

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 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 LEARFIELD COMMUNICATIONS, INC. 401(K) RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 11/01/1984
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) LEARFIELD COMMUNICATIONS, INC. 505 HOBBS ROAD JEFFERSON CITY, MO 65109	2b Employer Identification Number (EIN) 43-0998586 2c Sponsor's telephone number 573-893-7200 2d Business code (see instructions) 515100

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	PAUL SCHOFER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") LEARFIELD COMMUNICATIONS, INC. 505 HOBBS ROAD JEFFERSON CITY, MO 65109	3b Administrator's EIN 43-0998586 3c Administrator's telephone number 573-893-7200
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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	331
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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	322
b Retired or separated participants receiving benefits.....	6b	4
c Other retired or separated participants entitled to future benefits.....	6c	34
d Subtotal. Add lines 6a , 6b , and 6c	6d	360
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	360
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	302
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2

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 3D

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 LEARFIELD COMMUNICATIONS, INC. 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. LEARFIELD COMMUNICATIONS, INC.		
D Employer Identification Number (EIN) 43-0998586		

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
NATIONWIDE LIFE INSURANCE COPMANY

(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
31-4156830	66869	GAP-B3-QR88	302	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
260	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
SECURITIES AMERICA, INC 12325 PORT GRACE BLVD LA VISTA, NE 68128-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
260			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	75913
5 Current value of plan's interest under this contract in separate accounts at year end	5	11563786

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

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	75852
c Additions: (1) Contributions deposited during the year	7c(1)	14100
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	35821
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	49921
d Total of balance and additions (add b and c(6))	7d	125773
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	49860
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	49860
f Balance at the end of the current year (subtract e(5) from d)	7f	75913

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 LEARFIELD COMMUNICATIONS, INC. 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LEARFIELD COMMUNICATIONS, INC.		D Employer Identification Number (EIN) 43-0998586

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	
NATIONWIDE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215
31-4156830	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
SECURITIES AMERICA, INC	12325 PORT GRACE BLVD LA VISTA, NE 68128
11-2551174	

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

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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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 49 64 67 99	NONE	52748	Yes ☒ No ☐	Yes ☒ No ☐	25792	Yes ☐ No ☒

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

CLARKE LANZEN SKALLA INVESTMENT FIR

4020 SOUTH 147TH STREET
OMAHA, NE 68137

13-4109249

(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?
49 64	NONE	32815	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

SECURITIES AMERICA INC

12325 PORT GRACE BLVD
LA VISTA, NE 68128

11-2551174

(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?
49 99	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

THE NICKLAS AGENCY, INC.

3407 KNIPP DRIVE
JEFFERSON CITY, MO 65109-5702

43-1095098

(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 49 64	NONE	350	Yes ☒ No ☐	Yes ☐ No ☒	17501	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
NATIONWIDE	49 64	24129
(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.
CLARKE LANZEN SKALLA INVESTMENT FIR 4020 SOUTH 147TH STREET OMAHA, NE 68137 13-4109249	ADVISORY/SERVICE PROVIDER FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE NICKLAS AGENCY, INC	15 49 64	17501
(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 31-4156830	ADVISORY/SERVICE PROVIDER FEE ADMINISTRATIVE SERVICES FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2009</div> 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 LEARFIELD COMMUNICATIONS, INC. 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 LEARFIELD COMMUNICATIONS, INC.		D Employer Identification Number (EIN) 43-0998586
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS CAP WLD BD R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29671
a Name of MTIA, CCT, PSA, or 103-12 IE: EV WW HLTH SCNC A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9023
a Name of MTIA, CCT, PSA, or 103-12 IE: OPP INTL BD A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 179026
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDNTL DRYDENGLBLREALESTA		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48717
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDNTL JNISN NATRL RSRC A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45277
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDNTL JNISN UTIL A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47393
a Name of MTIA, CCT, PSA, or 103-12 IE: RYDEX SER NOVA FD AC		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7486

a Name of MTIA, CCT, PSA, or 103-12 IE: ADVONE BEROLINA N		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 852261

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS CAP WLD GR INC R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 272977

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS EUROPACFC GR R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 325469

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS NEW PRSPCT R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77898

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS NEW WLD R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62110

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS NEW WLD R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44905

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS SMCAP WLD R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136244

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK INTL OPPR INV A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108290

a Name of MTIA, CCT, PSA, or 103-12 IE: FNKLNTMP FORGN A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13011

a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOR INTL INV		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 241185

a Name of MTIA, CCT, PSA, or 103-12 IE: [OPP DEVL MKT A](#)**b** Name of sponsor of entity listed in (a): [NATIONWIDE LIFE INSURANCE CO.](#)

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 179485
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a Name of MTIA, CCT, PSA, or 103-12 IE: [OPP GLBL A](#)**b** Name of sponsor of entity listed in (a): [NATIONWIDE LIFE INSURANCE CO.](#)

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62863
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a Name of MTIA, CCT, PSA, or 103-12 IE: [THORNBURG INTL VALUE FD I](#)**b** Name of sponsor of entity listed in (a): [NATIONWIDE LIFE INSURANCE CO.](#)

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 276
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a Name of MTIA, CCT, PSA, or 103-12 IE: [BARON GR](#)**b** Name of sponsor of entity listed in (a): [NATIONWIDE LIFE INSURANCE CO.](#)

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3283
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a Name of MTIA, CCT, PSA, or 103-12 IE: [IVY SMALL CAP GRTH FD CL Y](#)**b** Name of sponsor of entity listed in (a): [NATIONWIDE LIFE INSURANCE CO.](#)

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58555
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JMP SMCAP ED A](#)**b** Name of sponsor of entity listed in (a): [NATIONWIDE LIFE INSURANCE CO.](#)

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22933
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a Name of MTIA, CCT, PSA, or 103-12 IE: [OPP MN ST SMCAP A](#)**b** Name of sponsor of entity listed in (a): [NATIONWIDE LIFE INSURANCE CO.](#)

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41579
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGARSSII2000INDXNON-LNDGC](#)**b** Name of sponsor of entity listed in (a): [NATIONWIDE LIFE INSURANCE CO.](#)

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4474
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD SMCP GRTH INDX IS](#)**b** Name of sponsor of entity listed in (a): [NATIONWIDE LIFE INSURANCE CO.](#)

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 429
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANKAMP SMCAP VAL A](#)**b** Name of sponsor of entity listed in (a): [NATIONWIDE LIFE INSURANCE CO.](#)

