

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan NTELOS INC. SAVINGS AND SECURITY PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">003</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1987</td> </tr> </table>	1b Three-digit plan number (PN) ▶	003	1c Effective date of plan 01/01/1987	
1b Three-digit plan number (PN) ▶	003				
1c Effective date of plan 01/01/1987					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) NTELOS, INC. 1154 SHENANDOAH VILLAGE DRIVE WAYNESBORO, VA 22980	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 54-1443350</td> </tr> <tr> <td>2c Sponsor's telephone number 540-946-3500</td> </tr> <tr> <td>2d Business code (see instructions) 517000</td> </tr> </table>	2b Employer Identification Number (EIN) 54-1443350	2c Sponsor's telephone number 540-946-3500	2d Business code (see instructions) 517000	
2b Employer Identification Number (EIN) 54-1443350					
2c Sponsor's telephone number 540-946-3500					
2d Business code (see instructions) 517000					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	JOSEPH LEIGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	JOSEPH LEIGH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") NTELOS, INC. 1154 SHENANDOAH VILLAGE DRIVE WAYNESBORO, VA 22980	3b Administrator's EIN 54-1443350 3c Administrator's telephone number 540-946-3500
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	1425
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1304
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	162
d Subtotal. Add lines 6a , 6b , and 6c	6d	1466
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	1468
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1243
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	182

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

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

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

a Pension Schedules

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

b General Schedules

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

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan NTELOS INC. SAVINGS AND SECURITY PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500. NTELOS, INC.	D Employer Identification Number (EIN) 54-1443350	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier NEW YORK LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	30459	1243	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	6824506

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
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c Premiums due but unpaid at the end of the year	6c	
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d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	
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Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
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c Additions: (1) Contributions deposited during the year	7c(1)	
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(2) Dividends and credits	7c(2)	
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(3) Interest credited during the year	7c(3)	
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(4) Transferred from separate account	7c(4)	
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(5) Other (specify below)	7c(5)	
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(6) Total additions	7c(6)	
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d Total of balance and additions (add b and c(6)).	7d	
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
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(2) Administration charge made by carrier	7e(2)	
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(3) Transferred to separate account	7e(3)	
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(4) Other (specify below)	7e(4)	
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(5) Total deductions	7e(5)	
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f Balance at the end of the current year (subtract e(5) from d)	7f	
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 NTELOS INC. SAVINGS AND SECURITY PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 NTELOS, INC.	D Employer Identification Number (EIN) 54-1443350	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NEW YORK LIFE INVESTMENT MANAGEMENT

52-2206685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 37 62	RETAINED BY CLIENT	25811	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

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

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan NTELOS INC. SAVINGS AND SECURITY PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 NTELOS, INC.	D Employer Identification Number (EIN) 54-1443350	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		4976
(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)	936816	1257213
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	6806561	6824506
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	22394646	31228278
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		702979
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	30138023	40017952

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	30138023	40017952
---	-----------	----------	----------

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)	805222	
(B) Participants	2a(1)(B)	3354826	
(C) Others (including rollovers)	2a(1)(C)	147569	
(2) Noncash contributions	2a(2)	664555	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4972172
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	65541	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		65541
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	15187	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	516823	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		532010
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	16710	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	-16988	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		33698

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	20153	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		20153
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		213349
(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)		6261075
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12097998

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2192082	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2192082
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	25811	
(3) Investment advisory and management fees	2i(3)	176	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		25987
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2218069

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9879929
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: AREHART ASSOCIATES LTD

(2) EIN: 54-1034728

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>NTELOS INC. SAVINGS AND SECURITY PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NTELOS, INC.</u>	D Employer Identification Number (EIN) <u>54-1443350</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3808042</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

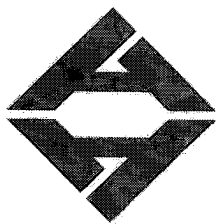
- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



AREHART ASSOCIATES LTD.
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrative Committee
NTELOS Inc. Savings and Security Plan

We were engaged to audit the statements of net assets available for plan benefits of NTELOS Inc. Savings and Security Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for plan benefits for the years then ended, and the supplemental schedule as of December 31, 2009. These financial statements and 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 9, which was certified by NYL Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedules. 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 and for the years ended December 31, 2009 and 2008 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 schedule taken as a whole. The form and content of the information included in the financial statements and 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.

arehart Associates, Ltd.

