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

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
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
HUNT ENTERPRISES, INC.

10 RABRO DRIVE
HAUPPAUGE, NY 11788

2b Employer Identification Number (EIN) 11-2236013

2c Sponsor's telephone number 631-582-6665

2d Business code (see instructions) 551112

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.	10/11/2010	PETER K HUNT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	PETER K HUNT
	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")
HUNT ENTERPRISES, INC.

10 RABRO DRIVE
HAUPPAUGE, NY 11788

3b Administrator's EIN
11-2236013

3c Administrator's telephone number
631-582-6665

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

5	Total number of participants at the beginning of the plan year	**5**	424
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**	426
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	16
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	442
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	442
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	118
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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 3D 3H

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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

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

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

A Name of plan
HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
HUNT ENTERPRISES, INC.

D Employer Identification Number (EIN)
11-2236013

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.

1 Coverage Information:

(a) Name of insurance carrier
UNION CENTRAL LIFE INSURANCE COMPANY

(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
31-0472910	80837	E715361	118	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
7642	

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
PRICE RAFFEL AND BROWNE, INC
475 PARK AVE SOUTH
18TH FLOOR
NEW YORK, NY 10016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6114			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MARTIN P SHIMMEL
215 E 68TH STREET
APT 3A
NEW YORK, NY 10021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
764			3

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

HEATHER L ALEXANDER

1085 WARBURTON AVE.
APT 516
YONKERS, NY 10701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
764			3

(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	5091
5	Current value of plan's interest under this contract in separate accounts at year end	5	1768852

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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	2837
c	Additions: (1) Contributions deposited during the year	7c(1)	2356		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	118		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	2474
d	Total of balance and additions (add **b** and **c(6)**)			7d	5311
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	30		
	(3) Transferred to separate account	7e(3)	190		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	220
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	5091

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HUNT ENTERPRISES, INC.

D Employer Identification Number (EIN)
11-2236013

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

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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)

UNION CENTRAL LIFE INSURANCE COMPAN

31-0472910

(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	NONE	2121	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HUNT ENTERPRISES, INC.

D Employer Identification Number (EIN)
11-2236013

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: UCL MUTUAL FUND SEP ACCT LX

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-0472910-060	P	436910

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXI

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-0472910-061	P	194207

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-0472910-062	P	146511

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXIX

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-0472910-069	P	124118

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LIX

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-0472910-059	P	116564

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-0472910-023	P	83822

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLVII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-0472910-047	P	79403

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LV

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-055	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66379

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXVII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-067	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65168

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLIV

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-044	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64936

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-102	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63027

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XIV

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-025	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53190

a Name of MTIA, CCT, PSA, or 103-12 IE: SUMMIT SHORT TERM SEP ACCT

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-012	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48232

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XXI

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-037	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44408

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLII

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-042	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42278

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CIV

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-104	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33042

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXV

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-065	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30839

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LX

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-078	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30365

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XI

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-022	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27244

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XL

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-041	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18208

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT VI

b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE

c EIN-PN 31-0472910-014	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HUNT ENTERPRISES, INC.

D Employer Identification Number (EIN)
11-2236013

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)	170935	170247
(2) Participant contributions	1b(2)	5277	5759
(3) Other	1b(3)		139
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)	3688	21391
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	958754	1768852
(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)		5091
(15) Other	1c(15)	2821	

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	1141475	1971479
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1141475	1971479

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)	170247	
	(B) Participants	2a(1)(B)	370185	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		540432
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)	457	
	(F) Other	2b(1)(F)	118	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		575
	(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)		344322
(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		885329
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	52374	
(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)		52374
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)	2121	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	830	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2951
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		55325
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		830004
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: CORNICK, GARBER & SANDLER LLP (2) EIN: 13-2620561

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		150000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

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

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
HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HUNT ENTERPRISES, INC.

