

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), 6057(b), 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
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
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 <u>RADIANT RESEARCH, INC. 401(K) PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>06/01/2006</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>RADIANT RESEARCH, INC.</u> <u>11500 NORTHLAKE DR.</u> <u>SUITE 320</u> <u>CINCINNATI, OH 45249</u>	2b Employer Identification Number (EIN) <u>20-4642154</u> 2c Sponsor's telephone number <u>513-247-5558</u> 2d Business code (see instructions) <u>541990</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/09/2012</u>	<u>GERALD PFEIFER</u>
	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

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

Form 5500 (2011)
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3a Plan administrator's name and address (if same as plan sponsor, enter "Same") RADIANT RESEARCH, INC. 11500 NORTHLAKE DR. SUITE 320 CINCINNATI, OH 45249	3b Administrator's EIN 20-4642154 3c Administrator's telephone number 513-247-5558
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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	284
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	66
d Subtotal. Add lines 6a , 6b , and 6c	6d	350
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	351
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	277
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	4

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

2F 2G 2J 2K 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) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan RADIANT RESEARCH, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RADIANT RESEARCH, INC.	D Employer Identification Number (EIN) 20-4642154

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID.INV.INST.OPS.CO.

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37 60	RECORDKEEPER	26518	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN MID CAP VAL - STATE STREET 04-0025081	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EATON LG CAP VALUE A - BNY MELLON I P.O. BOX 9793 PROVIDENCE, RI 02940	0.50%

(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
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(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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="font-size: 1.5em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>RADIANT RESEARCH, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<div style="border: 1px solid black; padding: 2px; width: 50px; margin: 0 auto;">001</div>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RADIANT RESEARCH, INC.</u>	D Employer Identification Number (EIN) <u>20-4642154</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1319616	1346081
(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)	118177	125995
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7397918	7332620
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8835711	8804696

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	17156	985
k Total liabilities (add all amounts in lines 1g through 1j)	1k	17156	985

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8818555	8803711
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	880528	
(C) Others (including rollovers)	2a(1)(C)	23998	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		904526
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	134	
(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)	5659	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5793
(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)	209088	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		209088
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-412894
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		706513

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	690771	
(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)		690771
f Corrective distributions (see instructions)	2f		602
g Certain deemed distributions of participant loans (see instructions).....	2g		3030
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)	1	
(4) Other	2i(4)	26953	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		26954
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		721357

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-14844
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **RIPPE AND KINGSTON CO PSC**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>RADIANT RESEARCH, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RADIANT RESEARCH, INC.</u>	D Employer Identification Number (EIN) <u>20-4642154</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	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 or other authority 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. 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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RADIANT RESEARCH, INC. 401(k) PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

**DECEMBER 31, 2011 AND 2010 AND
FOR THE YEARS ENDED
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with**

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Schedule H, line 4i - Schedule of Assets (Held At
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To the 401(k) Committee
Radiant Research, Inc. 401(k) Plan

Independent Auditors' Report

We were engaged to audit the accompanying statement of net assets available for benefits of the Radiant Research, Inc. 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the years then ended, and the supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2011 and 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such 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 assets and executes transactions. The Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the information summarized in Notes 3 and 4 that was provided to the Plan Administrator by the trustee as of and for the years ended December 31, 2011 and 2010.

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

Rippe & Kingston LLP

August 7, 2012

RADIANT RESEARCH, INC. 401(k) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and 2010

ASSETS:	<u>2011</u>	<u>2010</u>
INVESTMENTS , at fair value	\$ 8,678,701	\$ 8,717,534
RECEIVABLES:		
Notes receivable from participants	<u>125,995</u>	<u>118,177</u>
Total assets	8,804,696	8,835,711
LIABILITIES:		
Excess contributions payable	<u>985</u>	<u>17,156</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 8,803,711</u></u>	<u><u>\$ 8,818,555</u></u>

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

RADIANT RESEARCH, INC. 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ADDITIONS:		
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Participant contributions	\$ 880,528	\$ 818,824
Participant rollovers	<u>23,998</u>	<u>24,116</u>
Total contributions	904,526	842,940
Investment income:		
Net appreciation in fair value of investments (see Note 4)	-	904,588
Dividends and interest	<u>209,222</u>	<u>100,558</u>
Total investment income	209,222	1,005,146
Interest income on notes receivable from participants	<u>5,659</u>	<u>6,101</u>
Total additions	1,119,407	1,854,187
DEDUCTIONS:		
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Net depreciation in fair value of investments (see Note 4)	412,894	-
Benefits paid to participants	694,403	570,078
Administrative expenses	<u>26,954</u>	<u>27,684</u>
Total deductions	<u>1,134,251</u>	<u>597,762</u>
Net increase (decrease) in net assets available for benefits	(14,844)	1,256,425
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>8,818,555</u>	<u>7,562,130</u>
End of year	<u><u>\$ 8,803,711</u></u>	<u><u>\$ 8,818,555</u></u>

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

RADIANT RESEARCH, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

1. **DESCRIPTION OF THE PLAN**

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

General - The Plan is a defined contribution plan established by Radiant Research, Inc. (the Company) under the provisions of Section 401(a) of the Internal Revenue Code (the IRC), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of Radiant Research, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was most recently amended in February 2010.