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20587
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a Name of MTIA, CCT, PSA, or 103-12 IE: WF ADVTG SM CO VAL A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13658

a Name of MTIA, CCT, PSA, or 103-12 IE: ALLBER SMMDCAP VAL A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15238

a Name of MTIA, CCT, PSA, or 103-12 IE: AVEMARIA RIS DIVD		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3270

a Name of MTIA, CCT, PSA, or 103-12 IE: FNKLNSS FNKLN SMMDCAP GR A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14862

a Name of MTIA, CCT, PSA, or 103-12 IE: FNKLNVTFNKLNBALSHNTINVT A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19217

a Name of MTIA, CCT, PSA, or 103-12 IE: IVY MID CAP GRTH FND CLS Y		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67956

a Name of MTIA, CCT, PSA, or 103-12 IE: JNS PRKNS MD CAP VAL S		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 276

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONR MD CAP VAL A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95658

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S & P MDCAPINDXSECKNDG C		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3071

a Name of MTIA, CCT, PSA, or 103-12 IE: WFAF COMMON STOCK FND CL A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13521

a Name of MTIA, CCT, PSA, or 103-12 IE: ADVONE AMERIGO N		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2513857
a Name of MTIA, CCT, PSA, or 103-12 IE: ADVONE DESCARTES N		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 458744
a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT VAL A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78032
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS AM MUT R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120452
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS AMCAP R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64789
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS FDMNTL INV R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 284137
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS GR FD AM R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 498022
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS GR FD AM R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 223364
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS INVMT CO AM R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33705
a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS NEW ECON R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60094

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS WSHNGTN MUT INV R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91905

a Name of MTIA, CCT, PSA, or 103-12 IE: DWS VS STRAT VAL A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 252886

a Name of MTIA, CCT, PSA, or 103-12 IE: EV LGCAP VAL A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41932

a Name of MTIA, CCT, PSA, or 103-12 IE: HW LGCAP VAL A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14167

a Name of MTIA, CCT, PSA, or 103-12 IE: OPP EQ A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6084

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDNTL JNISN 20 20 FOCS A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 456

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S & P500FLSGHPSECLNDG C		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47000

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROW PR GR STK FND R SHS		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16798

a Name of MTIA, CCT, PSA, or 103-12 IE: VANKAMP GROWTH & INC FD A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68951

a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY PORT DIV STK FD A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25492

a Name of MTIA, CCT, PSA, or 103-12 IE: ADVONE CLERMONT N		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1139824

a Name of MTIA, CCT, PSA, or 103-12 IE: ADVONE LIAHONA N		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 607590

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS AM BAL R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 268050

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS CAP INC BLDR R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14700

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS INC FD AM R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2677

a Name of MTIA, CCT, PSA, or 103-12 IE: IVY ASSET STRATEGY FD CL Y		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27364

a Name of MTIA, CCT, PSA, or 103-12 IE: VAN KAMPEN EQUITY & INC A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96899

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS AM HI INC TR R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3252

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS BD FD AM R5		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65047

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS HI INC TR R6		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126389

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK GOVT INC INV A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55560

a Name of MTIA, CCT, PSA, or 103-12 IE: DWS HI INC INST		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111046

a Name of MTIA, CCT, PSA, or 103-12 IE: EV FLOTNG RT A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31583

a Name of MTIA, CCT, PSA, or 103-12 IE: EV INC FD OF BOSTON A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2525

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES STRTGC INC A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101570

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS HI YLD OPFR A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 970

a Name of MTIA, CCT, PSA, or 103-12 IE: OPP LTD TRM GOVT A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28226

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO LOW DUR A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91864

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TLT RTN A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONR STRAT INC A		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO.		
c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 236630

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD INTM--TRM USTRS IS**
b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE CO.**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81359
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NW MNY MKT INST**
b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE CO.**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 427530
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AMCENT SM CO ADV**
b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE CO.**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WF ADVTG SM CO VAL A**
b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE CO.**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JNSADVPRKNS MDCAP VAL S**
b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE CO.**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NEU BER REGENCY FD TRUST**
b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE CO.**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BLKRK GOVT INC INV A**
b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE CO.**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BLKRK HLTH SCNC OPP INV A**
b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE CO.**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NW SMCAP INDX A**
b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE CO.**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DAVIS OPFR A**
b Name of sponsor of entity listed in (a): **NATIONWIDE LIFE INSURANCE CO.**

c EIN-PN 31-4156830-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
---------------------------------------	-------------------------------	--

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>LEARFIELD COMMUNICATIONS, INC. 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LEARFIELD COMMUNICATIONS, INC.</u>	D Employer Identification Number (EIN) <u>43-0998586</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	3070	3070
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	49607	
(2) Participant contributions	1b(2)	89134	105803
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	7709608	11562397
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	75852	75913
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7927271	11747183

Liabilities

g Benefit claims payable	1g	4270	
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4270	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7923001	11747183
---	-----------	---------	----------

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)		
(B) Participants	2a(1)(B)	1335104	
(C) Others (including rollovers)	2a(1)(C)	41885	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1376989
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2568412
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3945401

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	121219	
(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)		121219
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		121219

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3824182
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: SEAVER AND FORCK, CPA

(2) EIN: 26-1136632

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>LEARFIELD COMMUNICATIONS, INC. 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LEARFIELD COMMUNICATIONS, INC.</u>	D Employer Identification Number (EIN) <u>43-0998586</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>31-4156830</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):

REPORT OF
LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN

December 31, 2009 and 2008

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Seaver & Forck, CPA's
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Fax 573-636-3304

Member of
American Institute of
Certified Public Accountants
Missouri Society of
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Plan Committee
Learfield Communications, Inc.
Employee Profit Sharing Plan
Jefferson City, Missouri

We have audited the accompanying financial statements of Learfield Communications, Inc. Employee Profit Sharing Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009 and 2008 as listed in the accompanying index. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

Except as discussed in the following paragraph, we conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

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 7, which was certified by Nationwide Financial, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. 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.

In our opinion, except for the effects of such adjustments, if any, as might have been determined to be necessary had we performed procedures with respect to the information summarized in Note 7, the financial statements referred to above present fairly, in all material respects, the financial status of Learfield Communications, Inc. Employee Profit Sharing Plan as of December 31, 2009 and 2008, and the changes in its financial status for the years ended December 31, 2009 and 2008, in conformity with accounting principles generally accepted in the United States of America.