September 29, 2010
Waynesboro, Virginia

**NTELOS INC.
SAVINGS AND SECURITY PLAN
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 AND 2008**

NTELOS INC.
SAVINGS AND SECURITY PLAN
WAYNESBORO, VIRGINIA

I N D E X

	Page
Independent Auditor's Report	2
Statements of Net Assets Available for Plan Benefits	3
Statements of Changes in Net Assets Available For Plan Benefits	4
Notes to Financial Statements	5
Supplemental Schedule Required by Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974	15



AREHART ASSOCIATES LTD.

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrative Committee
NTELOS Inc. Savings and Security Plan

We were engaged to audit the statements of net assets available for plan benefits of NTELOS Inc. Savings and Security Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for plan benefits for the years then ended, and the supplemental schedule as of December 31, 2009. These financial statements and 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 9, which was certified by NYL Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedules. 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 and for the years ended December 31, 2009 and 2008 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 schedule taken as a whole. The form and content of the information included in the financial statements and 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.

arehart Associates, Ltd.

September 29, 2010
Waynesboro, Virginia

NTELOS INC. SAVINGS AND SECURITY PLAN
 STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
 DECEMBER 31, 2009 AND 2008

ASSETS	<u>2009</u>	<u>2008</u>
INVESTMENTS		
Investments at Fair Value		
Shares of pooled separate account:		
Stable Value Option - New York Life Anchor Account	\$ 6,496,930	\$ 5,893,121
Shares of registered investment companies	31,228,278	22,394,646
NTELOS Holdings Corp. stock	702,979	-
Participant notes receivable	<u>1,257,213</u>	<u>936,816</u>
TOTAL INVESTMENTS	<u>39,685,400</u>	<u>29,224,583</u>
RECEIVABLES		
Employer matching contributions	66,649	58,431
Employee elective deferral contributions	<u>122,773</u>	<u>121,457</u>
TOTAL RECEIVABLES	<u>189,422</u>	<u>179,888</u>
CASH	<u>4,976</u>	<u>-</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT FAIR VALUE	39,879,798	29,404,471
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>327,576</u>	<u>913,440</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	\$ <u><u>40,207,374</u></u>	\$ <u><u>30,317,911</u></u>

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

NTELOS INC. SAVINGS AND SECURITY PLAN
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
 YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of registered company investments	\$ 6,314,926	\$ (11,664,218)
Interest	278,890	331,164
Dividends	<u>532,010</u>	<u>553,148</u>
	<u>7,125,826</u>	<u>(10,779,906)</u>
Contributions		
Employer matching - paid in cash	746,791	1,599,991
Employer matching - paid in NTELOS Holdings Corp. stock	<u>731,204</u>	<u>-</u>
Total employer matching contributions	1,477,995	1,599,991
Employee elective deferrals	3,356,142	3,648,656
Rollover contributions	<u>147,569</u>	<u>57,383</u>
	<u>4,981,706</u>	<u>5,306,030</u>
TOTAL ADDITIONS	12,107,532	(5,473,876)
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	2,192,082	3,479,392
Administration fees	<u>25,987</u>	<u>19,886</u>
NET INCREASE (DECREASE)	9,889,463	(8,973,154)
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of year	<u>30,317,911</u>	<u>39,291,065</u>
End of year	\$ <u>40,207,374</u>	\$ <u>30,317,911</u>

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

NTELOS INC. SAVINGS AND SECURITY PLAN
NOTES TO FINANCIAL STATEMENTS

8. DESCRIPTION OF PLAN

The following description of the NTELOS Inc. Savings and Security Plan (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 covering substantially all employees of NTELOS Inc. (the "Company"). The Plan was adopted on January 1, 1987. The latest restatement was effective January 1, 2009. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The original name of the Plan was the Clifton Forge-Waynesboro Telephone Company Savings and Security Plan. The name was changed to CFW Communications Company Savings and Security Plan on January 1, 1994 and changed to NTELOS Inc. Savings and Security Plan on January 1, 2001.
- B. ELIGIBILITY - All full-time employees of the Company (and any participating affiliate), are eligible to participate in the Plan provided they have attained age 18 and completed six months of employment. When eligibility requirements have been met, the Plan entry date is the first of the following month.

