

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

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan HUGE LLC 401(K) PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/2007
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) HUGE LLC 45 MAIN STREET, SUITE 220 BROOKLYN, NY 11201	2b Employer Identification Number (EIN) 11-3546408 2c Sponsor's telephone number 718-880-3722 2d Business code (see instructions) 541400

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.	10/13/2010	STEPHEN DEMKO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	STEPHEN DEMKO
	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") HUGE LLC 45 MAIN STREET, SUITE 220 BROOKLYN, NY 11201	3b Administrator's EIN 11-3546408 3c Administrator's telephone number 718-880-3722
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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	133
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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	165
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	15
d Subtotal. Add lines 6a , 6b , and 6c	6d	180
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	180
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	88
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	
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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:
 2A 2E 2F 2G 2J 2K 3D

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan HUGE LLC 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. HUGE LLC	D Employer Identification Number (EIN) 11-3546408	

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

(a) Name of insurance carrier
UNION CENTRAL LIFE INSURANCE

(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	ESPB827		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
5053	

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 AVENUE S 18TH FL NEW YORK, NY 10016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4043			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HEATHER ALEXANDER 1085 WARBURTON AVENUE YONKERS, NY 10016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
505			3

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

MARTIN SHIMMEL

475 PARK AVENUE S 18TH FL
NEW YORK, NY 10016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
505			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	918172
5 Current value of plan's interest under this contract in separate accounts at year end	5	12720

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

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

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

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

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

b Balance at the end of the previous year	7b	13669
c Additions: (1) Contributions deposited during the year	7c(1)	4206
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	478
(4) Transferred from separate account	7c(4)	23
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	4707
d Total of balance and additions (add b and c(6))	7d	18376
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	863
(2) Administration charge made by carrier	7e(2)	125
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	4668
▶ PARTICIPANT LOAN ISSUED, TPA FEES		
(5) Total deductions	7e(5)	5656
f Balance at the end of the current year (subtract e(5) from d)	7f	12720

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan HUGE LLC 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 HUGE LLC	D Employer Identification Number (EIN) 11-3546408	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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	1663	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2009</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>HUGE LLC 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HUGE LLC</u>	D Employer Identification Number (EIN) <u>11-3546408</u>
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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)
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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 <u>31-0472910-062</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>342047</u>
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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 <u>31-0472910-104</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>75422</u>
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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 <u>31-0472910-061</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>75331</u>
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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 <u>31-0472910-042</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>66942</u>
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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 <u>31-0472910-022</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>57487</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XXXIX

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

c EIN-PN <u>31-0472910-039</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>41112</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XXIII

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

c EIN-PN <u>31-0472910-034</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30367</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT III		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-010	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26784
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 31-0472910-047	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26037
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24814
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT CI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-101	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21962
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) 21613
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXV		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20709
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXII		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-072	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19284
a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLVI		
b Name of sponsor of entity listed in (a): UNION CENTRAL LIFE INSURANCE		
c EIN-PN 31-0472910-046	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13047
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 31-0472910-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11284
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) 10616

a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT LXXVIII**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) 10515
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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 31-0472910-060	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8813
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a Name of MTIA, CCT, PSA, or 103-12 IE: UCL MUTUAL FUND SEP ACCT XLI**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) 6939
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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) 4136
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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 31-0472910-059	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2911
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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 HUGE LLC 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 HUGE LLC	D Employer Identification Number (EIN) 11-3546408	

Part I	Asset and Liability Statement
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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)	27195	94521
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		43000
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	455645	918172
(11) Value of interest in master trust investment accounts	1c(11)		0
(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)	13667	12720
(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	496507	1068413

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	496507	1068413
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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)	446705	
(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)		446705
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	478	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		478
(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)		
(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)		192692
(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		639875

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	65866	
(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)		65866
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)	1663	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	440	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2103
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		67969

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		571906
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: FUNARO & CO., P.C.

