

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☒ an amended return/report;</div><div>☐ the final return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan RADIANT RESEARCH, INC. 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 06/01/2006
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) RADIANT RESEARCH, INC. 11500 NORTHLAKE DR. SUITE 320 CINCINNATI, OH 45249
2b	Employer Identification Number (EIN) 20-4642154
2c	Sponsor's telephone number 513-247-5517
2d	Business code (see instructions) 541990

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.	07/28/2010	GERALD PFEIFER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") RADIANT RESEARCH, INC. 11500 NORTHLAKE DR. SUITE 320 CINCINNATI, OH 45249	3b Administrator's EIN 20-4642154 3c Administrator's telephone number 513-247-5517
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	499
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	325
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	60
d Subtotal. Add lines 6a , 6b , and 6c	6d	385
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3
f Total. Add lines 6d and 6e	6f	388
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	259
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	27

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

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
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan RADIANT RESEARCH, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RADIANT RESEARCH, INC.	D Employer Identification Number (EIN) 20-4642154	

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
FID. INV. INST. OPS. CO.
04-2647786

(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 INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65 37 60	RECORDKEEPER	16544	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN MID CAP VAL - BOSTON FINANC 04-2526037	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EATON LG CAP VALUE A - PNC GLOBAL I 04-2871943	0.35%

(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 name and EIN or address of service provider (see instructions)	(b) Nature of Service	(c) Describe the information that the service provider failed or refused to provide
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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan RADIANT RESEARCH, INC. 401(K) PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 RADIANT RESEARCH, INC.	D Employer Identification Number (EIN) 20-4642154	

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)	6637	0
(2) Participant contributions	1b(2)	32764	22823
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1648682	1500918
(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)	106128	81606
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4023765	5987805
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

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	5817976	7593152

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	20076	31022
k Total liabilities (add all amounts in lines 1g through 1j)	1k	20076	31022

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5797900	7562130
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	81878	
(B) Participants	2a(1)(B)	944609	
(C) Others (including rollovers)	2a(1)(C)	40053	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1066540

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9774	
(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)	7112	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		16886

(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)	87045	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		87045

(3) Rents	2b(3)		
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(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1416623
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2587094

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	806040	
(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)		806040
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	16824	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		16824
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		822864

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1764230
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: **RIPPE AND KINGSTON CO PSC**

(2) EIN: **31-1192250**

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.		X	

- 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)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>RADIANT RESEARCH, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RADIANT RESEARCH, INC.</u>	D Employer Identification Number (EIN) <u>20-4642154</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): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

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

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
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): _____

RADIANT RESEARCH, INC. 401(k) PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

**DECEMBER 31, 2009 AND 2008 AND
FOR THE YEARS ENDED
DECEMBER 31, 2009 AND 2008
with**

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1

Schedule H, line 4i - Schedule of Assets (Held At
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2



To the 401(k) Committee
Radiant Research, Inc. 401(k) Plan

Independent Auditors' Report

We were engaged to audit the accompanying statement of net assets available for benefits of the Radiant Research, Inc. 401(k) Plan (the "Plan") as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the years ended December 31, 2009 and 2008, and the supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2009 and 2008. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Notes 3 and 4, which was certified or provided by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Notes 3 and 4, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of and for the years ended December 31, 2009 and 2008.

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 or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Rippe & Kingston Co PSC

July 21, 2010

RADIANT RESEARCH, INC. 401(k) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

ASSETS:	<u>2009</u>	<u>2008</u>
INVESTMENTS , at fair value:		
Money market fund	\$ 1,500,918	\$ 1,648,682
Mutual funds	5,987,805	4,023,764
Participant loans	<u>81,606</u>	<u>106,128</u>
Total investments	7,570,329	5,778,574
RECEIVABLES:		
Employee contributions	22,823	32,764
Employer contributions	<u>-</u>	<u>6,637</u>
Total receivables	<u>22,823</u>	<u>39,401</u>
Total assets	7,593,152	5,817,975
LIABILITIES:		
Excess contributions payable	<u>31,022</u>	<u>20,076</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 7,562,130</u></u>	<u><u>\$ 5,797,899</u></u>

The accompanying notes are an integral
part of the financial statements

RADIANT RESEARCH, INC. 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2009 and 2008

