#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2009

1 611310	in benefit dualanty dorporation				This Form is Open to Pu Inspection	ıblic
Part I	Annual Report Iden	ntification Information				
For caler	ndar plan year 2009 or fiscal	plan year beginning 01/01/2009		and ending 12/31	/2009	
A This	eturn/report is for:	a multiemployer plan;	a multipl	e-employer plan; or		
		a single-employer plan;	a DFE (s	specify)		
		_	_			
<b>B</b> This r	eturn/report is:	the first return/report;	the final	return/report;		
		an amended return/report	t; a short p	olan year return/report (less	than 12 months).	
<b>C</b> If the	plan is a collectively-bargaine	ed plan, check here				
	k box if filing under:	Form 5558;		ic extension;	the DFVC program;	
D Chec	k box ii iiiiiig under.	special extension (enter of		io omonoion,	and Dr vo program,	
Dowt	II Dania Dian Inform	<u> </u>	, ,			
Part l		nation—enter all requested infor	mation		1h Three digit plan	I
	ie of plan IEDIA GROUP, LLC 401(K) F	PI AN			<b>1b</b> Three-digit plan number (PN) ▶	002
WILLOW	12011 (11)				1c Effective date of pla	an
					01/01/1972	
	•	s (employer, if for a single-employ	er plan)		<b>2b</b> Employer Identifica	ition
`	ress should include room or s MEDIA GROUP, LLC	suite no.)			Number (EIN) 02-0761404	
WILES IV	IEDIA GROUP, LLC				<b>2c</b> Sponsor's telephon	ne.
					number	.0
6751 PR	OFESSIONAL PARKWAY W	/FST 6751 P	ROFESSIONAL PARK	WAY WEST	800-683-0010	
	OTA, FL 34240		OTA, FL 34240	WAT WEST	2d Business code (see	Э
					instructions) 541600	
		complete filing of this return/rep				
	. , , ,	penalties set forth in the instruction as the electronic version of this ret	*	•	, , , ,	,
SIGN	Filed with authorized/valid ele	ectronic signature.	10/14/2010	PEGGY GANGEMI		
HERE	Signature of plan adminis	strator	Date	Enter name of individual	signing as plan administrator	
SIGN						
HERE	Signature of employer/pla	an sponsor	Date	Enter name of individual	signing as employer or plan sp	onsor
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 (2009) v.092307.1

	Form 5500 (2009) Page <b>2</b>		
	Plan administrator's name and address (if same as plan sponsor, enter "Same")  LES MEDIA GROUP, LLC		dministrator's EIN -0761404
	51 PROFESSIONAL PARKWAY WEST RASOTA, FL 34240	ทเ	Iministrator's telephone Imber 0-683-0010
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 the plan number from the last return/report:	N and	<b>4b</b> EIN 65-0163180
	Sponsor's name LES MEDIA GROUP INC.		<b>4c</b> PN 002
5	Total number of participants at the beginning of the plan year	5	183
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	. <u>6a</u>	133
b	Retired or separated participants receiving benefits	6b	0
С	Other retired or separated participants entitled to future benefits	6c	50
d	Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b>	6d	183
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f	Total. Add lines 6d and 6e.	6f	183
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	160
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	20
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Code 2F 2G 2J 2K 2T 3D 3H  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in		
	Plan funding arrangement (check all that apply)  (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor  Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the num	insurand ponsor	ce contracts
	Pension Schedules  (1) R (Retirement Plan Information)  b General Schedules (1) H (Financial Information)		,

(2)

(3)

(4)

(5)

(6)

I (Financial Information – Small Plan)

**G** (Financial Transaction Schedules)

A (Insurance Information)

C (Service Provider Information)D (DFE/Participating Plan Information)

(2)

(3)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

### 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 MILES MEDIA GROUP, LLC 401(K) PLAN	B Three-digit plan number (PN)	002
	, , ,	
C Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Nu	mber (EIN)
MILES MEDIA GROUP, LLC	02-0761404	,
Part I Service Provider Information (see instructions)		
You must complete this Part, in accordance with the instructions, to report the informatic or more in total compensation (i.e., money or anything else of monetary value) in connect plan during the plan year. If a person received <b>only</b> eligible indirect compensation for we answer line 1 but are not required to include that person when completing the remainder	ction with services rendered to the pl hich the plan received the required o	an or the person's position with the
1 Information on Persons Receiving Only Eligible Indirect Compens		
<b>a</b> Check "Yes" or "No" to indicate whether you are excluding a person from the remainder		
indirect compensation for which the plan received the required disclosures (see instruction	ons for definitions and conditions)	Yes X No
<b>b</b> If you answered line 1a "Yes," enter the name and EIN or address of each person proving received only eligible indirect compensation. Complete as many entries as needed (see	• .	service providers who
(b) Enter name and EIN or address of person who provided you	disclosures on eligible indirect com	pensation
(b) Enter name and EIN or address of person who provided you	a disclosure on eligible indirect comp	ensation
(b) Enter name and EIN or address of person who provided you	disclosures on eligible indirect comp	pensation
(b) Enter name and EIN or address of person who provided you	disclosures on eligible indirect com-	nensation
(b) Litter frame and Lity of address of person with provided you	alsolosules on eligible muliect comp	JOHGANOH

(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 disclosures on eligible indirect compensation
(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 disclosures on eligible indirect compensation
(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 disclosures on eligible indirect compensation
(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 disclosures on eligible indirect compensation

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answered	f "yes" to line 1a above	e, complete as many e	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in to	otal compensation
		(	a) Enter name and EIN or	address (see instructions)		
FIDELITY I	NVESTMENTS INSTI	TUTIONAL	· •	· · · · · · · · · · · · · · · · · · ·		
04-264778	6					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65	RECORDKEEPER	1450	Yes No 🛚	Yes No		Yes No
		(	a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)  Yes No	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?  Yes No	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
ı			(a) Fatan name and FIN or			
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

Page <b>4-</b> 1	Page	4-	1
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(a) Enter name and EIN or address (see instructions)							
(a) Line have and Line of deduces (one herications)							
(b) Service	(c) Relationship to	(d) Enter direct	(e) Did service provider	(f) Did indirect compensation	(g) Enter total indirect	(h) Did the service	
Code(s)	employer, employee	compensation paid by the plan. If none, enter -0	receive indirect compensation? (sources other than plan or plan	include eligible indirect compensation, for which the plan received the required	compensation received by service provider excluding eligible indirect	provider give you a formula instead of an amount or	
	a party-in-interest		sponsor)	disclosures?		estimated amount?	
			Yes No No	Yes No		Yes No	
		(	a) Enter name and EIN or	address (see instructions)			
(b)	(c)	(d)	(e)	(f)	_ (g)	(h)	
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a	
	person known to be	by the plan. If none, enter -0	other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or	
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element (f). If none, enter -0	estimated amount?	
			Yes No	Yes ☐ No ☐		Yes No	
						100 [] 110 []	
		(	a) Enter name and EIN or	address (see instructions)			
(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a	
	person known to be	by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or	
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element (f). If none, enter -0	estimated amount?	
			Yes No	Yes No		Yes No No	

Schedule	C	Form	5500)	2009
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Page <b>5-</b>	1
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### 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.