INDEPENDENT AUDITORS' REPORT (Cont.)

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules listed in the accompanying index are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, except for the effects on the Schedule of Assets Held for Investment Purposes and the Schedule of Reportable Transactions of such adjustments, if any, as might have been determined to be necessary had we performed procedures with respect to the information summarized in Note 7 as described in the second preceding paragraph, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Seaver & Forck, CPA's

Seaver & Forck, CPA's
October 11, 2010

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Cash	\$ 3,070	\$ 3,070
Investments:		
Fair Value of Investments in Registered Investment Companies	11,562,397	7,709,608
Fair Value of Funds Held in Insurance Co. General Account	75,913	75,852
Receivables:		
Participant Contributions	105,803	49,607
Employer Contributions	<u>-</u>	<u>89,134</u>
TOTAL TRUST ASSETS	<u>\$ 11,747,183</u>	<u>\$ 7,927,271</u>
Liabilities:		
Benefits Payable	\$ -	\$ 4,270
Overpayment of Match Contributions	<u>-</u>	<u>-</u>
TOTAL TRUST LIABILITIES	<u>\$ -</u>	<u>\$ 4,270</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 11,747,183</u></u>	<u><u>\$ 7,923,001</u></u>

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

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Additions to Net Assets Attributed to:		
Net Appreciation in Fair Value of Investments	\$ 2,568,412	\$ (4,036,573)
Employer Contributions	-	728,577
Participant Contributions	1,335,104	1,356,228
Others Including Rollovers	41,885	68,705
Interest Bearing Cash	-	599
	<u>3,945,401</u>	<u>(1,882,464)</u>
 Deductions from Net Assets Attributed to:		
Benefits Paid to Trustee	-	-
Benefits Paid to Participants	<u>121,219</u>	<u>266,532</u>
	<u>121,219</u>	<u>266,532</u>
 Total Deductions		
	<u>121,219</u>	<u>266,532</u>
 NET INCREASE	 3,824,182	 (2,148,996)
 Net Assets Available for Benefits, Beginning of Year	 <u>7,923,001</u>	 <u>10,071,997</u>
 Net Assets Available for Benefits, End of Year	 <u>\$ 11,747,183</u>	 <u>\$ 7,923,001</u>

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

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 1. DESCRIPTION OF THE PLAN:

The following description of the Learfield Communications, Inc. Employee Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Learfield Communications, Inc. (Company), except those employees whose employment is governed by a collective bargaining agreement, and are twenty-one years of age or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants are permitted to enter the plan on the first day of the month coinciding with or next following their fulfillment of the eligibility requirements.

Contributions

Participants may defer up to \$15,500 of their eligible compensation to the plan.

Matching contributions into the Learfield Communications, Inc. Employee Stock Ownership Plan are determined annually at the discretion of the Company's Board of Directors. In 2009, there was no matching contribution.

Allocation of investment income

Most plan assets are held in self-directed investment accounts where the individual participants' accounts are credited with the earning of their self-directed investment accounts during the year. The remaining assets are held in unallocated accounts. Plan earnings are allocated to participant accounts based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Employees vest in employer contributions as follows:

<u>Years of Vesting Service</u>	<u>Vesting</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 1. DESCRIPTION OF THE PLAN (cont'd.):

Distributions to participants

Distributions to plan participants are available upon death, disability, or retirement. If the participant is married on the date benefits are to begin, he will receive a joint and 50% survivor annuity, unless otherwise elected. If the participant is not married, he will automatically receive a life annuity, unless otherwise elected. If a participant elects not to take a joint and survivor annuity or life annuity, one of the following methods of payment may be elected: (1) a single lump-sum payment; (2) the purchase of a different form of annuity; or (3) installments over a period of not more than your assumed life expectancy.

Administrative expenses

All of the Plan's administrative expenses are paid by the Plan sponsor, Learfield Communications, Inc.

NOTE 2. SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

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

Valuation of investments

The Plan's investments are stated at aggregate fair values that are determined by quoted market price as of the last day of the Plan year.

Estimates

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

Payment of benefits

Benefits are recorded when paid. This differs from the reporting on Schedule H of Form 5500, which shows unpaid benefits for separated employees as a liability.

NOTE 3. PLAN TERMINATION:

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

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 4. PROFIT SHARING TRUST:

The Company serves as trustee for the Plan. The Plan has a contract with Estate and Pension Services, Inc. to provide professional and administrative services. The agreement provides for the investment of contributions as designated by each participant in American Funds mutual funds. American Funds also maintains the individual participants' accounts, including cash transactions, and provides records of balances and transactions quarterly to the plan administrator. Certain unallocated funds are held by Central Bank. The earnings on these funds are allocated to participant accounts based on account balances on an annual basis.

NOTE 5. TAX STATUS:

The Plan obtained its latest determination letter in March 1995, 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 (IRC). The plan has been amended since receiving the determination letter. However, the plan administrator and the plans tax counsel believe the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code (IRC).

NOTE 6. ACCOUNTS OF INDIVIDUALS WHO HAVE WITHDRAWN:

Net assets available for benefits at December 31, 2009 and 2008 include \$38,397 and \$399,612 allocated to the accounts of individuals who, as of or prior to that date, had withdrawn from participating in the earnings and operations of the Plan, generally as a result of terminating employment.

NOTE 7. FORFEITED NON VESTED AMOUNTS AVAILABLE:

Net assets available for benefits at December 31, include the following amounts that represent unallocated forfeited amounts available to reduce future employer contributions:

2009.....26,385

2008.....24,489

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 8. FAIR VALUE MEASUREMENTS:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. 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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Fair Value Measurements at
Reporting Date Using:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)
<u>December 31, 2009</u>		
Mutual Funds	\$ 11,562,397	\$ 1,873,690
Total	<u>\$ 11,562,397</u>	<u>\$ 11,562,397</u>
 <u>December 31, 2008</u>		
Mutual Funds	\$ 7,709,608	\$ 7,709,608
Total	<u>\$ 7,709,608</u>	<u>\$ 7,709,608</u>

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, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, 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. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair values of mutual funds are generally obtained from a file feed from the National Securities Clearing Corporation, and/or directly from the fund house, or a secondary pricing source, such as Interactive Data Corporation.