ADDITIONS:	<u>2009</u>	<u>2008</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Participant contributions	\$ 944,609	\$ 1,281,105
Participant rollovers	40,053	114,753
Employer contributions	<u>81,878</u>	<u>306,358</u>
Total contributions	1,066,540	1,702,216
Investment income:		
Net appreciation in fair value of investments (see Notes 3 and 4)	1,416,623	-
Dividends and interest	<u>103,931</u>	<u>226,328</u>
Total investment income	<u>1,520,554</u>	<u>226,328</u>
Total additions	2,587,094	1,928,544
DEDUCTIONS:		
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Net depreciation in fair value of investments (see Notes 3 and 4)	-	2,495,684
Benefits paid to participants	806,039	535,918
Administrative expenses	<u>16,824</u>	<u>16,237</u>
Total deductions	<u>822,863</u>	<u>3,047,839</u>
Net increase (decrease) in net assets available for benefits	1,764,231	(1,119,295)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>5,797,899</u>	<u>6,917,194</u>
End of year	<u>\$ 7,562,130</u>	<u>\$ 5,797,899</u>

The accompanying notes are an integral
part of the financial statements

RADIANT RESEARCH, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

1. DESCRIPTION OF PLAN

The following description of the Radiant Research, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for complete information regarding the Plan's definitions, benefits, eligibility, and other matters.

General - The Plan is a defined contribution plan established by Radiant Research, Inc. (the Company) under the provisions of Section 401(a) of the Internal Revenue Code (the IRC), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of Radiant Research, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was most recently amended and restated in November 2009 to incorporate all amendments made to date.

Plan Administration - The Plan is administered by certain employees of the Company. No employees receive compensation from the Plan. Fidelity Management Trust Company (Fidelity) is the trustee and Fidelity Investments Institutional Operations Company, Inc. (FIIOC) is the record keeper.

Eligibility - Employees who are at least 18 years of age and who have completed one month of service, as defined by the Plan provisions, are eligible to participate in the Plan. Employees are admitted to the Plan beginning the first day of the month following attainment of the eligibility requirements. Individuals designated as temporary employees or on-call employees are eligible to participate upon attaining age 21 and 1,000 hours of service during a plan year.

Contributions - Participants may contribute to the Plan through voluntary deferrals of earned compensation. Participants may elect to defer up to 60% of pre-tax eligible compensation, as defined by the Plan, subject to certain limitations under the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions, subject to certain limitations under the IRC. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company may elect to make discretionary matching contributions. For 2008 and through February 2009, the Company contributed 50% of the first 6% of base compensation that a participant contributed to the Plan up to a maximum of \$2,000.

Participant Accounts - Each participant's account is credited with the participant's contributions and the Company's discretionary contribution (if any). The contributions are allocated within each participant account based upon the participant's investment elections to the various fund options offered under the Plan. A portion of the administrative expenses are paid by both the Company and from participants' account balances.

Vesting - Participants are immediately vested in their contributions to the Plan and earnings

RADIANT RESEARCH, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

1. **DESCRIPTION OF THE PLAN** (Continued)

thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after four years of credited service.

Participant Loans - A participant may borrow 50% of his or her vested account balance up to a maximum of \$50,000. The minimum loan amount is \$1,000. Loans are repayable through payroll deductions over a period ranging up to 5 years, unless the loan is used to acquire a principal residence, in which case the loan term may range up to 10 years. Loans are secured by the balance of the participant's account. The interest rate is determined by the Plan Administrator based on the prevailing market conditions and is fixed over the life of the loan. The interest rates on outstanding loans ranged from 4.25% to 9.25% and 5.25% to 9.25% at December 31, 2009 and 2008, respectively.

Payment of Benefits - On termination of service, death, disability, retirement, or upon attaining the age of 59½, a participant or beneficiary may elect to receive a distribution of their vested account balance. The distribution may be in the form of a lump-sum payment. Benefit distributions are recorded when paid. If a participant's vested benefit is less than \$5,000, the benefit will automatically be distributed to the participant if no other election is made.

Hardship Withdrawals - Under certain conditions, participants are permitted to withdraw, in a single sum, all or a portion of their vested account balance. These conditions include unreimbursed medical expenses, the purchase of a participant's principal residence, the payment of postsecondary education tuition or to prevent eviction or foreclosure from the participant's principal residence. A participant's right to make deferrals to the Plan will be suspended for 6 months after the receipt of a hardship withdrawal.