C. CONTRIBUTIONS

- Elective Deferral Contributions – Eligible participants may elect to contribute to the Plan by reducing their compensation from 1% to 20%. Effective January 1, 2008 eligible participants are automatically enrolled to defer 3% of compensation unless a deferral election is received from the participant. The amount of such deemed elective deferrals shall automatically increase in 1% increments annually starting in 2009 until a maximum of 10% is achieved. The amount of the deferral cannot exceed the limitation allowed by law.
- Employer Matching Contributions – Effective January 1, 2008 the Plan was amended to include a safe harbor Employer Matching Contribution equal to 100% of the first 1%, plus 50% of the next 5% of the participant's compensation contributed as elective deferrals. This safe harbor match remained in effect until May 31, 2009. For the period June 1, 2009 through December 31, 2009, the match was reduced to 100% of the first 1%, plus 50% of the next 4% of the participant's compensation contributed as elective deferrals.

In accordance with the 2009 Plan restatement, matching contributions will revert back to the safe harbor match percentages effective January 1, 2010.

Effective June 1, 2009 Employer Matching Contributions shall be made in the form of cash or NTELOS Holdings Corp. stock (Employer Stock), valued by the closing price of the stock on the day prior to the date on which the matching contribution is made. For the period June 1, 2009 through December 31, 2009, 40,421 shares of Employer Stock were contributed to the Plan and 39,471 shares were held by the Plan on December 31, 2009.

NTELOS INC. SAVINGS AND SECURITY PLAN
NOTES TO FINANCIAL STATEMENTS – continued

8. DESCRIPTION OF PLAN – continued

- D. PARTICIPANT ACCOUNTS - Each participant's account is credited with the participant's elective deferral contributions, employer-matching contributions, and an allocation of plan earnings. The earnings allocation is calculated and reported by New York Life Trust Company, as Trustee. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.
- E. VESTING - Participants are immediately vested in their elective deferral contributions, plus the earnings thereon. Full vesting in the employer matching contributions and earnings occurs with two years of credited vesting service. If a participant terminates employment for any reason other than lay-off due to lack of work, retirement, disability, or death, and has less than 2 years of service, the participant will be 0% vested in the employer matching contributions.
- F. FORFEITURES - Any employer contributions forfeited by participants shall be used to pay Plan expenses or reduce future employer matching contributions. The employer-matching contributions for 2009 and 2008 were reduced by \$18,660 and \$61,319, respectively for non-vested forfeitures.
- G. DIRECTED INVESTMENTS - Each participant has the right to direct the investment of his participant account, choosing from a stable value option which is a pooled separate account made up of investments with guaranteed principal and interest and registered investment companies or mutual funds. With respect to the portion of the Participant's Account derived from any Employer Matching Contributions made on his behalf which is invested in Employer Stock, a Participant may at any time direct the Trustee to divest such Employer Stock and reinvest the proceeds in other investment options available under the Plan.
- H. PARTICIPANT NOTES RECEIVABLE - The Plan allows participants to apply for loans from the vested portion of their account balances. Participants may only have two loans outstanding at any time and not more than one loan may be taken out in any 12-month period. The maximum amount that can be borrowed is the lesser of 1) 50% of the participant's vested account balance or 2) \$50,000. This \$50,000 amount is reduced, however, by the amount of the highest outstanding loan balance for the previous 12-month period. Loans are repaid through payroll deductions over a period not to exceed 5 years unless the loan was used to purchase a primary residence and then an extended repayment period is granted. All loans shall bear interest at the Prime Rate as published in *The Wall Street Journal* plus 1% at the time the loan application is completed.