D Employer Identification Number (EIN)
11-2236013

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** 0

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): 31-0472910 26-1370418

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 of 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**

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):

---

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):

HUNT ENTERPRISES INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

Independent Auditors' Report

Hunt Enterprises Inc.
401(k) Profit Sharing Plan
Hauppauge, New York

We were engaged to audit the accompanying statements of net assets available for benefits of HUNT ENTERPRISES INC. 401(k) PROFIT SHARING PLAN as at December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and supplemental information provided in the schedule of assets held at end of year as at December 31, 2009. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-5 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 investment assets held by Union Central Life Insurance Company (Union Central), which was certified by Union Central, custodian of the Plan, except for comparing the information with the related information included in the 2009 and 2008 financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2009 and 2008 that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the Plan's 2009 and 2008 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental information as at December 31, 2009 and 2008 and for the year ended December 31, 2009. The form and content of the information included in the aforementioned financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with generally accepted auditing standards in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Cornick, Garber & Sandler, LLP
CERTIFIED PUBLIC ACCOUNTANTS

New York, New York
October 4, 2010

HUNT ENTERPRISES INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	As at December 31, 2009	2008
Investments at fair value:		
Union Central deposit account	**$ 5,091**	$ 2,821
Pooled separate accounts	**1,768,852**	958,754
Total investments	**1,773,943**	961,575
Receivables:		
Employer contributions	**170,247**	170,935
Employee contributions	**5,767**	5,277
Participant loans	**21,522**	3,688
NET ASSETS AVAILABLE FOR BENEFITS	**$ 1,971,479**	$ 1,141,475

The notes to financial statements are made a part hereof.

HUNT ENTERPRISES INC.
401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2009

Changes to net assets attributed to:		
Investment income:		
Net increase in fair value of investments in pooled separate accounts		$ 344,322
Interest from participant's loans		457
Other interest		118
Net investment income		344,897
Contributions:		
Employer	$ 170,247	
Participants	370,185	540,432
Benefits paid to participants	52,374	
Administrative expenses	2,951	(55,325)
NET INCREASE		830,004
Net assets available for benefits - January 1, 2009		1,141,475
NET ASSETS AVAILABLE FOR BENEFITS - DECEMBER 31, 2009		$ 1,971,479

The notes to financial statements are made a part hereof.

HUNT ENTERPRISES INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of Plan

General

The Plan was established effective January 1, 2006, as a defined contribution 401(k) plan that provides retirement benefits for all eligible employees of Hunt Enterprises Inc. and certain affiliated entities which are under common control ("Hunt") who have attained twenty-one years of age and have completed one year of service (1,000 hours as defined) prior to the entry dates of January 1, or July 1. The Plan, which was amended to conform with the provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001 ("EGTRRA"), is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Eligible participants may elect to contribute up to 100% of pretax annual compensation, as defined in the Plan, subject to the maximum allowable under the Internal Revenue Code. Annual employer profit sharing contributions to the Plan are discretionary and determined by Hunt. Hunt has elected to make a safe harbor matching contribution to automatically satisfy certain nondiscrimination tests required by the Internal Revenue Service. This contribution was made for each participant who made an elective deferral at any time during the Plan year. Hunt contributed a safe harbor match for each participant equal to the first 3% of the deferred percentage elected by them and 50% of the next 2% of the deferred percentage elected by them, applied to their respective compensation, limited to the actual participant deferrals. Hunt's safe harbor matching contributions are allocated to each participant based on the amount of their salary reduction contribution to the Plan. Hunt authorized and accrued a safe harbor matching contribution of $170,247 for the year ended December 31, 2009. Most administrative expenses of the Plan are paid by Hunt.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of Hunts' contribution and earnings thereon. The statement of net assets available for benefits at December 31, 2009 includes approximately $27,100 of accounts of vested participants who have terminated service or are no longer actively contributing to the Plan.

Vesting

Participants are immediately 100% vested in their voluntary contributions, Hunt's contributions, and the earnings thereon.