(2) EIN: 13-2871428

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.).....	☒		183508
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.).....		☒	
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.)		☒	
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.).....		☒	
e Was this plan covered by a fidelity bond?.....		☒	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
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.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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 <u>HUGE LLC 401(K) PROFIT SHARING 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>HUGE LLC</u>	D Employer Identification Number (EIN) <u>11-3546408</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-0472910</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)
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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
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HUGE, LLC
401(K) PROFIT SHARING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008



CERTIFIED PUBLIC ACCOUNTANTS
TAX & FINANCIAL ADVISORS

SHELDON SATLIN
MAURIZIO AMERI
WILLIAM LAST
ASIT SARKAR
SONNY ANAND
JOSEPH M. CATALANO
LUIGI PERIN

INDEPENDENT AUDITOR'S REPORT

To the Trustees of
Huge, LLC
401(k) Profit Sharing Plan

A. ADELCHI ROSSI
Principal

We were engaged to audit the accompanying statements of net assets available for plan benefits of Huge LLC 401(k) Profit Sharing Plan as of December 31, 2009, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2009 and the supplemental schedules of delinquent participant contributions and assets held for investment purposes as of December 31, 2009. These financial statements and supplemental schedules are the responsibility of the plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note F, which was certified by The Union Central Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the 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, that the information provided to the Plan administrator by the custodian is complete and accurate.

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

(cont.)

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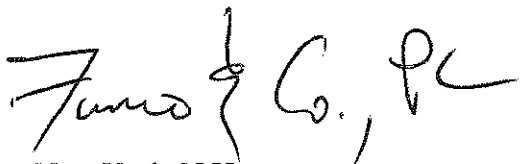
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Huge, LLC 401(k) Profit Sharing Plan

Independent Auditor's Report (cont.)

We have compiled the accompanying statement of net assets available for plan benefits of Huge, LLC 401(k) Profit Sharing Plan as of December 31, 2008 in accordance with the Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying statement of net assets available for benefits and, accordingly, do not express an opinion or any other form of assurance on it.

Handwritten signature of Fama & Co., PC in cursive script.

New York, N.Y.

September 27, 2010

HUGE, LLC

401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

DECEMBER 31, 2009 AND 2008

	<u>ASSETS</u>	
	<u>2009</u>	<u>(COMPILED) 2008</u>
Receivables		
Employee contributions receivable	\$ <u>94,521</u>	\$ <u>27,195</u>
Total receivables	<u>94,521</u>	<u>27,195</u>
Investments at fair market value (Notes B, C, E and J)		
Deposit administration contracts	12,756	13,618
Pooled separate accounts	<u>918,172</u>	<u>455,645</u>
Total investments at fair market value	<u>930,928</u>	<u>469,263</u>
Participant loan (Notes A and C)	<u>43,000</u>	
Adjustment from fair value of deposit administration contracts to contract value for fully-benefit responsive investment contracts (Notes B, C, E and J)	<u>(36)</u>	<u>49</u>
Total net assets available for plan benefits	\$ <u><u>1,068,413</u></u>	\$ <u><u>496,507</u></u>

See independent auditor's report and notes to financial statements.

HUGE, LLC

401(K) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

YEAR ENDED DECEMBER 31, 2009

Additions to net assets attributed to:

Investment income (Notes B, C, E and J)

Interest income

\$ 478

Net investment appreciation

192,692

193,170

Contributions (Note A)

Employee

446,705

Total additions

639,875

Deductions from net assets attributed to:

Benefits paid to participants (Note A)

65,866

Administrative fees

2,103

Total deductions

67,969

Net increase

571,906

Net assets available for plan benefits - beginning of year

496,507

Net assets available for plan benefits - end of year

\$ 1,068,413

See independent auditor's report and notes to financial statements.

HUGE, LLC

401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

A. DESCRIPTION OF THE PLAN

The following description of the Huge, LLC ("Company") 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan covering all employees of the Company (except any employee whose employment is governed by the terms of a collective bargaining agreement and any employee who is a non-resident alien) who have reached the age of 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The benefits under this plan are not insured by the Pension Benefit Guaranty Corporation.