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

Page <b>6-</b>	1
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Part II Service Providers Who Fail or Refuse to	Provide Inforr	nation
4 Provide, to the extent possible, the following information for earthis Schedule.	ch service provide	r who failed or refused to provide the information necessary to complete
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Pa	art III Termination Information on Accountants and E (complete as many entries as needed)	Enrolled Actuaries (see instructions)
а	Name:	<b>b</b> EIN:
С	Position:	
d	Address:	<b>e</b> Telephone:
Ex	xplanation:	
а	Name:	<b>b</b> EIN:
C	Position:	
d	Address:	e Telephone:
Ex	xplanation:	
а	Name:	<b>b</b> EIN:
C	Position:	D EIIV.
d	Address:	e Telephone:
Ex	xplanation:	
а	Name:	<b>b</b> EIN;
C	Position:	<b>V</b> = 111,
d	Address:	e Telephone:
-		
Ex	xplanation:	
а	Name:	<b>b</b> EIN;
C	Position:	
d	Address:	e Telephone:
Ex	xplanation:	

### **SCHEDULE D** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

### **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

2009

This Form is Open to Public Inspection.

	<del></del>	- 0.4	0.4.10.000			
For calendar plan year 2009 or fiscal	olan year beginning	01/	01/2009 an	d en	ding 12/31/2009	
A Name of plan				В	Three-digit	
MILES MEDÍA GROUP, LLC 401(K) P	∟AN				plan number (PN)	002
						•
C Plan or DFE sponsor's name as she	own on line 2a of Form	n 550	0	D	Employer Identification Number	er (EIN)
MILES MEDIA GROUP, LLC					02-0761404	
					02-0761404	
Part I Information on inter	ests in MTIAs. CC	Ts.	PSAs, and 103-12 IEs (to be co	mpl	eted by plans and DFEs)	
			eport all interests in DFEs)		5.55 m, p.a5 aa 21 25,	
a Name of MTIA, CCT, PSA, or 103-						
<b>b</b> Name of sponsor of entity listed in	(a):	NAGE	EMENT TRUST COMPANY			
	Τ.	1				
C EIN-PN 04-3022712-024	<b>d</b> Entity	е	Dollar value of interest in MTIA, CCT,		A, or	112277
	code		103-12 IE at end of year (see instructi	ions)		
a Name of MTIA, CCT, PSA, or 103-	12 IE:					
<u> </u>						
<b>b</b> Name of sponsor of entity listed in	(a):					
	T =	Т_				
C EIN-PN	<b>d</b> Entity	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction)			
	code		103-12 IE at end of year (see instruction	ions)		
a Name of MTIA, CCT, PSA, or 103-	12 IE:					
<b>b</b> Name of sponsor of entity listed in	(a):					
	al Esca		Della control of Cotanget CoMTIA COT	DO 4		
C EIN-PN	<b>d</b> Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction)			
	code		103-12 IE at end of year (see instruction	10113)		
a Name of MTIA, CCT, PSA, or 103-	12 IE:					
<b>b</b> Name of sponsor of entity listed in	(a):					
	<b>d</b> Entity	е	Dollar value of interest in MTIA, CCT,	PSA	or	
C EIN-PN	code	ľ	103-12 IE at end of year (see instructi			
	•			,		
a Name of MTIA, CCT, PSA, or 103-	12 IE:					
<b>b</b> November 1	(-)					
<b>b</b> Name of sponsor of entity listed in	(a):					
	<b>d</b> Entity	е	Dollar value of interest in MTIA, CCT,	PSA	. or	
C EIN-PN	code	ľ	103-12 IE at end of year (see instructi		,, 01	
			,			
a Name of MTIA, CCT, PSA, or 103-	12 IE:					
b Name of an array of autituality	(=)·					
<b>b</b> Name of sponsor of entity listed in	(a):					
O FIN DN	<b>d</b> Entity	е	Dollar value of interest in MTIA, CCT,	PSA	A, or	
C EIN-PN	code		103-12 IE at end of year (see instructi		<u> </u>	
O Name of MTIA COT DOA 100	40.15.					
a Name of MTIA, CCT, PSA, or 103-	12 IE:					
<b>b</b> Name of sponsor of entity listed in	(a)·					
	(a).					
C EIN-PN	<b>d</b> Entity	е	Dollar value of interest in MTIA, CCT,	PSA	A, or	
→ □111111		1	100 10 15 / / / / /			

103-12 IE at end of year (see instructions)

Schedule D (Form 5500)	2009	Page <b>2-</b> 1
a Name of MTIA, CCT, PSA, or 103	-12 IE:	
<b>b</b> Name of sponsor of entity listed in	ı (a):	
C EIN-PN	<b>d</b> Entity code	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>b</b> Name of sponsor of entity listed in	n (a):	
C EIN-PN	<b>d</b> Entity code	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>b</b> Name of sponsor of entity listed in	ı (a):	
C EIN-PN	<b>d</b> Entity code	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>b</b> Name of sponsor of entity listed in	ı (a):	
C EIN-PN	<b>d</b> Entity code	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>b</b> Name of sponsor of entity listed in	ı (a):	
C EIN-PN	<b>d</b> Entity code	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>b</b> Name of sponsor of entity listed in	ı (a):	
C EIN-PN	<b>d</b> Entity code	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>b</b> Name of sponsor of entity listed in	n (a):	
C EIN-PN	<b>d</b> Entity code	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>b</b> Name of sponsor of entity listed in	ı (a):	
C EIN-PN	<b>d</b> Entity code	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>b</b> Name of sponsor of entity listed in	 n (a):	

Dollar value of interest in MTIA, CCT, PSA, or

Dollar value of interest in MTIA, CCT, PSA, or

103-12 IE at end of year (see instructions)

103-12 IE at end of year (see instructions)

**d** Entity

**d** Entity

code

code

C EIN-PN

C EIN-PN

a Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

е

Page **3-** 1

Р	art II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)		
а	Plan na			
b	Name o		С	EIN-PN
a	Plan na	me		
b	Name o		С	EIN-PN
а	Plan na	me		
b	Name o		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name of plan sp		С	EIN-PN
а	Plan na	me		
b	Name o		С	EIN-PN