NTELOS INC. SAVINGS AND SECURITY PLAN
NOTES TO FINANCIAL STATEMENTS – continued

8. DESCRIPTION OF PLAN – continued

I. PAYMENT OF BENEFITS – Participant's vested account shall be distributed to the participant in a single lump-sum payment. Unless participant elects otherwise, distributions shall be made no later than the sixtieth day after the later of the close of the Plan year in which (a) the participant attains age 65 (or normal retirement date, if earlier), (b) occurs the 10th anniversary of the year in which the participant commenced participation in the Plan, or (c) the participant terminated service with the Employer. If the participant's vested account does not exceed \$1,000, a lump-sum distribution will be made as soon as administratively practicable following the date the participant separates from service. If the terminated participant's account is in excess of \$1,000 but does not exceed \$5,000, lacking specific instructions from the participant, the Plan Administrator will pay the distribution in a direct rollover to an individual retirement plan for the benefit of the participant. In the event the participant is required to take distributions while employed, the participant may elect to receive the minimum amount required by law. Under certain circumstances, participants may withdraw the vested portion of their accounts upon reaching age 59 ½ or due to financial hardship.

J. SIGNIFICANT PLAN AMENDMENTS – NTELOS Inc. has approved the following amendments to the Plan:

Effective June 1, 2009 for payrolls ending on and after that date, the Employer Matching Contribution feature of the Plan was amended to remove the safe harbor and to provide for an employer match equal to:

- i) one hundred percent of the first one percent of the participant's compensation contributed as elective deferrals, plus
- ii) fifty percent of the next four percent of the participant's compensation contributed as elective deferrals.

Such matching contribution shall be made in the form of NTELOS Holdings Corp. stock (Employer Stock) and shall take into account matching contributions made for the Plan year before June 1, 2009. The value of the Employer Stock shall be equal to the closing price of the Employer Stock on the day prior to the date on which the matching contribution is made. Participants (or beneficiaries of such participants if deceased) may at any time direct the Trustee to divest such Employer Stock and related dividends and to reinvest the proceeds in other investment options available under the Plan, in accordance with rules and procedures established by the Administrator from time to time. Matching contributions made after June 1, 2009 will not be available for hardship withdrawals.

NTELOS INC. SAVINGS AND SECURITY PLAN
NOTES TO FINANCIAL STATEMENTS – continued

8. DESCRIPTION OF PLAN – continued

Effective January 1, 2009 elective deferrals and matching contributions for the 2009 plan year must meet the ADP and ACP tests for the entire plan year, using the current year testing method.

Effective January 1, 2008 the Plan was amended to make the following changes:

- Any participant first becoming eligible to participate in the Plan will be automatically enrolled to defer 3% of his/her salary, unless a deferral election is received from the participant. The rate of such deemed elective deferrals shall automatically increase in 1% increments annually beginning in 2009 until a maximum of 10% is achieved.
- Full vesting in the employer matching contributions and earnings occurs with two years of credited vesting service. If a participant terminates and has less than 2 years of service, the participant will be 0% vested in the employer matching contributions.
- Safe harbor matching contributions will be made by the employer matching 100% of the first 1%, plus 50% of the next 5% of the participant's compensation contributed as elective deferrals.

2. SUMMARY OF ACCOUNTING POLICIES

- A. DATE OF MANAGEMENT'S REVIEW – Subsequent events were evaluated through September 29, 2010, which is the date the financial statements were available to be issued.
- B. BASIS OF ACCOUNTING – The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Plan Benefits presents the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract from the fair value to contract value. The Statement of Changes in Net Assets Available for Plan Benefits is prepared on the contract value basis.

NTELOS INC. SAVINGS AND SECURITY PLAN
NOTES TO FINANCIAL STATEMENTS – continued

2. SUMMARY OF ACCOUNTING POLICIES – continued

C. INVESTMENT VALUATION – The Plan's investments are stated at fair value.

D. USE OF ESTIMATES – The preparation of financial statements in conformity with generally accepted accounting principles 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. BENEFIT PAYMENTS – Benefit payments to participants are recorded upon distribution.

F. ADMINISTRATIVE COSTS - NTELOS Inc. pays substantially all administrative expenses of the Plan.

3. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different value measurement at the reporting date.