2. Contributions

- a. Each employee may contribute through payroll deferral in whole percentage of compensation or in specific dollar amounts subject to the Internal Revenue Code Rules and Regulations.
- b. The Company may elect to make a matching and non-elective contributions as defined under this Plan. The matching and non-elective contributions will be allocated to all employees who have completed a year of service. A year of service is a 12-month computation period during which an employee completes 1,000 hours of service. An hour of service is any hour for which an employee is paid or is entitled to payment.
- c. Eligible employees may transfer funds from other qualified plans and the transfer is 100% vested as defined in the Plan. The transferred amount shall be invested and administered as a part of the trust fund.
- d. The eligible participants who are projected to reach age fifty (50) during a Plan year will be eligible to make a catch-up contribution at any time during that Plan year. Catch-up contributions are contributions that exceed either the statutory limit as defined by the Internal Revenue Code Rules and Regulations, or the limit as defined by the plan or any restrictions on contributions for certain highly paid employees. The limit on catch-up contributions for the year 2009 was \$5,500 per individual.

HUGE, LLC

401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

A. DESCRIPTION OF THE PLAN (CONT.)

3. Participant Accounts

Each participant's account is credited with his/her contribution during the plan year. Each participant will have full responsibility for the investment results of his/her investment choices as offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account, taking into consideration the participant's vesting in the employer's contribution as provided in the Plan. Significant costs of plan administration are being absorbed by the employee.

4. Vesting

The participant shall be vested in his or her matching and non-elective contribution accounts as determined under the schedule set forth below and defined in the Plan.

<u>Years of service</u>	<u>Vested percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

The participant is always 100% vested in his or her own contribution account. Also, the participant will always be automatically 100% vested in his or her matching and non-elective contribution accounts upon reaching retirement age (65 or the fifth anniversary of the date an employee became a participant), at death or disability, or upon termination of the Plan. For the purpose of vesting, all years of service are credited from date of hire to determine a participant's vesting service.

5. Payment of benefits

All distributions of benefits under this plan shall be made by the companies holding the investments in accordance with the terms and conditions set forth in the Plan. Benefits less than \$5,000 can be distributed either by one lump sum payment or direct rollover. Benefits over \$5,000 can be distributed (in addition to one lump sum payment or direct rollover) or can be deferred until the participant reaches age 70½.

In the event of the death of the participant, the surviving spouse, an alternate payee, or another beneficiary may be able to treat the payment as a lump sum distribution.

HUGE, LLC

401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

A. DESCRIPTION OF THE PLAN (CONT.)

6. Participant loans

A participant may elect to receive a loan from his or her account by demonstrating an immediate and heavy financial hardship and that the money can not be obtained from any other source. Immediate and heavy financial hardships are: post-secondary tuition payments for the education of the participant and immediate family members; the purchase of a principal residence; non-elective medical expenses; and payments to prevent the eviction of the participant from a principal residence. The loan may not exceed the lesser of \$50,000 or one-half of the participant's vested amount. The interest is the prime rate as published by representative commercial banks at the time of loan application. Currently, the interest charged on loans is prime plus 1%. Each loan amount (principal and interest) must be completely paid within five (5) years with the exception of loans used for the purchase of a principal residence which can be repaid over 30 years. Loan repayments are deducted from the participant's compensation each payroll period. Only loan requests for over \$1,000 are accepted and a participant can only have one loan outstanding at any time.

B. SUMMARY OF ACCOUNTING POLICIES

Date of management's review

Subsequent events were evaluated through September 27, 2010, which is the date the financial statements were available to be issued.

Investment valuation and income recognition

The Plan's investments are stated 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 C for discussion of fair value measurement. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment securities, in general, are exposed to overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of certain investment securities will occur in the near term, and could materially affect the amounts reported in the statements of net assets available for benefits.

HUGE, LLC
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

B. SUMMARY OF ACCOUNTING POLICIES (CONT.)

Payment of benefits

Benefits are recorded when paid.

Estimates

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

Basis of accounting

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

As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1, Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans ("the FSP"), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by the FSP, the Statement of Net Assets Available for Plan Benefits presents the fair value of the investment contracts as well as the adjustment to the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Plan Benefits is prepared on a fair value basis.