(Continued)

HUNT ENTERPRISES INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
-2-

NOTE A - Description of Plan (Continued)

Investment Options

All contributions to the Plan are participant directed. The Plan currently provides for investments in a guaranteed investment contract and in certain mutual funds, which are offered by Union Central Life Insurance Company, American Century Investments Inc., Summit Advisors, Inc., MFS Investment Management, Neuberger & Berman Management Inc., Marsico Capital Management, Inc., Oppenheimer Global Securities Fund, Franklin Templeton, Inc., T. Rowe Price Group, Inc., Royce & Associates, LLC, Alger American Funds, Corporate Cash Reserves, Royce Value Trust Inc., Calvert Capital Funds and Baron Funds. These investments offered through the Plan are held by and certified as to completeness and accuracy by Union Central, the custodian of the Plan.

Participant Loans

Participants may borrow from their account a minimum of $1,000 up to an amount equal to one-half the vested value of their account balance to a maximum of $50,000. Loan terms generally range from 1-5 years; however, if the loan is for the purchase of a principal residence a longer repayment term may be permitted. The loans are secured by the balance of the participant's account and bear interest at a rate of prime plus one, fixed at the commencement of the loan. Participant loans are carried at their unpaid principal balance plus any accrued but unpaid interest.

Withdrawals

Withdrawals of all vested amounts may be made after a participant attains 59 ½ years of age.

Payments of Benefits

On termination of service due to death, disability or retirement, if the participant's account is greater than an amount specified by the U.S. Department of Labor (DOL) (currently $5,000), the participant may elect to receive payment of his vested account balance in either a lump sum or an annuity contract payable over a specified number of years. For vested account balances less than the amount specified by the DOL but above $1,000, the plan administrator is required to roll those amounts into an IRA designated by the plan administrator if not elected to be distributed directly to the participant or rolled into an eligible retirement plan of their choice.

Termination of Plan

In the event of the termination of the Plan, after payment of administrative expenses, if any, the Plan's assets shall be used for the exclusive benefit of members and their beneficiaries and for no other purpose.

(Continued)

HUNT ENTERPRISES INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
-3-

NOTE B - Summary of Significant Accounting Policies

Valuation of Investments

The investments in Union Central Life Insurance Company's pooled separate accounts are valued at the market value of the Plan's participants' share of the several underlying investment options available to them. Such value is subject to increase or decrease due to changes in investment income and market value. The investment in the Union Central deposit account has a guaranteed interest rate for a specific number of years. Both principal and interest are guaranteed by Union Central. The increase or decrease in the total value of these investments during the fiscal year is included in the statement of changes in net assets available for benefits.

Tax Status

The Internal Revenue Service has issued a determination letter stating that the volume submitter from which the current Plan was derived meets the requirements of Section 401(a) of the Internal Revenue Service Code qualifying for tax-exempt status. Therefore, a specific determination letter for the Plan has not been applied for or obtained.

Use of Estimates and Subsequent Events

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates. The Company has considered subsequent events occurring through October 4, 2010, the date the financial statements were available for issuance, in evaluating its estimates and in the preparation of its financial statements.

Risks and Uncertainties

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

(Continued)

HUNT ENTERPRISES INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
-4-

NOTE C - Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

The Financial Accounting Standards Board standard on "Fair Value Measurements" 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 information for similar items in active or inactive markets and Level 3 inputs have the lowest priority. Participant loans are carried at cost representing their approximate fair value which would be classified as Level 3 investments under this standard.