### **SCHEDULE H** (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

### **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

Pension Benefit Guaranty Corporation						Inspection	on
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009		and	endi	ng 12/31/200	)9		
A Name of plan			В	Three-digit			
MILES MEDIA GROUP, LLC 401(K) PLAN				plan number	(PN)	<b>&gt;</b>	002
C Plan sponsor's name as shown on line 2a of Form 5500			D	Employer Idea	ntificati	on Number (	EIN)
MILES MEDIA GROUP, LLC				. ,		,	,
				02-0761404			
Part I Asset and Liability Statement							
1 Current value of plan assets and liabilities at the beginning and end of the plan the value of the plan's interest in a commingled fund containing the assets of m lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CC and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See	ore than one e contract whi CTs, PSAs, ar	plan on a ich guarar	line- itees	by-line basis ur , during this pla	nless th an year	ne value is re r, to pay a sp	portable on ecific dollar
Assets		<b>(a)</b> B	egini	ning of Year	$\bot$	<b>(b)</b> End	of Year
a Total noninterest-bearing cash	1a						
<b>b</b> Receivables (less allowance for doubtful accounts):							
(1) Employer contributions	1b(1)						
(2) Participant contributions	1b(2)						
(3) Other	1b(3)						
<b>C</b> General investments:							
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)			24059	98		166068
(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)			11599	96		137834
(9) Value of interest in common/collective trusts	1c(9)			11438	36		112277
(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)						

1c(13)

1c(14)

1c(15)

(13) Value of interest in registered investment companies (e.g., mutual

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

contracts).....

(15) Other.....

3721800

2709442

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3180422	4137979
	Liabilities		·	
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	3180422	4137979

### 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)	124772	
(B) Participants	2a(1)(B)	460804	
(C) Others (including rollovers)	2a(1)(C)	805	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		586381
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1659	
(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)	9047	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10706
(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)	58435	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		58435
(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
<b>2b</b> (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)		4082
(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)		982158
C Other income	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total	2d		1641762
Expenses			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	680296	
(2) To insurance carriers for the provision of benefits	- 4-1		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2 (1)		680296
f Corrective distributions (see instructions)	2f		2459
g Certain deemed distributions of participant loans (see instructions)			
h Interest expense	01		
i Administrative expenses: (1) Professional fees	0:(4)		
(2) Contract administrator fees	0:(0)		
(3) Investment advisory and management fees	2:/2)		
(4) Other		1450	
(5) Total administrative expenses. Add lines 2i(1) through (4)	0:(5)		1450
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter tot			684205
Net Income and Reconciliation			
	2k		957557
k Net income (loss). Subtract line 2j from line 2d  I Transfers of assets:			
	2l(1)		
(1) To this plan	21(2)		
(2) From this plan			
Part III Accountant's Opinion			
3 Complete lines 3a through 3c if the opinion of an independent qualified attached.	I public accountant is atta	ched to this Form 5500. Comp	olete line 3d if an opinion is not
a The attached opinion of an independent qualified public accountant for	this plan is (see instruction	ons):	
(1) Unqualified (2) Qualified (3) Disclaimer	(4) Adverse		
<b>b</b> Did the accountant perform a limited scope audit pursuant to 29 CFR 2	2520.103-8 and/or 103-12	(d)?	X Yes No
<b>C</b> Enter the name and EIN of the accountant (or accounting firm) below:			_
(1) Name: KIRKLAND, RUSS, MURPHY AND TAPP, PA		(2) EIN: 59-3076061	
d The opinion of an independent qualified public accountant is not attack			
(1) This form is filed for a CCT, PSA, or MTIA. (2) It will	be attached to the next F	orm 5500 pursuant to 29 CFR	2520.104-50.

Par	t IV	Compliance Questions					
4		and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4	m, 4n, or 5	j.	
	During	the plan year:		Yes	No	Am	ount
а	period	here a failure to transmit to the plan any participant contributions within the time described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures ully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	close o	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans ed by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.)	4b		X		
С	Were	any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	reporte	there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.)	4d		X		
_		<b>,</b>		Χ			500000
e f	Did the	his plan covered by a fidelity bond?e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ud or dishonesty?	4e 4f		X		555555
g	Did the	e plan hold any assets whose current value was neither readily determinable on an ished market nor set by an independent third party appraiser?	4g		X		
h		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4h		X		
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, ee instructions for format requirements.)	411 4i	X			
j	value	any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and structions for format requirements.)	4j		X		
k	Were	all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k		X		
ı	Has th	ne plan failed to provide any benefit when due under the plan?	41		X		
m		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	4m		X		
n		was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X		
5a		resolution to terminate the plan been adopted during the plan year or any prior plan year? enter the amount of any plan assets that reverted to the employer this year	Yes	× No	Amoun	ıt:	
5b		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)	, identi	fy the pla	ın(s) to wh	ich assets or lia	bilities were
	5b(1)	Name of plan(s)			<b>5b(2)</b> EIN	(s)	<b>5b(3)</b> PN(s)

### **SCHEDULE R** (Form 5500)

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

File as an attachment to Form 5500.

**Retirement Plan Information** 

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

1 01	r calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and 6	ending	12/31/2	009			
	Name of plan ES MEDIA GROUP, LLC 401(K) PLAN		hree-digit plan numbe (PN)	er •	002		
C F	Plan sponsor's name as shown on line 2a of Form 5500	D E	mnlover Id	entifica	tion Number	(EINI)	
	ES MEDIA GROUP, LLC		. ,		illon Number	(LIIV)	
			02-07614	)4			
Pa	art I Distributions						
	references to distributions relate only to payments of benefits during the plan year.						
1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1				0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries dur payors who paid the greatest dollar amounts of benefits):	ing the	ear (if mor	e than	two, enter EI	Ns of the two	)
	EIN(s): 04-6568107						
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.						
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the year.	•	3				
P	Part II Funding Information (If the plan is not subject to the minimum funding requirements of ERISA section 302, skip this Part)	of sectio		the Int	ernal Revenu	ie Code or	
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?			Yes	No	N/	Α
	If the plan is a defined benefit plan, go to line 8.				ш		
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: Mon					ar	
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the re-	mainda	r of this so	hedule	e.		
^							
6	<b>a</b> Enter the minimum required contribution for this plan year		6а				_
6			6а				
6	<b>a</b> Enter the minimum required contribution for this plan year		6a 6b				
6	<ul> <li>a Enter the minimum required contribution for this plan year</li></ul>		6a 6b				
7	a Enter the minimum required contribution for this plan year		6a 6b 6c	Yes	☐ No	N/.	
	a Enter the minimum required contribution for this plan year  b Enter the amount contributed by the employer to the plan for this plan year  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)  If you completed line 6c, skip lines 8 and 9.	viding	6a 6b 6c 6c	Yes		N/	
7 8	a Enter the minimum required contribution for this plan year	viding	6a 6b 6c 6c		☐ No		
7 8	a Enter the minimum required contribution for this plan year	viding agree	6a 6b 6c 6c	Yes	☐ No		
7 8 Pa	a Enter the minimum required contribution for this plan year	viding agree	6a 6b 6c 6c 6c	Yes	No No		
7 8 Pa	b Enter the amount contributed by the employer to the plan for this plan year	viding agree	6a 6b 6c 6c GC Decree the Internal	Yes ease	No  Both nue Code,	N/	
7 8 Pa 9	b Enter the minimum required contribution for this plan year	viding agree	6a 6b 6c 6c Decree	Yes ease I Reve	No No Both	No No	<u>A</u>
7 8 Pa 9	b Enter the minimum required contribution for this plan year	viding agree (e)(7) of ay any e	6a 6b 6c 6c Decre the Interna xempt loan	Yes Pase I Reve ?	Both nue Code,	No No	A lo