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

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

Contributions - Participants may contribute to the Plan through voluntary deferrals of earned compensation. Participants may elect to defer up to 60% of pre-tax eligible compensation, as defined by the Plan, subject to certain limitations under the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions, subject to certain limitations under the IRC. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Effective February 1, 2010, the Plan was amended to implement automatic enrollment. Absent a specific election otherwise, employees will be automatically enrolled in the Plan with a 3% deferral once they are eligible.

The Company may elect to make discretionary matching contributions. The Company has not elected to make any contributions for the years ended December 31, 2011 and 2010.

Participant Accounts - Each participant's account is credited with the participant's contributions and allocations of the Company's discretionary contribution (if any), Plan earnings and administrative expenses. Allocations are based on participant earnings or account balances, as defined. All amounts in participant accounts are participant directed.

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

RADIANT RESEARCH, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

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

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

Notes Receivable From Participants - A participant may borrow 50% of his or her vested account balance up to a maximum of \$50,000. The minimum loan amount is \$1,000. Loans are repayable through payroll deductions over a period ranging up to 5 years, unless the loan is used to acquire a principal residence, in which case the loan term may range up to 10 years. Loans are secured by the balance of the participant's account. The interest rate is determined by the Plan Administrator based on the prevailing market conditions and is fixed over the life of the loan. The interest rates on outstanding loans ranged from 4.25% to 8.75% at December 31, 2011 and 2010.

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

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

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

Forfeited Accounts - At December 31, 2011 and 2010, forfeited non-vested accounts totaled approximately zero and \$10,600, respectively. These accounts will be used to reduce future employer contributions and administrative fees.

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting and Use of Estimates - The accompanying financial statements of the Plan are prepared using the accrual method of accounting. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

RADIANT RESEARCH, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

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

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

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

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Subsequent Events - Subsequent events have been evaluated through August 7, 2012, the date the financial statements were available to be issued.

3. **INVESTMENTS**

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

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

	<u>2011</u>	<u>2010</u>
Mutual Funds:		
Fidelity Diversified International Fund, 19,294 and 18,756 shares, respectively	\$ 492,374	\$ 565,479
Fidelity Freedom 2020 Fund, 40,138 and 40,582 shares, respectively	526,607	559,622
Fidelity Growth Company Fund, 8,753 and 8,305 shares, respectively	708,066	690,600
Fidelity Contrafund, 9,029 and 7,692 shares, respectively	609,094	520,959
Fidelity Low Priced Stock Fund, 15,104 and 14,502 shares, respectively	539,658	556,580
Fidelity Retirement Money Market Portfolio, 1,346,081 and 1,319,616 shares, respectively	1,346,081	1,319,616

4. **INFORMATION CERTIFIED BY THE TRUSTEE**

The Plan's management has elected the method of compliance permitted by Section

RADIANT RESEARCH, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

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

2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under this provision of ERISA, certain information certified by a trust company need not be subjected to independent audits.

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

1. Fair value of investments and value of notes receivable from participants as of December 31, 2011 and 2010;
2. Investment income and interest income on notes receivable from participants earned for the years ended December 31, 2011 and 2010;
3. Investment transactions for the years ended December 31, 2011 and 2010.

5. **EXCESS CONTRIBUTIONS PAYABLE**

Excess contributions payable of \$985 and \$17,156 at December 31, 2011 and 2010, respectively, have been accrued to certain active participants to return excess deferral contributions and earnings as required to satisfy the relevant nondiscrimination provisions of the Plan.

6. **PLAN TERMINATION**

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

7. **TAX STATUS**

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination

RADIANT RESEARCH, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

7. **TAX STATUS** (Continued)

by the DOL. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

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

Certain Plan investments are shares of mutual funds managed by an affiliate of Fidelity. Fidelity is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for custodial and record keeping services amounted to \$26,954 and \$27,684 for the years ended December 31, 2011 and 2010, respectively.

