
40	0.19%
45	0.30%
50	0.51%
55	0.96%
60	1.66%
65	2.59%

**EMPLOYEES' PENSION PLAN OF
THE H. W. WILSON COMPANY**

EIN: 13-1737493

PN: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Withdrawal rates

Based on experience. For active participants not eligible for retirement, sample rates are as follows:

Age	Assumption
25	7.90%
30	5.80%
35	4.20%
40	3.10%
45	2.20%
50	1.40%
55	0.80%
60	0.40%
65	0.08%

Asset valuation method

The Actuarial Value of Assets is determined using a method that spreads asset gains/(losses) over two years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, is included in the Actuarial Value of Assets.

The expected return on plan assets is 9.00% per annum, limited by PPA to the applicable Third Segment Rate as follows:

2009 measurement period:	6.80%
2008 measurement period:	6.52%