	Fair Value	Fair Value Measurements Using:	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2009:			
Registered Investment Companies	\$ 31,228,278	\$ 31,228,278	\$ -
Pooled Separate Account	6,496,930	-	6,496,930
NTELOS Holdings Corp. Stock	702,979	702,979	-
Participant Notes Receivable	1,257,213	-	1,257,213
	<u>\$ 39,685,400</u>	<u>\$ 31,931,257</u>	<u>\$ 7,754,143</u>
December 31, 2008:			
Registered Investment Companies	\$ 22,394,646	\$ 22,394,646	\$ -
Pooled Separate Account	5,893,121	-	5,893,121
Participant Notes Receivable	936,816	-	936,816
	<u>\$ 29,224,583</u>	<u>\$ 22,394,646</u>	<u>\$ 6,829,937</u>

NTELOS INC. SAVINGS AND SECURITY PLAN
NOTES TO FINANCIAL STATEMENTS – continued

3. FAIR VALUE MEASUREMENTS – continued

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements – The fair value of registered investment companies are based on quoted net asset values of the shares held by the Plan at year-end. The fair value of Employer Stock is based on the closing price reported on NASDAQ, the active market where the individual security is traded.

Level 3 Value Measurements – The pooled separate account and participant notes receivable are not actively traded and significant other observable inputs are not available. Thus, the fair value of the pooled separate account is the estimated fair value of the assets in New York Life's Pooled Separate Account No. 25, valued on an amortized cost basis as of the valuation date multiplied by the ratio of the plan's Stable Value Account balance to the total Stable Value Account balances of all plans participating in New York Life's Pooled Separate Account No. 25. The fair value of the participant notes receivable is equal to the outstanding balances of the loans because the loans are secured by each respective participant's account balance.

Below is a reconciliation of beginning and ending balances for the assets valued using Level 3 inputs.

December 31, 2009	Pooled Separate Account	Participant Notes	Total
Beginning balance	\$ 5,893,121	\$ 936,816	\$ 6,829,937
Purchases, sales, issuances, and settlements - net	603,809	320,397	924,206
Ending balance	<u>\$ 6,496,930</u>	<u>\$ 1,257,213</u>	<u>\$ 7,754,143</u>

NTELOS INC. SAVINGS AND SECURITY PLAN
NOTES TO FINANCIAL STATEMENTS – continued

3. FAIR VALUE MEASUREMENTS – continued

December 31, 2008	Pooled Separate Account	Participant Notes	Total
Beginning balance	\$ 4,677,144	\$ 806,534	\$ 5,483,678
Purchases, sales, issuances, and settlements - net	1,215,977	130,282	1,346,259
Ending balance	<u>\$ 5,893,121</u>	<u>\$ 936,816</u>	<u>\$ 6,829,937</u>

4. INVESTMENTS

The following table schedules the investments at December 31, 2009 and 2008 that represent five percent or more of the Plan's net assets.

	2009	2008
Shares of pooled separate account:		
Stable Value Option - New York Life Anchor	\$ 6,824,506	\$ 6,806,561
Shares of registered investment companies		
Mainstay Balanced Fund I	2,087,839	1,613,264
Van Kampen Growth and Income Fund A	4,364,781	3,360,263
The Growth Fund of America R5	6,647,398	4,650,267
PIMCO Total Return Fund	2,485,089	2,011,293
Fidelity Advisor Diversified International A	3,916,443	2,901,346

5. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Stable Value Option is a fully benefit-responsive investment contract with New York Life Insurance Company (Issuer) that is maintained in a pooled separate account. The contract is included in the financial statements at contract value (which represents contributions and earnings, less Plan withdrawals and administrative expenses), as reported by New York Life. Participants may direct the withdrawal or transfer of all or a portion of their investment at contract value.