Page <b>2-</b>	1	
rage <b>z</b> -	1	

Pa	art V Additional Information for Multiemployer Defined Benefit Pension Plans						
13		nter 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.					
	а						
	b	EIN	EIN C Dollar amount contributed by employer				
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year				
	е	comple (1) C	ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) ontribution rate (in dollars and cents) ase unit measure: Hourly Weekly Unit of production Other (specify):				
	а	Name o	of contributing employer				
	b	EIN	C Dollar amount contributed by employer				
	d	Date co	ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box				
	е	comple (1) C	ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) ontribution rate (in dollars and cents) ase unit measure: Hourly Weekly Unit of production Other (specify):				
	а	Name o	of contributing employer				
	b	EIN	C Dollar amount contributed by employer				
	d		ollective bargaining agreement expires ( <i>If employer contributes under more than one collective bargaining agreement, check box</i> e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year				
	е	comple (1) C	ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) ontribution rate (in dollars and cents) ase unit measure: Hourly Weekly Unit of production Other (specify):				
	а	Name o	of contributing employer				
	b	EIN	C Dollar amount contributed by employer				
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box				
	е	comple (1) C	ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) ontribution rate (in dollars and cents) ase unit measure: Hourly Weekly Unit of production Other (specify):				
	а	Name	of contributing employer				
	b b	EIN	C Dollar amount contributed by employer				
	d	Date co	ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box				
	е						
	а	Name o	of contributing employer				
	b	EIN	C Dollar amount contributed by employer				
	d	Date co	ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box				
	е	Contrib comple (1) C	ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) ontribution rate (in dollars and cents) ase unit measure: Hourly Weekly Unit of production Other (specify):				

Pag	e	3
ı ay		·

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of participant for:	the	
	a The current year	14a	
	<b>b</b> The plan year immediately preceding the current plan year	14b	
	C The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ke an	
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	<b>b</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>b</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, c supplemental information to be included as an attachment.		
Р	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion Plans
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in information to be included as an attachment	struction	is regarding supplemental
19	If the total number of participants is 1,000 or more, complete items (a) through (c)		
	Enter the percentage of plan assets held as:     Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:	_% Oth	ner:%
	b Provide the average duration of the combined investment-grade and high-yield debt:  0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-2	21 years	21 years or more
	What duration measure was used to calculate item 19(b)?		
	☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):		

## Financial Statements and Supplemental Schedule

December 31, 2009 and 2008 (With Independent Auditors' Report Thereon)

### **INDEX**

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	13



#### Independent Auditors' Report

Board of Trustees Miles Media Group, LLC 401(k) Plan (formerly Miles Media Group, Inc. 401(k) Plan):

We were engaged to audit the accompanying financial statements and supplemental schedule of Miles Media Group, LLC 401(k) Plan (formerly Miles Media Group, Inc. 401(k) Plan) (Plan) as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified 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 schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the Plan Administrator by the trustee 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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kicklend, Russ, Murphy & Tapp. P.A.

October 8, 2010

#### Statements of Net Assets Available for Benefits

### December 31, 2009 and 2008

	_	2009	2008
Investments, at fair value			
Money market fund	\$	166,068	240,598
Common collective trust		112,277	114,386
Mutual funds		3,721,800	2,709,442
Loans to participants	_	137,834	115,996
Total investments	_	4,137,979	3,180,422
Employer contributions receivable		-	57,154
Employee contributions receivable	_		17,392
	_		74,546
Net assets available for benefits, at fair value		4,137,979	3,254,968
Adjustment from fair value to contract value for fully benefit responsive investment contracts	_	2,088	6,170
Net assets available for benefits	\$_	4,140,067	3,261,138

### Statement of Changes in Net Assets Available for Benefits

### For the Year Ended December 31, 2009

Additions to net assets attributable to: Investment income:	
Net appreciation in fair value of investments	\$ 982,156
Interest and dividends	69,143
Total investment income	1,051,299
Contributions:	
Employer	67,618
Participant	443,412
Rollovers	805
Total additions to net assets	1,563,134
Deductions from net assets attributable to:	
Benefits paid to participants	682,755
Administrative expenses	1,450
Total deductions from net assets	684,205
Net increase	878,929
Net assets available for benefits:	
Beginning of year	3,261,138
End of year	\$ 4,140,067

#### **Notes to Financial Statements**

#### December 31, 2009 and 2008

#### (1) Description of the Plan

Miles Media Group, Inc. 401(k) Plan was established on January 1, 1972 and restated effective September 1, 2009, by Miles Media Group LLC and Subsidiaries (Employer) for the benefit of its eligible employees. On this date, the name of the Plan was changed to Miles Media Group, LLC 401(k) Plan (Plan).

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.

#### (a) General

The Plan is a defined contribution plan that covers substantially all employees of the Employer. Covered employees are eligible to participate in salary deferrals to the Plan once they have completed six months of service and are 21 years of age.

Effective for the 2009 Plan Year, the Plan was amended to allow automatic enrollment. In addition, eligible employees are able to enter the Plan the first day of each month following the period in which the employee completed the service requirements as defined by the Plan.

#### (b) Contributions

The Plan allows each participant to elect under a salary deferral agreement to reduce compensation to which he or she is otherwise entitled in return for the agreement of the Employer to contribute the deferred amounts to the Plan on behalf of that employee. Such elective deferrals are made on a before-tax basis and are subject to certain limitations. Elective deferrals were limited to the lesser of 100% of eligible compensation or \$16,500 (\$22,000 for participants over age 50) for the year ended December 31, 2009.

At its discretion, the Employer may make matching contributions to the Plan. During the years ended December 31, 2009 and 2008, the Employer elected to match 27.5% of participants' deferrals of the first 4% of the participants' eligible compensation. Any forfeiture of the Employer matching contributions are first applied to administrative expenses of the Plan, and then any remaining forfeitures are used to reduce employer contributions. Forfeitures available to reduce administrative expenses and employer contributions were approximately \$4,000 and \$1,000 at December 31, 2009 and 2008, respectively. During 2009, approximately \$1,100 in forfeitures were used to reduce employer contributions.