Administrative Expenses - The Company pays a portion of the administrative expense of the Plan. Participants pay a portion of the administrative expenses from their account balances.

Forfeited Accounts - At December 31, 2009 and 2008, forfeited non-vested accounts totaled approximately \$17,000 and \$2,200, respectively. These accounts will be used to reduce future employer contributions and administrative fees.

Subsequent Events - Subsequent events have been evaluated through July 21, 2010, the date the financial statements were available to be issued.

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting and Use of Estimates - The accompanying financial statements of the Plan are prepared using the accrual method of accounting. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and

RADIANT RESEARCH, INC 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** (Continued)

assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 10 for discussion of fair value measurements.

Net Appreciation in Fair Value of Investments and Income Recognition - Net appreciation in the fair value of mutual funds includes both realized and unrealized gains and losses. Purchases and sales of securities are reported on a trade date basis. Dividends are recorded on the ex-dividend date. Interest is recorded on the accrual basis.

3. **INVESTMENTS**

Participants may direct their account balance into the investment options offered under the Plan in 1% increments. Investment options are shares of mutual funds and a money market fund. Participants may change their investment elections and make transfers between investment options daily.

The following represent individual investments greater than 5% of total net assets as of December 31:

	<u>2009</u>	<u>2008</u>
Mutual Funds:		
Fidelity Diversified International Fund, 19,822 and 19,264 shares, respectively	\$ 555,023	\$ 414,379
Fidelity Freedom 2020 Fund, 34,464 and 36,496 shares, respectively	432,527	366,789
Fidelity Growth Company Fund, 7,183 and 6,946 shares, respectively	495,468	340,088
Fidelity Contrafund, 8,256 shares	481,183	*
Fidelity Low Priced Stock Fund, 13,754 shares	439,310	*
Money Market Fund:		
Fidelity Retirement Money Market Portfolio, 1,500,918 and 1,648,682 shares, respectively	1,500,918	1,648,682

* Does not represent 5% or more of the Plan's net assets for that year.

4. **INFORMATION CERTIFIED BY THE TRUSTEE**

The Plan's management has elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under

RADIANT RESEARCH, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

4. **INFORMATION CERTIFIED BY THE TRUSTEE** (Continued)

this provision of ERISA, certain information certified by a trust company need not be subjected to independent audits.

The Plan's management has obtained certifications from the trustee, Fidelity Management Trust Company, that the following information provided by the trustee and included in the Plan's financial statements and supplemental schedules, is complete and accurate:

1. Fair value of investments as of December 31, 2009 and 2008;
2. Investment income earned for the years ended December 31, 2009 and 2008;
3. Investment transactions for the years ended December 31, 2009 and 2008.

5. **EXCESS CONTRIBUTIONS PAYABLE**

Excess contributions payable of \$31,022 and \$20,076 at December 31, 2009 and 2008, respectively, have been accrued to certain active participants to return excess deferral contributions and earnings as required to satisfy the relevant nondiscrimination provisions of the Plan.

6. **PLAN TERMINATION**

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their employer contributions in accordance with ERISA.

7. **FEDERAL INCOME TAXES**

The Internal Revenue Service has determined and informed Fidelity by a letter dated March 31, 2008, that the prototype plan and related trust adopted by the Company are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the opinion letter. However, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

8. **PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are shares of mutual funds and a money market fund managed by an affiliate of Fidelity. Fidelity Management Trust Company is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

RADIANT RESEARCH, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

9. **RISKS AND UNCERTAINTIES**

The Plan provides for various investment fund options which in turn invest in a combination of stocks, bonds, and other investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of the funds, it is reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

10. **FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level One - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level Two - Inputs to the valuation methodology include:

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

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

Level Three - Inputs to the valuation methodology are unobservable and significant to the overall fair value measurement

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used

RADIANT RESEARCH, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

10. FAIR VALUE MEASUREMENTS (Continued)

need to maximize the use of observable inputs and minimize the use of unobservable inputs

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Mutual funds and money market fund: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Participant loans: Valued at amortized cost, which approximates fair value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