HUGE, LLC
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

C. FAIR VALUE MEASUREMENTS

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

<u>Fair value measurements at reporting date</u>			
<u>using:</u>			
	<u>Fair value</u>	<u>Significant other observable inputs (Level 2)</u>	<u>Significant unobservable inputs (Level 3)</u>
<u>December 31, 2009</u>			
Deposit administration contracts	\$ 12,756	\$	\$ 12,756
Pooled separate accounts	918,172	918,172	
Participant loan	43,000		43,000
Total	<u>\$ 973,928</u>	<u>\$ 918,172</u>	<u>\$ 55,756</u>
<u>December 31, 2008 (COMPILED)</u>			
Deposit administration contracts	\$ 13,618	\$	\$ 13,618
Pooled separate accounts	455,645	455,645	
Total	<u>\$ 469,263</u>	<u>\$ 455,645</u>	<u>\$ 13,618</u>

SFAS No. 157 (now FASB ASC 820-10), 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 inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 2 Fair Value Measurements

The fair value of pooled separate accounts are valued at the net asset value (NAV) of the shares held by the plan at year end.

These funds are considered open-end mutual funds, meaning that the fund is ready to redeem its shares at any time and offer its shares for sale to the public, either through retail outlets or through institutional investors continuously. For institutional funds, NAV's are received daily from fund managers, and the managers stand ready to transact at these quoted amounts.

HUGE, LLC

401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

C. FAIR VALUE MEASUREMENTS (CONT.)

Level 2 Fair Value Measurements (cont.)

The custodian transacts in these funds on a daily basis as part of the separate account trading activity. The calculation of the NAV for funds composed of other funds (e.g., retirement target date funds) is essentially the same as the calculation of the NAV for any other fund: the total market value of assets across all underlying funds less any liabilities is divided by the outstanding shares. Again, this resulting NAV is published and/or the fund managers are ready to transact at the quoted prices.

Level 3 Fair Value Measurements

The investments in deposit administration contracts with the custodian and participant loans are not actively traded and significant other observable inputs are not available. The fair value of deposit administration contracts is determined as the present value of future guaranteed account values and participant benefit withdrawals, assuming an annual benefit withdrawal rate of 9%. Benefit withdrawals are assumed to occur on the contract anniversary date. Present values are derived by discounting future guaranteed account values and benefit withdrawals by the appropriate market interest rates. Market interest rates are deemed to be the same rates to be credited to new issues of the same contract with like guarantees issued as of the date of the fair value determination. The market interest rates used have interest guarantee periods that match the guarantee periods remaining as of the valuation date for the contract. Due to the nature of these contracts, specific underlying assets are not assigned and there is no market (quoted prices or observable inputs) and as such the valuation includes significant inputs based on assumptions about market participant assumptions. The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides for further details of the Level 3 fair value measurements.

Fair value measurements using significant unobservable inputs (Level 3)

	<u>Total</u>	<u>Deposit administration contracts</u>	<u>Participant loan</u>
<u>December 31, 2009</u>			
Beginning balance	\$ 13,618	\$ 13,618	\$ 43,000
Purchases, sales, issuances, and settlements (net)	<u>42,138</u>	<u>(862)</u>	<u>43,000</u>
Ending balance	<u>\$ 55,756</u>	<u>\$ 12,756</u>	<u>\$ 43,000</u>
<u>December 31, 2008 (COMPILED)</u>			
Beginning balance	\$ 129	\$ 129	\$
Purchases, sales, issuances, and settlements (net)	<u>13,489</u>	<u>13,489</u>	
Ending balance	<u>\$ 13,618</u>	<u>\$ 13,618</u>	<u>\$</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2009 are reported in net appreciation in fair value of investments.

HUGE, LLC
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

D. INVESTMENTS

The following presents the fair value of investments at December 31, 2009 and 2008 that represent 5% or more of the Plan's net assets.

		<u>2009</u>	<u>(COMPILED) 2008</u>
<u>Pooled Separate Accounts</u>			
Union Central Life Insurance Company	Calvert VP S&P 500 Index	57,487	32,366
Union Central Life Insurance Company	American Century International Growth Investor Class	66,942	40,820
Union Central Life Insurance Company	T. Rowe Price Retirement 2030 Advisor Class	75,331	35,591
Union Central Life Insurance Company	T. Rowe Price Retirement 2040 Advisor Class	342,047	112,467
Union Central Life Insurance Company	Calvert Cash Reserves Institutional Prime Fund, Class I	75,422	56,789
Union Central Life Insurance Company	Calvert VP Russell 2000 Small Cap Index		25,632

During 2009, the Plan's investments in insurance contracts (including gains and losses on investments bought and sold, as well as held at year end) appreciated in value by \$193,170.