In addition, the Plan allows the Employer to make discretionary annual Qualified Non-Elective Employer Contributions (QNEC) to the Plan at the discretion of the Employer's Board of Directors. There were no QNEC contributions during the year ended December 31, 2009.

#### Notes to Financial Statements - Continued

#### (1) Description of the Plan - Continued

#### (c) Participant Accounts

Each participant's account is credited with the participant's contribution, the Employer's contribution, Plan earnings and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

#### (d) Participant Loans

Participants may borrow from their account a minimum of \$1,000 to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years or up to ten years for the purchase of a principal residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Loan interest rates range from 6.0% to 11.5% at December 31, 2009. Principal and interest are paid ratably through payroll deductions.

#### (e) Vesting

A participant's salary deferrals, QNEC contributions, and earnings thereon, are 100% vested at all times. If the participant was hired on or before December 31, 2003, the participant is also 100% vested in their portion of the Employer matching contributions. If the participant was hired on or after January 1, 2004, the Employer's matching contribution vests at an incremental rate of 20% per year upon the second year of service. The contribution becomes 100% vested after six years of service or upon reaching normal retirement age, disability or death.

#### (f) Payment of Benefits

The Plan provides for payment of benefits upon retirement, death, disability and termination of employment. Vested balances less than \$5,000 are distributed in a lump sum payment. Vested balances greater than \$5,000 are distributed either in a lump-sum amount equal to the vested value of the participant's account balance or in installment payments. The Plan allows rollovers both to and from other qualified plans.

#### (g) Hardship Withdrawals

The Plan allows participants to withdraw a portion of their account balance in the event of immediate and heavy financial need. Any hardship withdrawal is limited to the amount needed to meet the financial need and must qualify with respect to Plan provisions.

#### (h) Plan Termination

Although the Employer expects to continue the Plan indefinitely, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan. In the event of Plan termination, all benefits become fully vested.

#### Notes to Financial Statements - Continued

#### (2) Summary of Significant Accounting Policies

#### (a) Accounting Basis

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

#### (b) Fully Benefit-Responsive Investments

Financial Accounting Standards Board (FASB) Accounting Standards Codification 962, Plan Accounting – Defined Contribution Pension Plans (ASC 962), defines the circumstances in which an investment contract is considered fully benefit responsive and provides certain reporting and disclosure requirements for fully benefit responsive investment contracts in defined contribution, health and welfare and pension plans. Fidelity Management Trust Company (Fidelity), the trustee of the Plan, has identified the Fidelity MGD Portfolio Fund (the Fund), a common collective trust in which the Plan invests, to be fully benefit responsive.

In certain circumstances, the amount withdrawn from the wrap contract in the Fund would be payable at fair value, rather than at contract value. These events include termination of participating plans or material adverse changes to the provisions of the participating plans. The Fund's management believes that such events are not probable based on prior experience.

ASC 962 requires that fully benefit responsive investments be reported at fair value. However, contract value is the relevant measure to the Plan because it is the amount that is available for Plan benefits. Accordingly, the investment in the Fund, as reflected in the statements of net assets available for benefits, is at fair value with a corresponding adjustment to reflect the investment at contract value. For the years ended December 31, 2009 and 2008, the average yield for this common collective trust was 3.16% and 3.57%, respectively. The crediting interest rate was 1.20% and 3.04%, respectively.

#### (c) Valuation of Investments and Income Recognition

Investments of the Plan, except the Plan's fully benefit responsive investment contract (Note 2(b)), are reflected in the accompanying statements of net assets available for benefits at fair market values, as quoted through published market prices. The Plan's fully benefit responsive investment contract is adjusted from fair market value to contract value in the accompanying statements of net assets available for benefits. Participant loans are valued at their outstanding balance, which approximates fair value.

Net appreciation in fair value of investments includes both realized gains and losses on investments sold during the year and unrealized gains and losses on investments held at the end of the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

#### Notes to Financial Statements - Continued

#### (2) Summary of Significant Accounting Policies - Continued

#### (d) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

#### (e) Administrative Expenses

Administrative expenses represent recordkeeping, legal and accounting fees incurred to maintain the Plan and are generally paid by the Employer. Administrative fees are expensed as incurred. For the Plan year ended December 31, 2009, substantially all administrative expenses of the Plan were paid by the Employer.

#### (f) Risks and Uncertainties

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

#### (3) <u>Investments</u>

The fair value of individual investments that represent 5% or more of the Plan's net assets available for benefits consists of the following at December 31, 2009 and 2008:

	2009		2008	
Fidelity Growth Company Fund	\$	209,478	175,066	
Fidelity Balanced Fund		272,610	262,904	
Fidelity Diversified International Fund		307,506	286,363	
Fidelity Contrafund		507,189	392,573	
Fidelity Low-Priced Stock Fund		313,649	257,028	
Fidelity Value Fund		263,605	197,105	
Fidelity Capital & Income Fund		296,278	166,927	
Fidelity US Bond Index Fund		222,041	223,970	
Fidelity Retirement Government Money Market Portfolio Fund		*	240,598	
Fidelity Select Natural Resource Portfolio Fund		291,034	*	

<sup>\*</sup> This investment did not represent 5% or more of the Plan's net assets.

#### Notes to Financial Statements - Continued

#### (3) Investments - Continued

During 2009, the Plan's investments appreciated in value, including investments bought, sold, and held during the year, as follows:

Mutual fund	\$ 982,156
	\$ 982,156

#### (4) Information Certified by the Trustee (Unaudited)

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 the Employee Retirement Income Security Act of 1974. Accordingly, Fidelity, the Plan's trustee, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, as shown in the statements of net assets available for benefits, as of December 31, 2009 and 2008.
- Investment income and related investment activity as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2009.
- The schedule of assets (held at end of year) as of December 31, 2009 included in the supplemental schedule.

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

#### (5) Income Tax Status

The Plan is a non-standardized prototype plan developed by Fidelity. The Employer adopted the prototype plan effective January 1, 2004. The Internal Revenue Service has determined and informed the trustee by a letter dated October 9, 2003, that the prototype plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The prototype plan has been amended since receiving this determination letter. However, the Plan Administrator believes that the prototype plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

#### (6) Transactions With Parties-in-Interest

Certain Plan investments are funds managed by the trustee and, therefore, these transactions qualify as party-in-interest transactions.

#### Notes to Financial Statements - Continued

#### (7) Reconciliation of Financial Statements to Form 5500

The Annual Return/Report of Employee Benefit Plan (the Form 5500) is prepared on the modified cash basis. Accordingly, certain balances included on Schedule H (Part I and II) of the Form 5500 differ from those included in these financial statements. Contributions in the statement of changes in net assets available for benefits differ from contributions in the Form 5500 by the change in the amount of contributions accrued at December 31, 2009 and 2008 and adjustments to contract value for fully benefit responsive investment contracts.