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 9. INVESTMENT ACTIVITIES:

The following table presents the fair values of investments, as determined by quoted market prices, at December 31, 2009 and 2008 respectively:

Investments in registered investment companies

	2009		2008	
Advisorone Amerigo Fd N	2,513,857	*	1,621,553	*
Advisorone Clermont Fd N	1,139,824	*	794,371	*
Advone Berolina	852,262	*	526,636	*
Advone Descartes	458,744		299,766	
Advone Liahona	607,590	*	389,773	*
Alber Smmdep Val Fd Cls A	15,238		8,323	
Am Cent Smallcompany Fd Ac	-		14,942	
Am Cent Value A	78,032		124,141	
AM High Income Trust	3,252		84,228	
Amcap Fund classr5 Shares	64,789		48,819	
American Balance Class 5	268,050		291,317	
American Mutual Fd Cls R5	120,452		5,824	
American Funds New World	44,905		-	
American Funds High Income	126,389		-	
American Funds Income Fund	2,673		-	
American Funds Am R6	223,364		-	
AveMaria Ris Divd	3,271		-	
Blkrk Govt Inc Port Inv	55,560		6,356	
Blkrk Hlth Senc Opp Inv A	-		1,138	
Blkrk Intl Opp Port Inv A	108,290		73,410	
Baron Group	3,283		-	
Capital Inc Blder Cls R5	14,700		11,197	
Capital World Blder	29,671		20,647	
Capital World Gr & Inc R5	272,977		175,469	
Davis Opportunity Fd A	-		7,998	
Dryden GI Realest A	48,717		31,607	
Dws Drm hi Trn Eq A	252,886		162,779	
DWS Hi Inc Inst	111,046		76,291	
Eaton Vance floating-Rate A	31,583		21,260	
Europacific Growth Fd R5	325,470		233,507	
Ev Inc Fund of Boston CI A	2,525		1,362	
Ev Ww Health Sciences Fd A	9,023		8,727	
EV Large Cap Value A	41,932		-	

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 and 2008

NOTE 9. INVESTMENT ACTIVITIES (cont'd):

	2009	2008
Frank Smlmid Cap Grth fd A	14,862	9,213
Franklin Balsheet Inv Fd A	19,217	12,091
Fundamntal Invstor Cls R5	284,137	146,168
Growth Fund Of America R5	498,022	470,448 *
H&W Lrg Cap Value Fd Cls A	14,167	94,539
Harbor Internatl Fd Inv Cl	241,186	156,227
Investmentco Of Amer R5	33,705	25,066
Ivy Asset Strategy	27,364	18,542
Ivy Small Cap Grth Fd Cl Y	58,555	22,094
Ivy Mid Cap Grth Fd Cl Y	67,956	20,504
Janus Adv Mdcap Val	-	84
Jensen 20/20 Focus	456	117
Jensen Utility Fund	47,393	34,963
Jensen Nat Resources Fd A	45,277	20,580
JPM Small Cap Eqty	22,933	43
Loomis Sayles Strtgc Inc A	101,570	65,029
MFS High Yield Oppor	970	161
Nationwide Money Market	427,530	314,215
Nationwide Small Cap Index	-	30,792
Neu Ber Regency Fd Trust	-	59,489
New Perspective Fd Cls R5	77,898	51,839
New World Fund Class R5	62,110	63,705
Opp Global Fnd Cls A	62,863	40,304
Opp Main St Small Cap Fd A	41,579	26,538
Oppenheimer Equity Fund A	6,084	7,156
Oppnhmr Devl Mkts Fd A	179,485	92,925
Oppnhmr Intl Bons Fd A	179,026	146,149
Oppnhmr Ltd Term Govt Fd A	28,226	93,911
Pimco Ttl Ret Fnd	130	50
Pimco Low Dur A	91,864	-
Pioneer Strategic Income A	236,630	161,419
Pioneer Mid Cap Val A	95,658	-
Rydex Ser Nova Fd Ac	7,486	4,423
Smallcap World Fd Cls R5	136,244	88,929
Ssga S&P 500 Flg Shp	47,000	30,232
Ssga S&P MD Cap	3,071	2,232
Ssgarssl 2000 Indx non-Lndg	4,474	3,265

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 and 2008

NOTE 9. INVESTMENT ACTIVITIES (cont'd):

	<u>2009</u>	<u>2008</u>
T Rowe Pr Gr Stk Fnd R Shs	16,798	8,898
Temp Foreign Fnd Cls A	13,011	8,559
The Bd Fnd Of America R5	65,047	82,974
The New Economy Fd Cls R5	60,094	34,636
Thornburg Intl Val Fd	276	83
Perkins Mid Cap Value S	276	-
Vanguard SMCP GRTH	429	118
Vanguard Intm-Term US Treas	81,359	-
Van Kampen Equity & Inc A	96,899	68,623
Vankamp Growth & Inc Fd A	68,951	48,406
Vankamp Small Cap	20,587	-
Victory Port Div Stk Fd	25,492	16,093
Wash Mutual Investors R5	91,905	68,234
WFAF Common Stock Fund Cl A	13,521	-
Wf Advtg Sm Co Cls A	13,658	18,111
	<u>11,567,804</u>	<u>7,709,618</u>

* Investments that represent 5 percent or more of the plan's net assets.

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
EIN: 43-0998586, PLAN NUMBER 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value	
	Advisorone Amerigo Fd N	Registered Investment Company		2,513,857	*
	Advisorone Clermont Fd N	Registered Investment Company		1,139,824	*
	Advone Berolina	Registered Investment Company		852,262	*
	Advone Descartes	Registered Investment Company		458,744	
	Advone Liahona	Registered Investment Company		607,590	*
	Alber Smmdep Val Fd Cls A	Registered Investment Company		15,238	
	Am Cent Smallcompany Fd Ac	Registered Investment Company		-	
	Am Cent Value A	Registered Investment Company		78,032	
	AM High Income Trust	Registered Investment Company		3,252	
	Amcap Fund classr5 Shares	Registered Investment Company		64,789	
	American Balance Class 5	Registered Investment Company		268,050	
	American Mutual Fd Cls R5	Registered Investment Company		120,452	
	American Funds New World	Registered Investment Company		44,905	
	American Funds High Income	Registered Investment Company		126,389	
	American Funds Income Fund	Registered Investment Company		2,673	
	American Funds Am R6	Registered Investment Company		223,364	
	AveMaria Ris Divd	Registered Investment Company		3,271	
	Blkrk Govt Inc Port Inv	Registered Investment Company		55,560	
	Blkrk Hlth Scnc Opp Inv A	Registered Investment Company		-	
	Blkrk Intl Opp Port Inv A	Registered Investment Company		108,290	
	Baron Group	Registered Investment Company		3,283	
	Capital Inc Blder Cls R5	Registered Investment Company		14,700	
	Capital World Blder	Registered Investment Company		29,671	
	Capital World Gr & Inc R5	Registered Investment Company		272,977	
	Davis Opportunity Fd A	Registered Investment Company		-	
	Dryden GI Realest A	Registered Investment Company		48,717	
	Dws Drm hi Trn Eq A	Registered Investment Company		252,886	
	DWS Hi Inc Inst	Registered Investment Company		111,046	
	Eaton Vance floating-Rate A	Registered Investment Company		31,583	
	Europacific Growth Fd R5	Registered Investment Company		325,470	
	Ev Inc Fund of Boston CI A	Registered Investment Company		2,525	
	Ev Ww Health Sciences Fd A	Registered Investment Company		9,023	
	EV Large Cap Value A	Registered Investment Company		41,932	