HUGE, LLC

401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

E. INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2007, the Plan entered into a non fully benefit-responsive investment contract with the custodian. The contract value of funds held in the custodian's guaranteed account generally represents principal plus accrued interest. The fair value of these funds reflects the relationship between credited rates earned by funds held in the guaranteed account and current market rates. Higher credited rates will produce a higher fair value than lower credited rates under similar market interest rate environments. Fair value for the custodian's guaranteed account is determined as the present value of future guaranteed account values and participant benefit withdrawals, assuming an annual benefit withdrawal rate of 9%. Benefit withdrawals are assumed to occur on the contract anniversary date. Present values are derived by discounting future guaranteed account values and benefit withdrawals by the appropriate market interest rates. Market interest rates are deemed to be the same rates to be credited to new issues of the same contract with like guarantees issued as of the date of the fair value determination.

The weighted average interest crediting rate is the weighted average of all new and renewal rates of the contract for each calendar quarter. These rates are guaranteed for the entire duration of the guaranteed period and do not vary with the subsequent performance of assets of the custodian's general account which back these guarantees. The weighted average interest crediting rate, as of December 31, 2009, is given on the attached certification page.

Certain events limit the Plan's ability to transact at contract value with the custodian. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions; (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan; or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

The deposit administration contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date or to settle at an amount different from contract value. The fair value of the investment contract at December 31, 2009 and 2008 was \$12,756 and \$13,618, respectively. The contract value of the investment contract at December 31, 2009 and 2008 was \$12,720 and \$13,667, respectively.

	<u>2009</u>
<u>Average yields:</u>	
Based on actual earnings	3.75%
Based on interest rate credited to participants	3.32%

HUGE, LLC

401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

F. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodian as of and for the year ended December 31, 2009:

Investments at fair and contract value:	\$ <u>973,892</u>
Investment income for the year :	
Interest income	\$ 478
Net investment appreciation	<u>192,692</u>
	\$ <u>193,170</u>

G. PLAN TERMINATION

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

H. TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated January 11, 2002 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

I. RELATED - PARTY TRANSACTIONS

All of the Plan investments are investment contracts managed by The Union Central Life Insurance Company (Central). Central is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$1,663 for the year ended December 31, 2009.

HUGE, LLC
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

J. RISKS AND UNCERTAINTIES

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

S U P P L E M E N T A L I N F O R M A T I O N

HUGE, LLC
401(K) PROFIT SHARING PLAN
FORM 5500 SCHEDULE H - 4A
(EIN # 11-3546408 PLAN # 001)

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2009

<u>Total that constitute nonexempt prohibited transactions</u>				
<u>Participant contributions, matching contributions and loan repayments transferred late to plan</u>	<u>Contributions not corrected</u>	<u>Contributions corrected outside VFCP</u>	<u>Contributions pending corrections in VFCP</u>	<u>Total fully corrected under VFCP and PTE 2002-51</u>
\$ 183,508	\$	\$	\$ 183,508	\$

See independent auditor's report.