NTELOS INC. SAVINGS AND SECURITY PLAN
NOTES TO FINANCIAL STATEMENTS – continued

5. INVESTMENT CONTRACT WITH INSURANCE COMPANY – continued

Interest on the contract accrues daily and is credited at the end of the month. The key factors that impact the crediting rate under the group annuity contract are the timing and magnitude of the cash flows in and out of the separate account as well as prevailing market rates on fixed income assets available for investment by the separate account. The interest crediting rate may be reset not more frequently than daily and not less frequently than quarterly. The interest crediting rate reflects the book yield on the separate account, adjusted to reflect amortization of any realized gains and losses. Fixed income securities are subject to credit and interest rate risk. Credit risk is the risk that the issuer of the security will not be able to pay principal and interest when due. Interest rate risk is associated with the fluctuation of the value of the security as a result of increases and decreases in market interest rates and their relation to the securities stated interest rate.

The minimum crediting rate is zero, as provided by the contract. For the years ended December 31, 2009 and 2008, average yields based on actual earnings were 3.18% and 4.48%, respectively. Average yields based on the interest rate credited to participants were 2.68% and 3.98% for 2009 and 2008, respectively.

Certain events, not considered probable to occur, limit the plan's ability to transact at contract value with New York Life Insurance Company. These events include employer-initiated events such as plan termination, merger, spin-off, or early retirement incentives. The Issuer requires twelve-month advance written notice to receive a distribution of Plan assets upon termination at contract value and transfers to a competing fund must first go through a non-competing investment option for at least 90 days.

6. RELATED PARTY TRANSACTIONS

NYL Trust Company serves as Trustee for the Plan and Plan assets include funds that are invested in a pooled separate account of New York Life Insurance Company, and in registered investment companies that are managed by indirectly wholly owned subsidiaries of New York Life Insurance Company.

7. INCOME TAX STATUS

The Plan obtained its latest determination letter on January 23, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended and restated since receiving the determination letter and has submitted a request for determination on the restated Plan. The Plan Administrator, however, believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NTELOS INC. SAVINGS AND SECURITY PLAN
NOTES TO FINANCIAL STATEMENTS – continued

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The financial statements include amounts receivable at year-end for employee elective deferral contributions and employer matching contributions that have not been included in the 5500. The Plan also has funds invested in a pooled separate account and registered investment companies. The interest, dividends earned, and net appreciation or depreciation on these types of investments are combined and reported in the aggregate on Form 5500. Reconciliation schedules for net assets available for plan benefits, contributions, and net investment income follow:

	2009	2008
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Per Financial Statements	\$ 40,207,374	\$ 30,317,911
Receivables		
Employer matching contributions	(66,649)	(58,431)
Employee elective deferral contributions	(122,773)	(121,457)
Per 5500	<u>\$ 40,017,952</u>	<u>\$ 30,138,023</u>
 EMPLOYER MATCHING CONTRIBUTIONS		
Per Financial Statements	\$ 1,477,995	\$ 1,599,991
Contributions receivable prior year	58,431	52,432
Contributions receivable current year	(66,649)	(58,431)
	<u>\$ 1,469,777</u>	<u>\$ 1,593,992</u>
 Per 5500		
Employer contributions - cash	\$ 805,222	\$ 1,593,992
Employer contributions - noncash	664,555	-
	<u>\$ 1,469,777</u>	<u>\$ 1,593,992</u>
 EMPLOYEE ELECTIVE DEFERRAL CONTRIBUTIONS		
Per Financial Statements	\$ 3,356,142	\$ 3,648,656
Contributions receivable prior year	121,457	131,816
Contributions receivable current year	(122,773)	(121,457)
Per 5500	<u>\$ 3,354,826</u>	<u>\$ 3,659,015</u>

NTELOS INC. SAVINGS AND SECURITY PLAN
NOTES TO FINANCIAL STATEMENTS – continued

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 - continued

	2009	2008
INVESTMENT INCOME (LOSS)		
Per Financial Statements	\$ <u>7,125,826</u>	\$ <u>(10,779,906)</u>
Per 5500		
Participant loan interest	\$ 65,541	\$ 66,639
Dividends	532,010	-
Net gain (loss) on sale of assets	33,698	-
Unrealized appreciation of assets	20,153	-
Net investment gain (loss)-		
Pooled separate accounts	213,349	264,524
Regulated investment companies	6,261,075	(11,111,069)
	\$ <u>7,125,826</u>	\$ <u>(10,779,906)</u>

9. LIMITED-SCOPE AUDIT

As permitted by the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA, the scope of the audits on these financial statements was limited in regard to information certified by the Trustee as being complete and accurate. There were no auditing procedures performed with respect to the following information as of and for the years ended December 31, 2009 and 2008 except for comparing such information to the related amounts included in the financial statements.