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
EIN: 43-0998586, PLAN NUMBER 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Frank Smlmid Cap Grth fd A	Registered Investment Company		14,862
	Franklin Balsheet Inv Fd A	Registered Investment Company		19,217
	Fundamntal Invstor Cls R5	Registered Investment Company		284,137
	Growth Fund Of America R5	Registered Investment Company		498,022
	H&W Lrg Cap Value Fd Cls A	Registered Investment Company		14,167
	Harbor Internatl Fd Inv Cl	Registered Investment Company		241,186
	Investmentco Of Amer R5	Registered Investment Company		33,705
	Ivy Asset Strategy	Registered Investment Company		27,364
	Ivy Small Cap Grth Fd Cl Y	Registered Investment Company		58,555
	Ivy Mid Cap Grth Fd Cl Y	Registered Investment Company		67,956
	Janus Adv Mdcap Val	Registered Investment Company		-
	Jensen 20/20 Focus	Registered Investment Company		456
	Jensen Utility Fund	Registered Investment Company		47,393
	Jensen Nat Resources Fd A	Registered Investment Company		45,277
	JPM Small Cap Eqty	Registered Investment Company		22,933
	Loomis Sayles Strtgc Inc A	Registered Investment Company		101,570
	MFS High Yield Oppor	Registered Investment Company		970
	Nationwide Money Market	Registered Investment Company		427,530
	Nationwide Small Cap Index	Registered Investment Company		-
	Neu Ber Regency Fd Trust	Registered Investment Company		-
	New Perspective Fd Cls R5	Registered Investment Company		77,898
	New World Fund Class R5	Registered Investment Company		62,110
	Opp Global Fnd Cls A	Registered Investment Company		62,863
	Opp Main St Small Cap Fd A	Registered Investment Company		41,579
	Oppenheimer Equity Fund A	Registered Investment Company		6,084
	Oppnhmr Devl Markts Fd A	Registered Investment Company		179,485
	Oppnhmr Intl Bons Fd A	Registered Investment Company		179,026
	Oppnhmr Ltd Term Govt Fd A	Registered Investment Company		28,226
	Pimco Ttl Ret Fnd	Registered Investment Company		130
	Pimco Low Dur A	Registered Investment Company		91,864
	Pioneer Strategic Income A	Registered Investment Company		236,630
	Pioneer Mid Cap Val A	Registered Investment Company		95,658
	Rydex Ser Nova Fd Ac	Registered Investment Company		7,486
	Smallcap World Fd Cls R5	Registered Investment Company		136,244
	Ssga S&P500 Flg Shp	Registered Investment Company		47,000
	Ssga S&P MD Cap	Registered Investment Company		3,071
	Ssgarssll 2000 Indx non-Lndg	Registered Investment Company		4,474

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
EIN: 43-0998586, PLAN NUMBER 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	T Rowe Pr Gr Stk Fnd R Shs	Registered Investment Company		16,798
	Temp Foreign Fnd Cls A	Registered Investment Company		13,011
	The Bd Fnd Of America R5	Registered Investment Company		65,047
	The New Economy Fd Cls R5	Registered Investment Company		60,094
	Thornburg Intl Val Fd	Registered Investment Company		276
	Perkins Mid Cap Value S	Registered Investment Company		276
	Vanguard SMCP GRTH	Registered Investment Company		429
	Vanguard Intm-Term US Treas	Registered Investment Company		81,359
	Van Kampen Equity & Inc A	Registered Investment Company		96,899
	Vankamp Growth & Inc Fd A	Registered Investment Company		68,951
	Vankamp Small Cap	Registered Investment Company		20,587
	Victory Port Div Stk Fd	Registered Investment Company		25,492
	Wash Mutual Investors R5	Registered Investment Company		91,905
	WFAF Common Stock Fund Cl A	Registered Investment Company		13,521
	Wf Advtg Sm Co Cls A	Registered Investment Company		13,658
				11,563,786

* Investments that represent 5 percent or more of the plan's net assets.

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
EIN: 43-0998586, PLAN NUMBER 001

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2009

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or Loss

"No reportable transactions."

REPORT OF
LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN

December 31, 2009 and 2008

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Missouri Society of
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Plan Committee
Learfield Communications, Inc.
Employee Profit Sharing Plan
Jefferson City, Missouri

We have audited the accompanying financial statements of Learfield Communications, Inc. Employee Profit Sharing Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009 and 2008 as listed in the accompanying index. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

Except as discussed in the following paragraph, we conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

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 7, which was certified by Nationwide Financial, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. 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.

In our opinion, except for the effects of such adjustments, if any, as might have been determined to be necessary had we performed procedures with respect to the information summarized in Note 7, the financial statements referred to above present fairly, in all material respects, the financial status of Learfield Communications, Inc. Employee Profit Sharing Plan as of December 31, 2009 and 2008, and the changes in its financial status for the years ended December 31, 2009 and 2008, in conformity with accounting principles generally accepted in the United States of America.

INDEPENDENT AUDITORS' REPORT (Cont.)