HUGE, LLC

401(K) PROFIT SHARING PLAN

FORM 5500 SCHEDULE H - 4I

(EIN # 11-3546408 PLAN # 001)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investments, including maturity date, rate of interest, collateral par or maturity value	** (d) Cost	(e) Current value
<u>Deposit Administration Contracts:</u>				
1 *	Union Central Life Insurance	Deposit Account Fund		12,720
<u>Pooled Separate Accounts:</u>				
2 *	Union Central Life Insurance	Neuberger Berman Guardian, Investor Class		26,784
3 *	Union Central Life Insurance	Calvert Short-Term Government, Class I		10,616
4 *	Union Central Life Insurance	Calvert VP S&P 500 Index		57,487
5 *	Union Central Life Insurance	Calvert High Yield Bond, Class I		11,284
6 *	Union Central Life Insurance	FTVIPT Templeton Growth Securities, Class 2		21,613
7 *	Union Central Life Insurance	Calvert VP S&P MidCap 400 Index		30,367
8 *	Union Central Life Insurance	Calvert VP Russell 2000 Small Cap Index		41,112
9 *	Union Central Life Insurance	Marsico Focus		6,939
10 *	Union Central Life Insurance	American Century Int'l Growth, Investor Class		66,942
11 *	Union Central Life Insurance	Invesco Dynamics, Investor Class		13,047
12 *	Union Central Life Insurance	Morgan Stanley IF U.S. Real Estate PF, Class P		26,037
13 *	Union Central Life Insurance	T. Rowe Price Equity Income, Advisor Class		24,814
14 *	Union Central Life Insurance	T. Rowe Price Retirement 2010, Advisor Class		2,911

(cont.)

See independent auditor's report.

HUGE, LLC**401(K) PROFIT SHARING PLAN****FORM 5500 SCHEDULE H****(EIN # 11-3546408 PLAN # 001)****SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONT.)****DECEMBER 31, 2009**

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investments, including maturity date, rate of interest, collateral par or maturity value	**	
			(d) Cost	(e) Current value
15 *	Union Central Life Insurance	T. Rowe Price Retirement 2020, Advisor Class		8,813
16 *	Union Central Life Insurance	T. Rowe Price Retirement 2030, Advisor Class		75,331
17 *	Union Central Life Insurance	T. Rowe Price Retirement 2040, Advisor Class		342,047
18 *	Union Central Life Insurance	Royce Total Return, Service Class		4,136
19 *	Union Central Life Insurance	Calvert Income Class A		19,284
20 *	Union Central Life Insurance	Fidelity VIP Contrafund, Service Class 2		20,709
21 *	Union Central Life Insurance	Baron Small Cap, Retail Shares		10,515
22 *	Union Central Life Insurance	T. Rowe Price Retirement 2050, Advisor Class		21,962
23 *	Union Central Life Insurance	Calvert Cash Reserve Inst. Prime Fund, Class I		75,422
24 *	Participant Loan	Loans - interest rate 4.25% Maturity date - 12/31/2014		<u>43,000</u>
				<u>\$ 973,892</u>

* Party-in-interest

** Cost could not be determined.

See independent auditor's report.

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 4085 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. 1510-0046 1510-0049 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection
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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 single-employer plan; ☐ a DFE (specify): _____
B This return/report is:	☐ the first return/report; ☐ an amended return/report; ☐ the final 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 DFC program; ☐ special extension (enter description): _____

Part II Basic Plan Information -- enter all requested information.	
1a Name of plan: Huge LLC 401(k) Profit Sharing Plan	1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan: 01/01/2007
2a Plan sponsor's name and address (employer, if for a single-employer plan). (Address should include room or suite no.) Huge LLC 45 Main Street, Suite 220 US Brooklyn NY 11201	2b Employer identification Number (EIN): 11-3546408 2c Sponsor's telephone number: (718) 880-3722 2d Business code (see instructions): 541400

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 of plan administrator	10/12/10 Date	Stephen Demko Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	10/12/10 Date	Stephen Demko 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 (2009)
v.092307.1

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	5	133
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	165
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	15
d Subtotal. Add lines 6a , 6b and 6c	6d	180
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	180
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	88
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 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: 2A 2E 2F 2G 2J 2K 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	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Information)	