- Schedules of investments included in the Statements of Net Assets Available for Plan Benefits, Note 3, Note 4, and Note 5
- Investment income included in the Statements of Changes in Net Assets Available for Plan Benefits
- Supplemental schedule of investments

10. PLAN TERMINATION

NTELOS Inc. has the right under the Plan to discontinue its contributions at any time and, although it has not expressed any intention to do so, has the right to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination, participants will become 100% vested in their accounts

Three-digit
plan number:
003

Name of Plan:
NTELOS INC. SAVINGS AND SECURITY PLAN

Plan Sponsor:
NTELOS INC.

EIN:
54-1443350

Schedule H, Line 4i

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
* New York Life Anchor Account		pooled separate account		6,824,506
PIMCO Real Return Admin		registered investment company		894,719
PIMCO Total Return Fund Admin		registered investment company		2,485,089
Mainstay Balanced Fund I		registered investment company		2,087,839
Mainstay S&P 500 Index Fund I		registered investment company		1,065,207
Van Kampen Growth and Income A		registered investment company		4,364,781
The Growth Fund of America R5		registered investment company		6,647,398
Artisan Mid Cap Fund		registered investment company		1,176,191
Davis New York Venture Fund (A)		registered investment company		1,363,013
JP Morgan Mid Cap Value Fund A		registered investment company		830,116
Columbia Mid Cap Index Fund		registered investment company		1,646,607
Oppenheimer Main Street Small Cap A		registered investment company		588,461
Fidelity Advisor Diversified International A		registered investment company		3,916,443
BlackRock LifePath Retire Fd I		registered investment company		683,730
BlackRock LifePath 2020 Fund I		registered investment company		1,024,203
BlackRock LifePath 2030 Fund I		registered investment company		1,089,112
BlackRock LifePath 2040 Fund I		registered investment company		1,365,369
* NTELOS Holdings Corp.		employer securities		702,979
Participant Loans		participant loans - (4.25% - 11.0%)		1,257,213

Note: An asterisk in column (a) denotes a party-in-interest to the plan.

All funds are participant directed into individual accounts, and therefore cost figures are not required.

Three-digit
plan number:
003

Name of Plan:
NTELOS INC. SAVINGS AND SECURITY PLAN

EIN:
54-1443350

Plan Sponsor:
NTELOS INC.

Schedule H, Line 4i

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	New York Life Anchor Account	pooled separate account		6,824,506
	PIMCO Real Return Admin	registered investment company		894,719
	PIMCO Total Return Fund Admin	registered investment company		2,485,089
	Mainstay Balanced Fund I	registered investment company		2,087,839
	Mainstay S&P 500 Index Fund I	registered investment company		1,085,207
	Van Kampen Growth and Income A	registered investment company		4,364,781
	The Growth Fund of America R5	registered investment company		6,647,398
	Artisan Mid Cap Fund	registered investment company		1,176,191
	Davis New York Venture Fund (A)	registered investment company		1,363,013
	JP Morgan Mid Cap Value Fund A	registered investment company		830,116
	Columbia Mid Cap Index Fund	registered investment company		1,646,607
	Oppenheimer Main Street Small Cap A	registered investment company		588,461
	Fidelity Advisor Diversified International A	registered investment company		3,916,443
	BlackRock LifePath Retire Fd I	registered investment company		683,730
	BlackRock LifePath 2020 Fund I	registered investment company		1,024,203
	BlackRock LifePath 2030 Fund I	registered investment company		1,089,112
	BlackRock LifePath 2040 Fund I	registered investment company		1,365,369
*	NTELOS Holdings Corp.	employer securities		702,979
	Participant Loans	participant loans - (4.25% - 11.0%)		1,267,213

Note: An asterisk in column (a) denotes a party-in-interest to the plan.

All funds are participant directed into individual accounts, and therefore cost figures are not required.