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules listed in the accompanying index are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, except for the effects on the Schedule of Assets Held for Investment Purposes and the Schedule of Reportable Transactions of such adjustments, if any, as might have been determined to be necessary had we performed procedures with respect to the information summarized in Note 7 as described in the second preceding paragraph, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Seaver & Forck, CPA's

Seaver & Forck, CPA's
October 11, 2010

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Cash	\$ 3,070	\$ 3,070
Investments:		
Fair Value of Investments in Registered Investment Companies	11,562,397	7,709,608
Fair Value of Funds Held in Insurance Co. General Account	75,913	75,852
Receivables:		
Participant Contributions	105,803	49,607
Employer Contributions	<u>-</u>	<u>89,134</u>
TOTAL TRUST ASSETS	<u>\$ 11,747,183</u>	<u>\$ 7,927,271</u>
Liabilities:		
Benefits Payable	\$ -	\$ 4,270
Overpayment of Match Contributions	<u>-</u>	<u>-</u>
TOTAL TRUST LIABILITIES	<u>\$ -</u>	<u>\$ 4,270</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 11,747,183</u></u>	<u><u>\$ 7,923,001</u></u>

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

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Additions to Net Assets Attributed to:		
Net Appreciation in Fair Value of Investments	\$ 2,568,412	\$ (4,036,573)
Employer Contributions	-	728,577
Participant Contributions	1,335,104	1,356,228
Others Including Rollovers	41,885	68,705
Interest Bearing Cash	-	599
	<u>3,945,401</u>	<u>(1,882,464)</u>
 Deductions from Net Assets Attributed to:		
Benefits Paid to Trustee	-	-
Benefits Paid to Participants	<u>121,219</u>	<u>266,532</u>
	<u>121,219</u>	<u>266,532</u>
 Total Deductions		
	<u>121,219</u>	<u>266,532</u>
 NET INCREASE	 3,824,182	 (2,148,996)
 Net Assets Available for Benefits, Beginning of Year	 <u>7,923,001</u>	 <u>10,071,997</u>
 Net Assets Available for Benefits, End of Year	 <u>\$ 11,747,183</u>	 <u>\$ 7,923,001</u>

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

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 1. DESCRIPTION OF THE PLAN:

The following description of the Learfield Communications, Inc. Employee Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Learfield Communications, Inc. (Company), except those employees whose employment is governed by a collective bargaining agreement, and are twenty-one years of age or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants are permitted to enter the plan on the first day of the month coinciding with or next following their fulfillment of the eligibility requirements.

Contributions

Participants may defer up to \$15,500 of their eligible compensation to the plan.

Matching contributions into the Learfield Communications, Inc. Employee Stock Ownership Plan are determined annually at the discretion of the Company's Board of Directors. In 2009, there was no matching contribution.

Allocation of investment income

Most plan assets are held in self-directed investment accounts where the individual participants' accounts are credited with the earning of their self-directed investment accounts during the year. The remaining assets are held in unallocated accounts. Plan earnings are allocated to participant accounts based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Employees vest in employer contributions as follows:

<u>Years of Vesting Service</u>	<u>Vesting</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 1. DESCRIPTION OF THE PLAN (cont'd.):

Distributions to participants

Distributions to plan participants are available upon death, disability, or retirement. If the participant is married on the date benefits are to begin, he will receive a joint and 50% survivor annuity, unless otherwise elected. If the participant is not married, he will automatically receive a life annuity, unless otherwise elected. If a participant elects not to take a joint and survivor annuity or life annuity, one of the following methods of payment may be elected: (1) a single lump-sum payment; (2) the purchase of a different form of annuity; or (3) installments over a period of not more than your assumed life expectancy.

Administrative expenses

All of the Plan's administrative expenses are paid by the Plan sponsor, Learfield Communications, Inc.

NOTE 2. SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

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

Valuation of investments

The Plan's investments are stated at aggregate fair values that are determined by quoted market price as of the last day of the Plan year.

Estimates

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

Payment of benefits

Benefits are recorded when paid. This differs from the reporting on Schedule H of Form 5500, which shows unpaid benefits for separated employees as a liability.

NOTE 3. PLAN TERMINATION:

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

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 4. PROFIT SHARING TRUST:

The Company serves as trustee for the Plan. The Plan has a contract with Estate and Pension Services, Inc. to provide professional and administrative services. The agreement provides for the investment of contributions as designated by each participant in American Funds mutual funds. American Funds also maintains the individual participants' accounts, including cash transactions, and provides records of balances and transactions quarterly to the plan administrator. Certain unallocated funds are held by Central Bank. The earnings on these funds are allocated to participant accounts based on account balances on an annual basis.

NOTE 5. TAX STATUS:

The Plan obtained its latest determination letter in March 1995, 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 (IRC). The plan has been amended since receiving the determination letter. However, the plan administrator and the plans tax counsel believe the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code (IRC).

NOTE 6. ACCOUNTS OF INDIVIDUALS WHO HAVE WITHDRAWN:

Net assets available for benefits at December 31, 2009 and 2008 include \$38,397 and \$399,612 allocated to the accounts of individuals who, as of or prior to that date, had withdrawn from participating in the earnings and operations of the Plan, generally as a result of terminating employment.

NOTE 7. FORFEITED NON VESTED AMOUNTS AVAILABLE:

Net assets available for benefits at December 31, include the following amounts that represent unallocated forfeited amounts available to reduce future employer contributions:

2009.....26,385

2008.....24,489

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 8. FAIR VALUE MEASUREMENTS:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. 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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Fair Value Measurements at
Reporting Date Using:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)
<u>December 31, 2009</u>		
Mutual Funds	\$ 11,562,397	\$ 1,873,690
Total	<u>\$ 11,562,397</u>	<u>\$ 11,562,397</u>
 <u>December 31, 2008</u>		
Mutual Funds	\$ 7,709,608	\$ 7,709,608
Total	<u>\$ 7,709,608</u>	<u>\$ 7,709,608</u>

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, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, 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. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair values of mutual funds are generally obtained from a file feed from the National Securities Clearing Corporation, and/or directly from the fund house, or a secondary pricing source, such as Interactive Data Corporation.