9. **RISKS AND UNCERTAINTIES**

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

10. **FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

RADIANT RESEARCH, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

	<u>Assets at Fair Value at December 31, 2011</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Money market	\$1,346,081	\$ -	\$ -	\$1,346,081
Value	600,767	-	-	600,767
Blend	965,042	-	-	965,042
Growth	2,355,966	-	-	2,355,966
Global	632,272	-	-	632,272

RADIANT RESEARCH, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

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

<u>Assets at Fair Value at December 31, 2011 (Continued)</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Specialty	118,620	-	-	118,620
Bond	684,827	-	-	684,827
Balanced	91,890	-	-	91,890
Target date	<u>1,883,236</u>	<u>-</u>	<u>-</u>	<u>1,883,236</u>
	<u>\$8,678,701</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$8,678,701</u>

<u>Assets at Fair Value at December 31, 2010</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Money market	\$1,319,616	\$ -	\$ -	\$1,319,616
Value	597,145	-	-	597,145
Blend	1,089,237	-	-	1,089,237
Growth	2,325,286	-	-	2,325,286
Global	735,975	-	-	735,975
Specialty	109,202	-	-	109,202
Bond	531,720	-	-	531,720
Balanced	83,642	-	-	83,642
Target date	<u>1,925,711</u>	<u>-</u>	<u>-</u>	<u>1,925,711</u>
	<u>\$8,717,534</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$8,717,534</u>

SUPPLEMENTAL SCHEDULES

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

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

December 31, 2011

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Mutual Funds:			
	Artisan Mid Cap Value Fund	Mutual Fund	Participant Directed	\$ 36,063
	Eaton Large Cap Value Fund	Mutual Fund	Participant Directed	78,570
*	Fidelity Freedom 2000 Fund	Mutual Fund	Participant Directed	11,921
*	Fidelity Freedom 2010 Fund	Mutual Fund	Participant Directed	115,285
*	Fidelity Freedom 2015 Fund	Mutual Fund	Participant Directed	233,168
*	Fidelity Freedom 2020 Fund	Mutual Fund	Participant Directed	526,607
*	Fidelity Freedom 2025 Fund	Mutual Fund	Participant Directed	184,852
*	Fidelity Freedom 2030 Fund	Mutual Fund	Participant Directed	415,769
*	Fidelity Freedom 2035 Fund	Mutual Fund	Participant Directed	122,631
*	Fidelity Freedom 2040 Fund	Mutual Fund	Participant Directed	123,276
*	Fidelity Freedom 2045 Fund	Mutual Fund	Participant Directed	55,963
*	Fidelity Freedom 2050 Fund	Mutual Fund	Participant Directed	47,749
*	Fidelity Blue Chip Growth Fund	Mutual Fund	Participant Directed	239,329
*	Fidelity Capital Appreciation Fund	Mutual Fund	Participant Directed	2,388
*	Fidelity Contrafund	Mutual Fund	Participant Directed	609,094
*	Fidelity Diversified International Fund	Mutual Fund	Participant Directed	492,374
*	Fidelity Dividend Growth Fund	Mutual Fund	Participant Directed	164,649
*	Fidelity Fidelity Fund	Mutual Fund	Participant Directed	13,166
*	Fidelity Equity Income Fund	Mutual Fund	Participant Directed	171,879
*	Fidelity Export and Multinational Fund	Mutual Fund	Participant Directed	90,323
*	Fidelity Freedom Income Fund	Mutual Fund	Participant Directed	46,015
*	Fidelity Growth Company Fund	Mutual Fund	Participant Directed	708,066
*	Fidelity Growth Strategies Fund	Mutual Fund	Participant Directed	186,926
*	Fidelity Intermediate Bond Fund	Mutual Fund	Participant Directed	268,779
*	Fidelity Investment Grade Bond Fund	Mutual Fund	Participant Directed	335,437
*	Fidelity Low Priced Stock Fund	Mutual Fund	Participant Directed	539,658
*	Fidelity Mid Cap Stock Fund	Mutual Fund	Participant Directed	338,035
*	Fidelity OTC Portfolio Fund	Mutual Fund	Participant Directed	181,805
*	Fidelity Overseas Fund	Mutual Fund	Participant Directed	139,898
*	Fidelity Puritan Fund	Mutual Fund	Participant Directed	91,890
*	Fidelity Real Estate Investment Fund	Mutual Fund	Participant Directed	118,620
*	Fidelity Retirement Money Market Portfolio	Mutual Fund	Participant Directed	1,346,081
*	Fidelity Small-Cap Discovery Fund	Mutual Fund	Participant Directed	46,548
*	Fidelity Small-Cap Value Fund	Mutual Fund	Participant Directed	50,549
*	Fidelity Short-Term Bond Fund	Mutual Fund	Participant Directed	80,611

* Represents party-in-interest

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

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

December 31, 2011

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Mutual Funds (continued):			
*	Fidelity Value Fund	Mutual Fund	Participant Directed	263,706
*	Spartan Extended Market Index Fund	Mutual Fund	Participant Directed	2,090
*	Spartan Total Market Index Fund	Mutual Fund	Participant Directed	198,931
				8,678,701
*	Participant Loans	Interest rates ranging from 4.25% to 8.75%	Participant Directed	125,995
				\$ 8,804,696