Assets at Fair Value at December 31, 2009				
	Level One	Level Two	Level Three	Total
Money market fund	\$1,500,918	\$ -	\$ -	\$1,500,918
Mutual funds:				
Value	482,896	-	-	482,896
Blend	895,101	-	-	895,101
Growth	1,866,574	-	-	1,866,574
Global	707,362	-	-	707,362
Specialty	28,346	-	-	28,346
Bond	443,425	-	-	443,425
Balanced	103,106	-	-	103,106
Lifestyle	<u>1,460,995</u>	<u>-</u>	<u>-</u>	<u>1,460,995</u>
Total mutual funds	5,987,805	-	-	5,987,805
Participant loans	<u>-</u>	<u>-</u>	<u>81,606</u>	<u>81,606</u>
	<u>\$7,488,723</u>	<u>\$ -</u>	<u>\$ 81,606</u>	<u>\$7,570,329</u>

Assets at Fair Value at December 31, 2008				
	Level One	Level Two	Level Three	Total
Money market fund	\$1,648,682	\$ -	\$ -	\$1,648,682
Mutual funds	4,023,764	-	-	4,023,764
Participant loans	<u>-</u>	<u>-</u>	<u>106,128</u>	<u>106,128</u>
	<u>\$5,672,446</u>	<u>\$ -</u>	<u>\$106,128</u>	<u>\$5,778,774</u>

RADIANT RESEARCH, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

10. **FAIR VALUE MEASUREMENTS** (Continued)

The following sets forth a summary of changes in the fair value of the Plan's level three assets for the years ended December 31, 2009 and 2008:

	2009 <u>Participant Loans</u>	2008 <u>Participant Loans</u>
Balance, beginning of year	\$106,128	\$121,985
Issuances and settlements (net)	(<u>24,522</u>)	(<u>15,857</u>)
Balance, end of year	<u>\$ 81,606</u>	<u>\$106,128</u>

11. **SUBSEQUENT EVENT**

Effective February 1, 2010, the Plan was amended to implement automatic enrollment. Absent a specific election otherwise, employees will be automatically enrolled in the Plan with a 3% deferral once they are eligible.

SUPPLEMENTAL SCHEDULES

RADIANT RESEARCH, INC. 401(k) PLAN
EMPLOYER IDENTIFICATION NUMBER 20-4642154 PLAN NUMBER 001

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Fidelity Retirement Money Market Portfolio	Money Market Fund	Participant Directed	\$ 1,500,918
	Mutual Funds:			
	Artisan Mid Cap Value Fund	Mutual Fund	Participant Directed	4,345
	Eaton Large Cap Value Fund	Mutual Fund	Participant Directed	61,603
*	Fidelity Freedom 2000 Fund	Mutual Fund	Participant Directed	5,668
*	Fidelity Freedom 2010 Fund	Mutual Fund	Participant Directed	144,335
*	Fidelity Freedom 2015 Fund	Mutual Fund	Participant Directed	178,951
*	Fidelity Freedom 2020 Fund	Mutual Fund	Participant Directed	432,527
*	Fidelity Freedom 2025 Fund	Mutual Fund	Participant Directed	120,800
*	Fidelity Freedom 2030 Fund	Mutual Fund	Participant Directed	267,741
*	Fidelity Freedom 2035 Fund	Mutual Fund	Participant Directed	88,549
*	Fidelity Freedom 2040 Fund	Mutual Fund	Participant Directed	126,190
*	Fidelity Freedom 2045 Fund	Mutual Fund	Participant Directed	41,563
*	Fidelity Freedom 2050 Fund	Mutual Fund	Participant Directed	12,724
*	Fidelity Blue Chip Growth Fund	Mutual Fund	Participant Directed	172,245
*	Fidelity Capital Appreciation Fund	Mutual Fund	Participant Directed	2,043
*	Fidelity Contrafund	Mutual Fund	Participant Directed	481,183
*	Fidelity Diversified International Fund	Mutual Fund	Participant Directed	555,023
*	Fidelity Dividend Growth Fund	Mutual Fund	Participant Directed	164,186
*	Fidelity Fidelity Fund	Mutual Fund	Participant Directed	12,746
*	Fidelity Equity Income Fund	Mutual Fund	Participant Directed	167,753
*	Fidelity Export and Multinational Fund	Mutual Fund	Participant Directed	107,848
*	Fidelity Freedom Income Fund	Mutual Fund	Participant Directed	41,947
*	Fidelity Growth Company Fund	Mutual Fund	Participant Directed	495,468
*	Fidelity Growth Strategies Fund	Mutual Fund	Participant Directed	188,801
*	Fidelity Intermediate Bond Fund	Mutual Fund	Participant Directed	226,205
*	Fidelity Investment Grade Bond Fund	Mutual Fund	Participant Directed	144,502
*	Fidelity Low Priced Stock Fund	Mutual Fund	Participant Directed	439,310
*	Fidelity Mid Cap Stock Fund	Mutual Fund	Participant Directed	304,466
*	Fidelity OTC Portfolio Fund	Mutual Fund	Participant Directed	116,563
*	Fidelity Overseas Fund	Mutual Fund	Participant Directed	152,339
*	Fidelity Puritan Fund	Mutual Fund	Participant Directed	103,106
*	Fidelity Real Estate Investment Fund	Mutual Fund	Participant Directed	28,346
*	Fidelity Small-Cap Discovery Fund	Mutual Fund	Participant Directed	37,152
*	Fidelity Small-Cap Value Fund	Mutual Fund	Participant Directed	33,191
*	Fidelity Short-Term Bond Fund	Mutual Fund	Participant Directed	72,718