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 9. INVESTMENT ACTIVITIES:

The following table presents the fair values of investments, as determined by quoted market prices, at December 31, 2009 and 2008 respectively:

Investments in registered investment companies

	2009		2008	
Advisorone Amerigo Fd N	2,513,857	*	1,621,553	*
Advisorone Clermont Fd N	1,139,824	*	794,371	*
Advone Berolina	852,262	*	526,636	*
Advone Descartes	458,744		299,766	
Advone Liahona	607,590	*	389,773	*
Alber Smmdep Val Fd Cls A	15,238		8,323	
Am Cent Smallcompany Fd Ac	-		14,942	
Am Cent Value A	78,032		124,141	
AM High Income Trust	3,252		84,228	
Amcap Fund classr5 Shares	64,789		48,819	
American Balance Class 5	268,050		291,317	
American Mutual Fd Cls R5	120,452		5,824	
American Funds New World	44,905		-	
American Funds High Income	126,389		-	
American Funds Income Fund	2,673		-	
American Funds Am R6	223,364		-	
AveMaria Ris Divd	3,271		-	
Blkrk Govt Inc Port Inv	55,560		6,356	
Blkrk Hlth Senc Opp Inv A	-		1,138	
Blkrk Intl Opp Port Inv A	108,290		73,410	
Baron Group	3,283		-	
Capital Inc Blder Cls R5	14,700		11,197	
Capital World Blder	29,671		20,647	
Capital World Gr & Inc R5	272,977		175,469	
Davis Opportunity Fd A	-		7,998	
Dryden GI Realest A	48,717		31,607	
Dws Drm hi Trn Eq A	252,886		162,779	
DWS Hi Inc Inst	111,046		76,291	
Eaton Vance floating-Rate A	31,583		21,260	
Europacific Growth Fd R5	325,470		233,507	
Ev Inc Fund of Boston CI A	2,525		1,362	
Ev Ww Health Sciences Fd A	9,023		8,727	
EV Large Cap Value A	41,932		-	

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 and 2008

NOTE 9. INVESTMENT ACTIVITIES (cont'd):

	2009	2008
Frank Smlmid Cap Grth fd A	14,862	9,213
Franklin Balsheet Inv Fd A	19,217	12,091
Fundamntal Invstor Cls R5	284,137	146,168
Growth Fund Of America R5	498,022	470,448 *
H&W Lrg Cap Value Fd Cls A	14,167	94,539
Harbor Internatl Fd Inv Cl	241,186	156,227
Investmentco Of Amer R5	33,705	25,066
Ivy Asset Strategy	27,364	18,542
Ivy Small Cap Grth Fd Cl Y	58,555	22,094
Ivy Mid Cap Grth Fd Cl Y	67,956	20,504
Janus Adv Mdcap Val	-	84
Jensen 20/20 Focus	456	117
Jensen Utility Fund	47,393	34,963
Jensen Nat Resources Fd A	45,277	20,580
JPM Small Cap Eqty	22,933	43
Loomis Sayles Strtgc Inc A	101,570	65,029
MFS High Yield Oppor	970	161
Nationwide Money Market	427,530	314,215
Nationwide Small Cap Index	-	30,792
Neu Ber Regency Fd Trust	-	59,489
New Perspective Fd Cls R5	77,898	51,839
New World Fund Class R5	62,110	63,705
Opp Global Fnd Cls A	62,863	40,304
Opp Main St Small Cap Fd A	41,579	26,538
Oppenheimer Equity Fund A	6,084	7,156
Oppnhmr Devl Mkts Fd A	179,485	92,925
Oppnhmr Intl Bons Fd A	179,026	146,149
Oppnhmr Ltd Term Govt Fd A	28,226	93,911
Pimco Ttl Ret Fnd	130	50
Pimco Low Dur A	91,864	-
Pioneer Strategic Income A	236,630	161,419
Pioneer Mid Cap Val A	95,658	-
Rydex Ser Nova Fd Ac	7,486	4,423
Smallcap World Fd Cls R5	136,244	88,929
Ssga S&P 500 Flg Shp	47,000	30,232
Ssga S&P MD Cap	3,071	2,232
Ssgarssl 2000 Indx non-Lndg	4,474	3,265

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 and 2008

NOTE 9. INVESTMENT ACTIVITIES (cont'd):

	<u>2009</u>	<u>2008</u>
T Rowe Pr Gr Stk Fnd R Shs	16,798	8,898
Temp Foreign Fnd Cls A	13,011	8,559
The Bd Fnd Of America R5	65,047	82,974
The New Economy Fd Cls R5	60,094	34,636
Thornburg Intl Val Fd	276	83
Perkins Mid Cap Value S	276	-
Vanguard SMCP GRTH	429	118
Vanguard Intm-Term US Treas	81,359	-
Van Kampen Equity & Inc A	96,899	68,623
Vankamp Growth & Inc Fd A	68,951	48,406
Vankamp Small Cap	20,587	-
Victory Port Div Stk Fd	25,492	16,093
Wash Mutual Investors R5	91,905	68,234
WFAF Common Stock Fund Cl A	13,521	-
Wf Advtg Sm Co Cls A	13,658	18,111
	<u>11,567,804</u>	<u>7,709,618</u>

* Investments that represent 5 percent or more of the plan's net assets.

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
EIN: 43-0998586, PLAN NUMBER 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value	
	Advisorone Amerigo Fd N	Registered Investment Company		2,513,857	*
	Advisorone Clermont Fd N	Registered Investment Company		1,139,824	*
	Advone Berolina	Registered Investment Company		852,262	*
	Advone Descartes	Registered Investment Company		458,744	
	Advone Liahona	Registered Investment Company		607,590	*
	Alber Smmdep Val Fd Cls A	Registered Investment Company		15,238	
	Am Cent Smallcompany Fd Ac	Registered Investment Company		-	
	Am Cent Value A	Registered Investment Company		78,032	
	AM High Income Trust	Registered Investment Company		3,252	
	Amcap Fund classr5 Shares	Registered Investment Company		64,789	
	American Balance Class 5	Registered Investment Company		268,050	
	American Mutual Fd Cls R5	Registered Investment Company		120,452	
	American Funds New World	Registered Investment Company		44,905	
	American Funds High Income	Registered Investment Company		126,389	
	American Funds Income Fund	Registered Investment Company		2,673	
	American Funds Am R6	Registered Investment Company		223,364	
	AveMaria Ris Divd	Registered Investment Company		3,271	
	Blkrk Govt Inc Port Inv	Registered Investment Company		55,560	
	Blkrk Hlth Scnc Opp Inv A	Registered Investment Company		-	
	Blkrk Intl Opp Port Inv A	Registered Investment Company		108,290	
	Baron Group	Registered Investment Company		3,283	
	Capital Inc Blder Cls R5	Registered Investment Company		14,700	
	Capital World Blder	Registered Investment Company		29,671	
	Capital World Gr & Inc R5	Registered Investment Company		272,977	
	Davis Opportunity Fd A	Registered Investment Company		-	
	Dryden GI Realest A	Registered Investment Company		48,717	
	Dws Drm hi Trn Eq A	Registered Investment Company		252,886	
	DWS Hi Inc Inst	Registered Investment Company		111,046	
	Eaton Vance floating-Rate A	Registered Investment Company		31,583	
	Europacific Growth Fd R5	Registered Investment Company		325,470	
	Ev Inc Fund of Boston CI A	Registered Investment Company		2,525	
	Ev Ww Health Sciences Fd A	Registered Investment Company		9,023	
	EV Large Cap Value A	Registered Investment Company		41,932	