* Represents party-in-interest

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

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

December 31, 2010

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Mutual Funds:			
	Artisan Mid Cap Value Fund	Mutual Fund	Participant Directed	3,396
	Eaton Large Cap Value Fund	Mutual Fund	Participant Directed	71,309
*	Fidelity Freedom 2000 Fund	Mutual Fund	Participant Directed	6,470
*	Fidelity Freedom 2010 Fund	Mutual Fund	Participant Directed	209,246
*	Fidelity Freedom 2015 Fund	Mutual Fund	Participant Directed	215,117
*	Fidelity Freedom 2020 Fund	Mutual Fund	Participant Directed	559,622
*	Fidelity Freedom 2025 Fund	Mutual Fund	Participant Directed	164,534
*	Fidelity Freedom 2030 Fund	Mutual Fund	Participant Directed	397,284
*	Fidelity Freedom 2035 Fund	Mutual Fund	Participant Directed	123,836
*	Fidelity Freedom 2040 Fund	Mutual Fund	Participant Directed	152,055
*	Fidelity Freedom 2045 Fund	Mutual Fund	Participant Directed	40,430
*	Fidelity Freedom 2050 Fund	Mutual Fund	Participant Directed	20,776
*	Fidelity Blue Chip Growth Fund	Mutual Fund	Participant Directed	209,396
*	Fidelity Capital Appreciation Fund	Mutual Fund	Participant Directed	2,453
*	Fidelity Contrafund	Mutual Fund	Participant Directed	520,959
*	Fidelity Diversified International Fund	Mutual Fund	Participant Directed	565,479
*	Fidelity Dividend Growth Fund	Mutual Fund	Participant Directed	196,018
*	Fidelity Fidelity Fund	Mutual Fund	Participant Directed	12,750
*	Fidelity Equity Income Fund	Mutual Fund	Participant Directed	242,498
*	Fidelity Export and Multinational Fund	Mutual Fund	Participant Directed	95,336
*	Fidelity Freedom Income Fund	Mutual Fund	Participant Directed	36,341
*	Fidelity Growth Company Fund	Mutual Fund	Participant Directed	690,600
*	Fidelity Growth Strategies Fund	Mutual Fund	Participant Directed	306,848
*	Fidelity Intermediate Bond Fund	Mutual Fund	Participant Directed	250,037
*	Fidelity Investment Grade Bond Fund	Mutual Fund	Participant Directed	204,314
*	Fidelity Low Priced Stock Fund	Mutual Fund	Participant Directed	556,580
*	Fidelity Mid Cap Stock Fund	Mutual Fund	Participant Directed	341,775
*	Fidelity OTC Portfolio Fund	Mutual Fund	Participant Directed	157,919
*	Fidelity Overseas Fund	Mutual Fund	Participant Directed	170,496
*	Fidelity Puritan Fund	Mutual Fund	Participant Directed	83,642
*	Fidelity Real Estate Investment Fund	Mutual Fund	Participant Directed	109,202
*	Fidelity Retirement Money Market Portfolio	Mutual Fund	Participant Directed	1,319,616
*	Fidelity Small-Cap Discovery Fund	Mutual Fund	Participant Directed	52,876
*	Fidelity Small-Cap Value Fund	Mutual Fund	Participant Directed	40,364
*	Fidelity Short-Term Bond Fund	Mutual Fund	Participant Directed	77,369

* Represents party-in-interest

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

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

December 31, 2010

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	Mutual Funds (continued):			
*	Fidelity Value Fund	Mutual Fund	Participant Directed	279,942
*	Spartan Extended Market Index Fund	Mutual Fund	Participant Directed	2,113
*	Spartan Total Market Index Fund	Mutual Fund	Participant Directed	228,536
				8,717,534
*	Participant Loans	Interest rates ranging from 4.25% to 8.75%	Participant Directed	118,177
				\$ 8,835,711

* Represents party-in-interest

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

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

December 31, 2011

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	Eaton Large Cap Value Fund	Mutual Fund	Participant Directed	78,570
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*	Fidelity Freedom 2010 Fund	Mutual Fund	Participant Directed	115,285
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*	Fidelity Small-Cap Discovery Fund	Mutual Fund	Participant Directed	46,548
*	Fidelity Small-Cap Value Fund	Mutual Fund	Participant Directed	50,549
*	Fidelity Short-Term Bond Fund	Mutual Fund	Participant Directed	80,611

* Represents party-in-interest

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*	Spartan Extended Market Index Fund	Mutual Fund	Participant Directed	2,090
*	Spartan Total Market Index Fund	Mutual Fund	Participant Directed	198,931
				8,678,701
*	Participant Loans	Interest rates ranging from 4.25% to 8.75%	Participant Directed	125,995
				\$ 8,804,696

* Represents party-in-interest