**ATTACHMENT TO SCHEDULE H (FORM 5500)
FOR
HUGE LLC 401(k) PROFIT SHARING PLAN**

Huge LLC
45 Main Street
Brooklyn, NY 11201

Plan Year End: December 31, 2009

Plan Number: 001
EIN: 11-3546408

**Item 4i of Schedule H (Form 5500)
Schedule of Assets (Held at End of Year)**

(a)	(b) Identity of Borrower, lessor or similar party	(c) Description of Investment	(d) Cost	(e) Current Value
	<i>Deposit Administration Contracts:</i>			
	Union Central Life Insurance Company	Deposit Account Fund - Deposit Administration Contract held under Group Annuity Contract 718271		12,720
	SUBTOTAL			<u>12,720</u>
	<i>Pooled Separate Accounts:</i>			
	Union Central Life Insurance Company	Neuberger Berman Guardian, Investor Class Separate Account - Pooled Separate Account held under Group Annuity Contract 718271		26,784
	Union Central Life Insurance Company	Calvert Short-Term Government, Class I Separate Account - Pooled Separate Account held under Group Annuity Contract 718271		10,616
	Union Central Life Insurance Company	Calvert VP S&P 500 Index Separate Account - Pooled Separate Account held under Group Annuity Contract 718271		57,487
	Union Central Life Insurance Company	Calvert High Yield Bond, Class I Separate Account - Pooled Separate Account held under Group Annuity Contract 718271		11,284
	Union Central Life Insurance Company	FTVIPT Templeton Growth Securities, Class 2 Separate Account - Pooled Separate Account held under Group Annuity Contract 718271		21,613
	Union Central Life Insurance Company	Calvert VP S&P MidCap 400 Index Separate Account - Pooled Separate Account held under Group Annuity Contract 718271		30,367
	Union Central Life Insurance Company	Calvert VP Russell 2000 Small Cap Index Separate Account - Pooled Separate Account held under Group Annuity Contract 718271		41,112
	Union Central Life Insurance Company	Marsico Focus Separate Account - Pooled Separate Account held under Group Annuity Contract 718271		6,939
	Union Central Life Insurance Company	American Century International Growth, Investor Class Separate Account - Pooled Separate Account held under Group Annuity Contract 718271		66,942

Pooled Separate Accounts (continued):

Union Central Life Insurance Company	Invesco Dynamics, Investor Class Separate Account - Pooled Separate Account held under Group Annuity Contract 718271	13,047
Union Central Life Insurance Company	Morgan Stanley IF U.S. Real Estate Portfolio, Class P Separate Account - Pooled Separate Account held under Group Annuity Contract 718271	26,037
Union Central Life Insurance Company	T. Rowe Price Equity Income, Advisor Class Separate Account - Pooled Separate Account held under Group Annuity Contract 718271	24,814
Union Central Life Insurance Company	T. Rowe Price Retirement 2010, Advisor Class Separate Account - Pooled Separate Account held under Group Annuity Contract 718271	2,911
Union Central Life Insurance Company	T. Rowe Price Retirement 2020, Advisor Class Separate Account - Pooled Separate Account held under Group Annuity Contract 718271	8,813
Union Central Life Insurance Company	T. Rowe Price Retirement 2030, Advisor Class Separate Account - Pooled Separate Account held under Group Annuity Contract 718271	75,331
Union Central Life Insurance Company	T. Rowe Price Retirement 2040, Advisor Class Separate Account - Pooled Separate Account held under Group Annuity Contract 718271	342,047
Union Central Life Insurance Company	Royce Total Return, Service Class Separate Account - Pooled Separate Account held under Group Annuity Contract 718271	4,136
Union Central Life Insurance Company	Calvert Income Class A Separate Account - Pooled Separate Account held under Group Annuity Contract 718271	19,284
Union Central Life Insurance Company	Fidelity VIP Contrafund, Service Class 2 Separate Account - Pooled Separate Account held under Group Annuity Contract 718271	20,709
Union Central Life Insurance Company	Baron Small Cap, Retail Shares Separate Account - Pooled Separate Account held under Group Annuity Contract 718271	10,515
Union Central Life Insurance Company	T. Rowe Price Retirement 2050, Advisor Class Separate Account - Pooled Separate Account held under Group Annuity Contract 718271	21,962
Union Central Life Insurance Company	Calvert Cash Reserves Institutional Prime Fund, Class I Separate Account - Pooled Separate Account held under Group Annuity Contract 718271	75,422

SUBTOTAL	<u>918,172</u>
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Loans to Plan Participants:

*	Participant Loan	Interest Rates: 4.25%	43,000
		Maturity Date: 12/31/2014	
		Collateral: Vested Interest	

SUBTOTAL	<u>43,000</u>
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TOTAL PLAN ASSETS HELD FOR INVESTMENT	<u>973,892</u>
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