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	_	2009	2008
Net assets available for benefits per the financial statements	\$	4,140,067	3,261,138
Employer receivables not reported on Form 5500 Employee receivable not reported on Form 5500		- -	(57,154) (17,392)
Adjustment from fair value to contract value for fully benefit responsive investment contracts		(2,088)	(6,170)
Net assets available for benefits per Schedule H of Form 5500, Line 1(1)	\$	4,137,979	3,180,422

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2009 to net income of Schedule H of Form 5500:

Net increase in net assets available for benefits per the financial statements	\$	878,929
Plus: contributions receivable at December 31, 2008		74,546
Plus: fair value adjustment at December 31, 2008		6,170
Less: fair value adjustment at December 31, 2009	_	(2,088)
Net income per Schedule H of Form 5500, Line 2(k)	\$_	957,557

#### Notes to Financial Statements - Continued

#### (8) Fair Value Measurements

FASB ASC 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to validation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market 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 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:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Valued at the net asset value of shares held by the Plan at year end.

Common/collective trusts: Valued at fair value by the expected future cash flows for each contract discounted to present value.

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

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

#### Notes to Financial Statements - Continued

#### (8) Fair Value Measurements - Continued

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:

Fair Value Measurements at 12/31/2009 Using:							
t Significant le Unobservable Inputs							
(Level 3)							
-							
<u> </u>							
137,834							
Unobservation Inputs (Level 3)							

			Fair Value Measurements at 12/31/2008 Using:			
Description		Assets Measured at Fair Value at 12/31/08	Quoted Prices in Active Markets	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Mutual funds	\$	2,709,442	2,709,442	-	-	
Common/collective trusts		114,386	-	114,386	-	
Money market fund		240,598	240,598	-	-	
Participant loans	_	115,996			115,996	
	\$_	3,180,422	2,950,040	114,386	115,996	

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009;

	Participant Loans
Balance, beginning of year	\$ 115,996
Issuances and settlements (net)	21,838
Balance, end of year	\$ 137,834

#### Notes to Financial Statements - Continued

#### (9) Subsequent Events

During September 2010, the Plan was amended to allow participants to make after-tax Roth 401(k) contributions.

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements through October 8, 2010, the date which financial statements were available to be issued.

### Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Employer Identification Number: 02-0761404 Plan Number: 002

### December 31, 2009

<u>(a)</u>	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(e) Current Value	
*	Fidelity Growth Company Fund	Registered Investment Company	\$	209,478	
*	Fidelity Diversified International Fund	Registered Investment Company		307,506	
*	Fidelity Contrafund	Registered Investment Company		507,189	
*	Fidelity Low-Priced Stock Fund	Registered Investment Company		313,649	
*	Fidelity Value Fund	Registered Investment Company		263,605	
*	Fidelity Balanced Fund	Registered Investment Company		272,610	
*	Fidelity Capital & Income Fund	Registered Investment Company		296,278	
*	Fidelity US Bond Index Fund	Registered Investment Company		222,041	
*	Fidelity Mid-Cap Stock Fund	Registered Investment Company		171,954	
*	Fidelity Asset Manager Fund	Registered Investment Company		183,936	
*	Fidelity Fifty Fund	Registered Investment Company		129,659	
*	Fidelity Select Technology Portfolio Fund	Registered Investment Company		200,561	
*	Fidelity Select Health Care Portfolio Fund	Registered Investment Company		72,704	
*	Fidelity Small Cap Independence Fund	Registered Investment Company		125,209	
*	Fidelity Select Natural Resource Portfolio Fund	Registered Investment Company		291,034	
*	Fidelity Select Financial Fund	Registered Investment Company		14,018	
*	Fidelity Select Utilities Growth Portfolio Fund	Registered Investment Company		4,791	
*	Fidelity Select Consumer Discretionary Portfolio Fund	Registered Investment Company		9,151	
*	Fidelity Select Industrials Portfolio Fund	Registered Investment Company		3,603	
*	Fidelity Freedom 2015	Registered Investment Company		33,650	
*	Fidelity Freedom 2020	Registered Investment Company		31,998	
*	Fidelity Freedom 2025	Registered Investment Company		11,459	
*	Fidelity Freedom 2035	Registered Investment Company		3,184	
*	Fidelity Freedom 2040	Registered Investment Company		17,163	
*	Fidelity Freedom 2045	Registered Investment Company		20,194	
*	Fidelity Freedom 2050	Registered Investment Company		5,176	
*	Fidelity Retirement Government Money Market			,	
	Portfolio Fund	Money Market Fund		166,068	
*	Fidelity MGD Inc Portfolio Fund	Common/Collective Trust		112,277	
*	Participant Loans	6.0% - 11.5%		137,834	
			\$	4,137,979	

<sup>\*</sup> Party-in-interest

## Financial Statements and Supplemental Schedule

December 31, 2009 and 2008 (With Independent Auditors' Report Thereon)

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#### Independent Auditors' Report

Board of Trustees Miles Media Group, LLC 401(k) Plan (formerly Miles Media Group, Inc. 401(k) Plan):

We were engaged to audit the accompanying financial statements and supplemental schedule of Miles Media Group, LLC 401(k) Plan (formerly Miles Media Group, Inc. 401(k) Plan) (Plan) as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified 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 schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the Plan Administrator by the trustee 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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kicklend, Russ, Murphy & Tapp. P.A.

October 8, 2010

#### Statements of Net Assets Available for Benefits

### December 31, 2009 and 2008

		2009	2008
Investments, at fair value			
Money market fund	\$	166,068	240,598
Common collective trust		112,277	114,386
Mutual funds		3,721,800	2,709,442
Loans to participants		137,834	115,996
Total investments	_	4,137,979	3,180,422
Employer contributions receivable		-	57,154
Employee contributions receivable	_	-	17,392
			74,546
Net assets available for benefits, at fair value		4,137,979	3,254,968
Adjustment from fair value to contract value for fully benefit			
responsive investment contracts		2,088	6,170
Net assets available for benefits	\$_	4,140,067	3,261,138

### Statement of Changes in Net Assets Available for Benefits

### For the Year Ended December 31, 2009

Additions to net assets attributable to: Investment income:	
Net appreciation in fair value of investments	\$ 982,156
Interest and dividends	69,143
Total investment income	1,051,299
Contributions:	
Employer	67,618
Participant	443,412
Rollovers	805
Total additions to net assets	1,563,134
Deductions from net assets attributable to:	
Benefits paid to participants	682,755
Administrative expenses	1,450
Total deductions from net assets	684,205
Net increase	878,929
Net assets available for benefits:	
Beginning of year	3,261,138
End of year	\$ 4,140,067

#### **Notes to Financial Statements**

#### December 31, 2009 and 2008

#### (1) Description of the Plan

Miles Media Group, Inc. 401(k) Plan was established on January 1, 1972 and restated effective September 1, 2009, by Miles Media Group LLC and Subsidiaries (Employer) for the benefit of its eligible employees. On this date, the name of the Plan was changed to Miles Media Group, LLC 401(k) Plan (Plan).