The following summarizes the Plan's fair value measurements in accordance with the provisions of "Fair Value Measurements":

December 31, 2009	Fair Value Total	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Mutual funds	$1,768,852	$1,768,852	
Deposit account	5,091		$ 5,091
Total	$1,773,943	$1,768,852	$ 5,091
December 31, 2008			
Mutual funds	$958,754	$958,754	
Deposit account	2,821		$ 2,821
Total	$961,575	$958,754	$ 2,821

(Continued)

HUNT ENTERPRISES INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
-5-

NOTE D - Investments

The following presents investments that represent 5% or more of the Plan's net assets available for benefits as of the beginning of the plan year, as certified by the custodian of the Plan:

	December 31,	
	2009	2008
Royce Value Trust Inc.		$ 54,593
Calvert Capital Accumulation Fund		55,775
MSIF U.S. Real Estate Portfolio Class B Separate Account		59,591
T. Rowe Price 2010-Advisor Class Separate Account	**$ 116,564**	59,697
T. Rowe Price 2040-Advisor Class Separate Account	**146,511**	77,734
T. Rowe Price 2020-Advisor Class Separate Account	**436,910**	188,744
T. Rowe Price 2030-Advisor Class Separate Account	**194,207**	99,479
Calvert High Yield Class I	**83,822**	
Alger American Mid Cap Growth - Class O Separate Account	**124,118**	

NOTE E - Certification by the Custodian

Union Central Life Insurance Company has certified as to the completeness and accuracy of the investments of the Plan as of December 31, 2009 and 2008 and for the years then ended. The certifications cover the related investment income, including interest, and the appreciation or depreciation in the quoted market value of investments.

NOTE F - Party-In-Interest Transactions

Certain Plan investments are managed by Union Central, the Plan's investment custodian, therefore, these transactions qualify as party-in-interest transactions.

HUNT ENTERPRISES INC.
401(k) PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER 11-2236013, PLAN NUMBER 001

SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS AT END OF YEAR

AS AT DECEMBER 31, 2009

(a)	(b) Identity of Issue, Borrower Lessor or Single Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral or Maturity Value	(d) Cost	(e) Current Value
*	Union Central Deposit Account	Deposit Account		$ 5,091
	Offered by Union Central Life Insurance Company:			
	"	Alger American Mid Cap Growth - Class O Separate Account		124,118
	"	American Century International Separate Account		42,278
	"	Baron Small Cap Fund		30,365
	"	Calvert Capital Funds		63,027
	"	Calvert Cash Reserves		33,042
	"	Calvert High Yield, Class I		83,822
	"	FTVIPT Templeton Growth Securities Class 2 Separate Account		53,190
	"	Marsico Focus Separate Account		18,208
	"	MSIF U.S. Real Estate Portfolio Class B Separate Account		79,403
	"	MFS VIT Total Return Separate Account		44,408
	"	Oppenheimer Global Securities Separate Account		66,379
	"	Neuberger Berman Regency - Trust Class Separate Account		65,168
	"	Royce Total Return, Financial Intermediary Class Separate Account		30,839
	"	Summit EAFE Pooled Separate Account		64,936
	"	Summit S&P 500 Index Separate Account		27,245
	"	Summit Short-Term Government Separate Account		48,232
	"	T. Rowe Price 2010-Advisor Class Separate Account		116,564
	"	T. Rowe Price 2020-Advisor Class Separate Account		436,910
	"	T. Rowe Price 2030-Advisor Class Separate Account		194,207
	"	T. Rowe Price 2040-Advisor Class Separate Account		146,511
		Total Investments		1,773,943
*	Participant Loans	Interest at 4.25% - 7.00% a year		21,522
				$ 1,795,465

* Indicates party-in-interest to the Plan.

The notes to financial statements are made a part hereof.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2009** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For the 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 [X] 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: [X] Form 5558; [ ] automatic extension; [ ] the DFVC program; [ ] special extension (enter description)

Part II Basic Plan Information — enter all requested information.

1a Name of plan
HUNT ENTERPRISES, INC. 401(k) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
HUNT ENTERPRISES, INC.