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
EIN: 43-0998586, PLAN NUMBER 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Frank Smlmid Cap Grth fd A	Registered Investment Company		14,862
	Franklin Balsheet Inv Fd A	Registered Investment Company		19,217
	Fundamntal Invstor Cls R5	Registered Investment Company		284,137
	Growth Fund Of America R5	Registered Investment Company		498,022
	H&W Lrg Cap Value Fd Cls A	Registered Investment Company		14,167
	Harbor Internatl Fd Inv Cl	Registered Investment Company		241,186
	Investmentco Of Amer R5	Registered Investment Company		33,705
	Ivy Asset Strategy	Registered Investment Company		27,364
	Ivy Small Cap Grth Fd Cl Y	Registered Investment Company		58,555
	Ivy Mid Cap Grth Fd Cl Y	Registered Investment Company		67,956
	Janus Adv Mdcap Val	Registered Investment Company		-
	Jensen 20/20 Focus	Registered Investment Company		456
	Jensen Utility Fund	Registered Investment Company		47,393
	Jensen Nat Resources Fd A	Registered Investment Company		45,277
	JPM Small Cap Eqty	Registered Investment Company		22,933
	Loomis Sayles Strtgc Inc A	Registered Investment Company		101,570
	MFS High Yield Oppor	Registered Investment Company		970
	Nationwide Money Market	Registered Investment Company		427,530
	Nationwide Small Cap Index	Registered Investment Company		-
	Neu Ber Regency Fd Trust	Registered Investment Company		-
	New Perspective Fd Cls R5	Registered Investment Company		77,898
	New World Fund Class R5	Registered Investment Company		62,110
	Opp Global Fnd Cls A	Registered Investment Company		62,863
	Opp Main St Small Cap Fd A	Registered Investment Company		41,579
	Oppenheimer Equity Fund A	Registered Investment Company		6,084
	Oppnhmr Devl Markts Fd A	Registered Investment Company		179,485
	Oppnhmr Intl Bons Fd A	Registered Investment Company		179,026
	Oppnhmr Ltd Term Govt Fd A	Registered Investment Company		28,226
	Pimco Ttl Ret Fnd	Registered Investment Company		130
	Pimco Low Dur A	Registered Investment Company		91,864
	Pioneer Strategic Income A	Registered Investment Company		236,630
	Pioneer Mid Cap Val A	Registered Investment Company		95,658
	Rydex Ser Nova Fd Ac	Registered Investment Company		7,486
	Smallcap World Fd Cls R5	Registered Investment Company		136,244
	Ssga S&P500 Flg Shp	Registered Investment Company		47,000
	Ssga S&P MD Cap	Registered Investment Company		3,071
	Ssgarssll 2000 Indx non-Lndg	Registered Investment Company		4,474

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
EIN: 43-0998586, PLAN NUMBER 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	T Rowe Pr Gr Stk Fnd R Shs	Registered Investment Company		16,798
	Temp Foreign Fnd Cls A	Registered Investment Company		13,011
	The Bd Fnd Of America R5	Registered Investment Company		65,047
	The New Economy Fd Cls R5	Registered Investment Company		60,094
	Thornburg Intl Val Fd	Registered Investment Company		276
	Perkins Mid Cap Value S	Registered Investment Company		276
	Vanguard SMCP GRTH	Registered Investment Company		429
	Vanguard Intm-Term US Treas	Registered Investment Company		81,359
	Van Kampen Equity & Inc A	Registered Investment Company		96,899
	Vankamp Growth & Inc Fd A	Registered Investment Company		68,951
	Vankamp Small Cap	Registered Investment Company		20,587
	Victory Port Div Stk Fd	Registered Investment Company		25,492
	Wash Mutual Investors R5	Registered Investment Company		91,905
	WFAF Common Stock Fund Cl A	Registered Investment Company		13,521
	Wf Advtg Sm Co Cls A	Registered Investment Company		13,658
				<u>11,563,786</u>
	* Investments that represent 5 percent or more of the plan's net assets.			

LEARFIELD COMMUNICATIONS, INC.
EMPLOYEE PROFIT SHARING PLAN
EIN: 43-0998586, PLAN NUMBER 001

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2009

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or Loss

"No reportable transactions."

Summary Annual Report

For LEARFIELD COMMUNICATIONS, INC. 401(K) RETIREMENT PLAN

This is a summary of the annual report for LEARFIELD COMMUNICATIONS, INC. 401(K) RETIREMENT PLAN, EIN 43-0998586, Plan No. 001, for period Thursday, January 01, 2009 through Thursday, December 31, 2009. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided through insurance and a trust fund. Plan expenses were \$121,219.00. These expenses included \$121,219.00 in benefits paid to participants and beneficiaries. A total of 360 persons were participants in or beneficiaries of the plan at the end of the plan year.

The value of plan assets, after subtracting liabilities of the plan, was \$11,747,183.00 as of Thursday, December 31, 2009, compared to \$7,923,001.00 as of Thursday, January 01, 2009. During the plan year the plan experienced an increase in its net assets of \$3,824,182.00. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$3,945,401.00, including employee contributions of \$1,335,104.00, earnings from investments of \$2,568,412.00, and other income of \$41,885.00.

The plan has a contract with NATIONWIDE LIFE INSURANCE COMPANY. The total premiums paid for the plan year ending Thursday, December 31, 2009 were \$0.00.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. an accountant's report;
2. financial information;
3. information on payments to service providers;
4. assets held for investment;
5. fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan);
6. insurance information, including sales commissions paid by insurance carriers; and
7. information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of LEARFIELD COMMUNICATIONS, INC. in care of CLYDE LEAR who is Trustee at 505 HOBBS ROAD, JEFFERSON CITY, MO 65109 (573) 893-7200. The charge to cover copying costs will be \$1.00 per page.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (LEARFIELD COMMUNICATIONS, INC., 505 HOBBS ROAD, JEFFERSON CITY, MO 65109) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.