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.

#### (a) General

The Plan is a defined contribution plan that covers substantially all employees of the Employer. Covered employees are eligible to participate in salary deferrals to the Plan once they have completed six months of service and are 21 years of age.

Effective for the 2009 Plan Year, the Plan was amended to allow automatic enrollment. In addition, eligible employees are able to enter the Plan the first day of each month following the period in which the employee completed the service requirements as defined by the Plan.

#### (b) Contributions

The Plan allows each participant to elect under a salary deferral agreement to reduce compensation to which he or she is otherwise entitled in return for the agreement of the Employer to contribute the deferred amounts to the Plan on behalf of that employee. Such elective deferrals are made on a before-tax basis and are subject to certain limitations. Elective deferrals were limited to the lesser of 100% of eligible compensation or \$16,500 (\$22,000 for participants over age 50) for the year ended December 31, 2009.

At its discretion, the Employer may make matching contributions to the Plan. During the years ended December 31, 2009 and 2008, the Employer elected to match 27.5% of participants' deferrals of the first 4% of the participants' eligible compensation. Any forfeiture of the Employer matching contributions are first applied to administrative expenses of the Plan, and then any remaining forfeitures are used to reduce employer contributions. Forfeitures available to reduce administrative expenses and employer contributions were approximately \$4,000 and \$1,000 at December 31, 2009 and 2008, respectively. During 2009, approximately \$1,100 in forfeitures were used to reduce employer contributions.

In addition, the Plan allows the Employer to make discretionary annual Qualified Non-Elective Employer Contributions (QNEC) to the Plan at the discretion of the Employer's Board of Directors. There were no QNEC contributions during the year ended December 31, 2009.

#### Notes to Financial Statements - Continued

#### (1) Description of the Plan - Continued

#### (c) Participant Accounts

Each participant's account is credited with the participant's contribution, the Employer's contribution, Plan earnings and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

#### (d) Participant Loans

Participants may borrow from their account a minimum of \$1,000 to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years or up to ten years for the purchase of a principal residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Loan interest rates range from 6.0% to 11.5% at December 31, 2009. Principal and interest are paid ratably through payroll deductions.

#### (e) Vesting

A participant's salary deferrals, QNEC contributions, and earnings thereon, are 100% vested at all times. If the participant was hired on or before December 31, 2003, the participant is also 100% vested in their portion of the Employer matching contributions. If the participant was hired on or after January 1, 2004, the Employer's matching contribution vests at an incremental rate of 20% per year upon the second year of service. The contribution becomes 100% vested after six years of service or upon reaching normal retirement age, disability or death.

#### (f) Payment of Benefits

The Plan provides for payment of benefits upon retirement, death, disability and termination of employment. Vested balances less than \$5,000 are distributed in a lump sum payment. Vested balances greater than \$5,000 are distributed either in a lump-sum amount equal to the vested value of the participant's account balance or in installment payments. The Plan allows rollovers both to and from other qualified plans.

#### (g) Hardship Withdrawals

The Plan allows participants to withdraw a portion of their account balance in the event of immediate and heavy financial need. Any hardship withdrawal is limited to the amount needed to meet the financial need and must qualify with respect to Plan provisions.

#### (h) Plan Termination

Although the Employer expects to continue the Plan indefinitely, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan. In the event of Plan termination, all benefits become fully vested.

#### Notes to Financial Statements - Continued

#### (2) Summary of Significant Accounting Policies

#### (a) Accounting Basis

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

#### (b) Fully Benefit-Responsive Investments

Financial Accounting Standards Board (FASB) Accounting Standards Codification 962, Plan Accounting – Defined Contribution Pension Plans (ASC 962), defines the circumstances in which an investment contract is considered fully benefit responsive and provides certain reporting and disclosure requirements for fully benefit responsive investment contracts in defined contribution, health and welfare and pension plans. Fidelity Management Trust Company (Fidelity), the trustee of the Plan, has identified the Fidelity MGD Portfolio Fund (the Fund), a common collective trust in which the Plan invests, to be fully benefit responsive.

In certain circumstances, the amount withdrawn from the wrap contract in the Fund would be payable at fair value, rather than at contract value. These events include termination of participating plans or material adverse changes to the provisions of the participating plans. The Fund's management believes that such events are not probable based on prior experience.

ASC 962 requires that fully benefit responsive investments be reported at fair value. However, contract value is the relevant measure to the Plan because it is the amount that is available for Plan benefits. Accordingly, the investment in the Fund, as reflected in the statements of net assets available for benefits, is at fair value with a corresponding adjustment to reflect the investment at contract value. For the years ended December 31, 2009 and 2008, the average yield for this common collective trust was 3.16% and 3.57%, respectively. The crediting interest rate was 1.20% and 3.04%, respectively.

#### (c) Valuation of Investments and Income Recognition

Investments of the Plan, except the Plan's fully benefit responsive investment contract (Note 2(b)), are reflected in the accompanying statements of net assets available for benefits at fair market values, as quoted through published market prices. The Plan's fully benefit responsive investment contract is adjusted from fair market value to contract value in the accompanying statements of net assets available for benefits. Participant loans are valued at their outstanding balance, which approximates fair value.

Net appreciation in fair value of investments includes both realized gains and losses on investments sold during the year and unrealized gains and losses on investments held at the end of the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

#### Notes to Financial Statements - Continued

#### (2) Summary of Significant Accounting Policies - Continued

#### (d) <u>Use of Estimates</u>

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

#### (e) Administrative Expenses

Administrative expenses represent recordkeeping, legal and accounting fees incurred to maintain the Plan and are generally paid by the Employer. Administrative fees are expensed as incurred. For the Plan year ended December 31, 2009, substantially all administrative expenses of the Plan were paid by the Employer.

#### (f) Risks and Uncertainties

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

#### (3) <u>Investments</u>

The fair value of individual investments that represent 5% or more of the Plan's net assets available for benefits consists of the following at December 31, 2009 and 2008:

	 2009	2008
Fidelity Growth Company Fund	\$ 209,478	175,066
Fidelity Balanced Fund	272,610	262,904
Fidelity Diversified International Fund	307,506	286,363
Fidelity Contrafund	507,189	392,573
Fidelity Low-Priced Stock Fund	313,649	257,028
Fidelity Value Fund	263,605	197,105
Fidelity Capital & Income Fund	296,278	166,927
Fidelity US Bond Index Fund	222,041	223,970
Fidelity Retirement Government Money Market Portfolio Fund	*	240,598
Fidelity Select Natural Resource Portfolio Fund	291,034	*

<sup>\*</sup> This investment did not represent 5% or more of the Plan's net assets.