* Represents party-in-interest

RADIANT RESEARCH, INC. 401(k) PLAN
EMPLOYER IDENTIFICATION NUMBER 20-4642154 PLAN NUMBER 001

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Mutual Funds (continued):			
*	Fidelity Value Fund	Mutual Fund	Participant Directed	249,195
*	Spartan Extended Market Index Fund	Mutual Fund	Participant Directed	3,473
*	Spartan Total Market Index Fund	Mutual Fund	Participant Directed	203,000
				7,488,723
*	Participant Loans	Interest rates ranging from 4.25% to 9.25%	Participant Directed	81,606
				\$ 7,570,329

* Represents party-in-interest

RADIANT RESEARCH, INC. 401(k) PLAN
EMPLOYER IDENTIFICATION NUMBER 20-4642154 PLAN NUMBER 001

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December 31, 2008

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Fidelity Retirement Money Market Portfolio	Money Market Fund	Participant Directed	\$ 1,648,682
	Mutual Funds:			
*	Fidelity Freedom 2000 Fund	Mutual Fund	Participant Directed	3,963
*	Fidelity Freedom 2005 Fund	Mutual Fund	Participant Directed	745
*	Fidelity Freedom 2010 Fund	Mutual Fund	Participant Directed	72,705
*	Fidelity Freedom 2015 Fund	Mutual Fund	Participant Directed	99,758
*	Fidelity Freedom 2020 Fund	Mutual Fund	Participant Directed	366,789
*	Fidelity Freedom 2025 Fund	Mutual Fund	Participant Directed	57,616
*	Fidelity Freedom 2030 Fund	Mutual Fund	Participant Directed	146,387
*	Fidelity Freedom 2035 Fund	Mutual Fund	Participant Directed	80,831
*	Fidelity Freedom 2040 Fund	Mutual Fund	Participant Directed	95,263
*	Fidelity Freedom 2045 Fund	Mutual Fund	Participant Directed	17,580
*	Fidelity Freedom 2050 Fund	Mutual Fund	Participant Directed	10,719
*	Fidelity Aggressive Growth Fund	Mutual Fund	Participant Directed	136,382
*	Fidelity Blue Chip Growth Fund	Mutual Fund	Participant Directed	116,236
*	Fidelity Capital Appreciation Fund	Mutual Fund	Participant Directed	779
*	Fidelity Contrafund	Mutual Fund	Participant Directed	196,928
*	Fidelity Diversified International Fund	Mutual Fund	Participant Directed	414,379
*	Fidelity Dividend Growth Fund	Mutual Fund	Participant Directed	110,071
*	Fidelity Fidelity Fund	Mutual Fund	Participant Directed	9,545
*	Fidelity Equity Income Fund	Mutual Fund	Participant Directed	129,666
*	Fidelity Equity Income II Fund	Mutual Fund	Participant Directed	37,799
*	Fidelity Export and Multinational Fund	Mutual Fund	Participant Directed	58,202
*	Fidelity Fifty Fund	Mutual Fund	Participant Directed	61,566
*	Fidelity Freedom Income Fund	Mutual Fund	Participant Directed	37,741
*	Fidelity Growth Company Fund	Mutual Fund	Participant Directed	340,088
*	Fidelity Intermediate Bond Fund	Mutual Fund	Participant Directed	119,283
*	Fidelity Investment Grade Bond Fund	Mutual Fund	Participant Directed	118,071
*	Fidelity Large Cap Stock Fund	Mutual Fund	Participant Directed	27,437
*	Fidelity Low Priced Stock Fund	Mutual Fund	Participant Directed	272,720
*	Fidelity Mid Cap Stock Fund	Mutual Fund	Participant Directed	169,587
*	Fidelity OTC Portfolio Fund	Mutual Fund	Participant Directed	36,296
*	Fidelity Overseas Fund	Mutual Fund	Participant Directed	134,178
*	Fidelity Puritan Fund	Mutual Fund	Participant Directed	71,490
*	Fidelity Real Estate Investment Fund	Mutual Fund	Participant Directed	34,054
*	Fidelity Small-Cap Retirement Fund	Mutual Fund	Participant Directed	34,361
*	Fidelity Small-Cap Value Fund	Mutual Fund	Participant Directed	18,392
*	Fidelity Short-Term Bond Fund	Mutual Fund	Participant Directed	36,347