10 RAERO DRIVE

US HAUPPAUGE NY 11788

2b Employer Identification Number (EIN)
11-2236013

2c Sponsor's telephone number
(631) 582-6665

2d Business code (see instructions)
551112

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	[signature]	10/7/10	PETER K HUNT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	10/7/10	PETER K HUNT
	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") SAME	**3b** Administrator's EIN **3c** Administrator's telephone number
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

5	Total number of participants at the beginning of the plan year	424
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	426
b	Retired or separated participants receiving benefits	0
c	Other retired or separated participants entitled to future benefits	16
d	Subtotal. Add lines **6a, 6b** and **6c**	442
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	
f	Total. Add lines **6d** and **6e**	442
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	118
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer complete this item)	

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 3D 3H

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)	**9b** Plan benefit arrangement (check all that apply)
(1) [X] Insurance	(1) [X] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(4) [ ] General assets of the sponsor

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	**b** General Schedules	
(1) [X] **R** (Retirement Plan Information)	(1) [X]	**H** (Financial Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ]	**I** (Financial Information - Small Plan)
	(3) [X] 1	**A** (Insurance Information)
	(4) [X]	**C** (Service Provider Information)
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [X]	**D** (DFE/Participating Plan Information)
	(6) [ ]	**G** (Financial Transaction Information)

ATTACHMENT TO SCHEDULE H (FORM 5500)
FOR
HUNT ENTERPRISES INC. 401(k) PROFIT SHARING PLAN

Hunt Enterprises Inc.
10 Rabro Drive
Hauppauge, New York 11788

Plan Year End: December 31, 2009
Plan Number: 001
EIN: 11-2236013

Item 4i of Schedule H (Form 5500)
Schedule of Assets Held for Investment Purposes

(A)	(B) Identity of Borrower, lessor or similar party	(C) Description of Investment	(D) Cost	(E) Current Value
	Deposit Administration Contracts:			
	Union Central Life Insurance Company	Deposit Account Fund - Deposit Administration Contract held under Group Annuity Contract Plan #715361		5,091
	SUBTOTAL			**$5,091**
	Pooled Separate Accounts:			
	Union Central Life Insurance Company	American Century International Growth Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361		42,278
	Union Central Life Insurance Company	MFS VIT Total Return Series Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361		44,408
	Union Central Life Insurance Company	Marsico Focus Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361		18,208
	Union Central Life Insurance Company	Morgan Stanley IF US Real Estate Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361		79,403
	Union Central Life Insurance Company	Newberger Berman Regency Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361		65,168

Pooled Separate Accounts Continued:

Union Central Life Insurance Company	Oppenheimer Global Securities/VA Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361	66,379
Union Central Life Insurance Company	Royce Total Return Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361	30,839
Union Central Life Insurance Company	Summit EAFE International Index Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361	64,936
Union Central Life Insurance Company	Calvert High Yield, Class I -BV Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361	83,822
Union Central Life Insurance Company	Calvert Large Cap Value Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361	63,027
Union Central Life Insurance Company	Calvert Cash Reserves Institutional Prime Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361	33,042
Union Central Life Insurance Company	Summit S&P 500 Index Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361	27,244
Union Central Life Insurance Company	Calvert Short Term Government, Class I Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361	48,232
Union Central Life Insurance Company	FTVIPT Templeton Growth Securities, Class 2 Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361	53,190
Union Central Life Insurance Company	T. Rowe Price Retirement 2010-Advisor Class Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361	116,564
Union Central Life Insurance Company	T. Rowe Price Retirement 2020-Advisor Class Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361	436,910
Union Central Life Insurance Company	T. Rowe Price Retirement 2030-Advisor Class Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361	194,207

Pooled Separate Accounts Continued:

Union Central Life Insurance Company	Alger American Mid Cap Growth Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361	124,118
Union Central Life Insurance Company	Baron Small Cap Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361	30,365
Union Central Life Insurance Company	T. Rowe Price Retirement 2040-Advisor Class Fund - Pooled Separate Account held under Group Annuity Contract Plan #715361	146,511

Pooled Separate Accounts Continued:

SUBTOTAL		**$1,768,852**

Loans to Plan Participants:

*	Participant Loans	Interest Rates: 4.25 - 7.00% Latest Maturity Date: 2/11/16 Collateral: Vested Interest	21,391
	SUBTOTAL		**$21,391**
	TOTAL PLAN ASSETS HELD FOR INVESTMENT		**$1,795,334**