#### Notes to Financial Statements - Continued

#### (3) Investments - Continued

During 2009, the Plan's investments appreciated in value, including investments bought, sold, and held during the year, as follows:

Mutual fund	\$ 982,156
	\$ 982,156

#### (4) Information Certified by the Trustee (Unaudited)

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 the Employee Retirement Income Security Act of 1974. Accordingly, Fidelity, the Plan's trustee, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, as shown in the statements of net assets available for benefits, as of December 31, 2009 and 2008.
- Investment income and related investment activity as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2009.
- The schedule of assets (held at end of year) as of December 31, 2009 included in the supplemental schedule.

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

#### (5) Income Tax Status

The Plan is a non-standardized prototype plan developed by Fidelity. The Employer adopted the prototype plan effective January 1, 2004. The Internal Revenue Service has determined and informed the trustee by a letter dated October 9, 2003, that the prototype plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The prototype plan has been amended since receiving this determination letter. However, the Plan Administrator believes that the prototype plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

#### (6) Transactions With Parties-in-Interest

Certain Plan investments are funds managed by the trustee and, therefore, these transactions qualify as party-in-interest transactions.

#### Notes to Financial Statements - Continued

#### (7) Reconciliation of Financial Statements to Form 5500

The Annual Return/Report of Employee Benefit Plan (the Form 5500) is prepared on the modified cash basis. Accordingly, certain balances included on Schedule H (Part I and II) of the Form 5500 differ from those included in these financial statements. Contributions in the statement of changes in net assets available for benefits differ from contributions in the Form 5500 by the change in the amount of contributions accrued at December 31, 2009 and 2008 and adjustments to contract value for fully benefit responsive investment contracts.

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	_	2009	2008
Net assets available for benefits per the financial statements	\$	4,140,067	3,261,138
Employer receivables not reported on Form 5500 Employee receivable not reported on Form 5500		- -	(57,154) (17,392)
Adjustment from fair value to contract value for fully benefit responsive investment contracts		(2,088)	(6,170)
Net assets available for benefits per Schedule H of Form 5500, Line 1(1)	\$	4,137,979	3,180,422

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2009 to net income of Schedule H of Form 5500:

Net increase in net assets available for benefits per the financial statements	\$	878,929
Plus: contributions receivable at December 31, 2008		74,546
Plus: fair value adjustment at December 31, 2008		6,170
Less: fair value adjustment at December 31, 2009	_	(2,088)
Net income per Schedule H of Form 5500, Line 2(k)	\$_	957,557

#### Notes to Financial Statements - Continued

#### (8) Fair Value Measurements

FASB ASC 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to validation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market 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 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:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Valued at the net asset value of shares held by the Plan at year end.

Common/collective trusts: Valued at fair value by the expected future cash flows for each contract discounted to present value.

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

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

#### Notes to Financial Statements - Continued

#### (8) Fair Value Measurements - Continued

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:

			Fair Value M	easurements at 12	12/31/2009 Using:		
Description	i	Assets Measured at Fair Value at 12/31/09	Quoted Prices in Active Markets	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)		
Description	-	12/31/09	Markets	(Level 2)	(Level 3)		
Mutual funds	\$	3,721,800	3,721,800	-	-		
Common/collective trusts		112,277	-	112,277	-		
Money market fund		166,068	166,068	-	-		
Participant loans		137,834		<u>-</u> _	137,834		
	\$_	4,137,979	3,887,868	112,277	137,834		

			Fair Value Measurements at 12/31/2008 Using:					
Description		Assets Measured at Fair Value at 12/31/08	Quoted Prices in Active Markets	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)			
Mutual funds	\$	2,709,442	2,709,442	-	-			
Common/collective trusts		114,386	-	114,386	-			
Money market fund		240,598	240,598	-	-			
Participant loans	_	115,996			115,996			
	\$_	3,180,422	2,950,040	114,386	115,996			

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009;

	Participant Loans
Balance, beginning of year	\$ 115,996
Issuances and settlements (net)	21,838
Balance, end of year	\$ 137,834

#### Notes to Financial Statements - Continued

#### (9) Subsequent Events

During September 2010, the Plan was amended to allow participants to make after-tax Roth 401(k) contributions.

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements through October 8, 2010, the date which financial statements were available to be issued.

### Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Employer Identification Number: 02-0761404 Plan Number: 002

### December 31, 2009

<u>.</u>	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	 (e) Current Value
	Fidelity Growth Company Fund	Registered Investment Company	\$ 209,478
	Fidelity Diversified International Fund	Registered Investment Company	307,506
	Fidelity Contrafund	Registered Investment Company	507,189
	Fidelity Low-Priced Stock Fund	Registered Investment Company	313,649
	Fidelity Value Fund	Registered Investment Company	263,605
	Fidelity Balanced Fund	Registered Investment Company	272,610
	Fidelity Capital & Income Fund	Registered Investment Company	296,278
	Fidelity US Bond Index Fund	Registered Investment Company	222,041
	Fidelity Mid-Cap Stock Fund	Registered Investment Company	171,954
	Fidelity Asset Manager Fund	Registered Investment Company	183,936
	Fidelity Fifty Fund	Registered Investment Company	129,659
	Fidelity Select Technology Portfolio Fund	Registered Investment Company	200,561
	Fidelity Select Health Care Portfolio Fund	Registered Investment Company	72,704
	Fidelity Small Cap Independence Fund	Registered Investment Company	125,209
	Fidelity Select Natural Resource Portfolio Fund	Registered Investment Company	291,034
	Fidelity Select Financial Fund	Registered Investment Company	14,018
	Fidelity Select Utilities Growth Portfolio Fund	Registered Investment Company	4,791
	Fidelity Select Consumer Discretionary Portfolio Fund	Registered Investment Company	9,151
	Fidelity Select Industrials Portfolio Fund	Registered Investment Company	3,603
	Fidelity Freedom 2015	Registered Investment Company	33,650
	Fidelity Freedom 2020	Registered Investment Company	31,998
	Fidelity Freedom 2025	Registered Investment Company	11,459
	Fidelity Freedom 2035	Registered Investment Company	3,184
	Fidelity Freedom 2040	Registered Investment Company	17,163
	Fidelity Freedom 2045	Registered Investment Company	20,194
	Fidelity Freedom 2050	Registered Investment Company	5,176
	Fidelity Retirement Government Money Market		,
	Portfolio Fund	Money Market Fund	166,068
	Fidelity MGD Inc Portfolio Fund	Common/Collective Trust	112,277
	Participant Loans	6.0% - 11.5%	137,834

<sup>\*</sup> Party-in-interest