* Represents party-in-interest

RADIANT RESEARCH, INC 401(k) PLAN
EMPLOYER IDENTIFICATION NUMBER 20-4642154 PLAN NUMBER 001

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December 31, 2008

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Mutual Funds (continued):			
*	Fidelity Value Fund	Mutual Fund	Participant Directed	191,951
*	Fidelity Value Strategies Fund	Mutual Fund	Participant Directed	10,966
*	Spartan Extended Market Index Fund	Mutual Fund	Participant Directed	2,528
*	Spartan Total Market Index Fund	Mutual Fund	Participant Directed	144,365
				5,672,446
*	Participant Loans	Interest rates ranging from 5 25% to 9 25%	Participant Directed	106,128
				\$ 5,778,574

* Represents party-in-interest

RADIANT RESEARCH, INC. 401(k) PLAN
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(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Fidelity Retirement Money Market Portfolio	Money Market Fund	Participant Directed	\$ 1,500,918
	Mutual Funds:			
	Artisan Mid Cap Value Fund	Mutual Fund	Participant Directed	4,345
	Eaton Large Cap Value Fund	Mutual Fund	Participant Directed	61,603
*	Fidelity Freedom 2000 Fund	Mutual Fund	Participant Directed	5,668
*	Fidelity Freedom 2010 Fund	Mutual Fund	Participant Directed	144,335
*	Fidelity Freedom 2015 Fund	Mutual Fund	Participant Directed	178,951
*	Fidelity Freedom 2020 Fund	Mutual Fund	Participant Directed	432,527
*	Fidelity Freedom 2025 Fund	Mutual Fund	Participant Directed	120,800
*	Fidelity Freedom 2030 Fund	Mutual Fund	Participant Directed	267,741
*	Fidelity Freedom 2035 Fund	Mutual Fund	Participant Directed	88,549
*	Fidelity Freedom 2040 Fund	Mutual Fund	Participant Directed	126,190
*	Fidelity Freedom 2045 Fund	Mutual Fund	Participant Directed	41,563
*	Fidelity Freedom 2050 Fund	Mutual Fund	Participant Directed	12,724
*	Fidelity Blue Chip Growth Fund	Mutual Fund	Participant Directed	172,245
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*	Fidelity Export and Multinational Fund	Mutual Fund	Participant Directed	107,848
*	Fidelity Freedom Income Fund	Mutual Fund	Participant Directed	41,947
*	Fidelity Growth Company Fund	Mutual Fund	Participant Directed	495,468
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*	Fidelity Intermediate Bond Fund	Mutual Fund	Participant Directed	226,205
*	Fidelity Investment Grade Bond Fund	Mutual Fund	Participant Directed	144,502
*	Fidelity Low Priced Stock Fund	Mutual Fund	Participant Directed	439,310
*	Fidelity Mid Cap Stock Fund	Mutual Fund	Participant Directed	304,466
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	Mutual Funds:			
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