Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
KAREN KANE, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 04/01/1988

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

2275 EAST 37TH STREET
LOS ANGELES, CA 90058

2b Employer Identification Number (EIN) 95-3579007

2c Sponsor's telephone number 323-588-0000

2d Business code (see instructions) 315230

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.	07/25/2011	LONNIE KANE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/25/2011	LONNIE KANE
	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")
KAREN KANE, INC.

2275 EAST 37TH STREET
LOS ANGELES, CA 90058

3b Administrator's EIN
95-3579007

3c Administrator's telephone number
323-588-0000

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**	224
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**	137
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	81
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	218
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	218
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	193
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2J 2K 3H 2F 2G 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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
KAREN KANE, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
95-3579007

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

1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST RETIREMENT SERVICES

(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
84-0467907	68322	930135-01	193	01/01/2010	12/31/2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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	1210903
5	Current value of plan's interest under this contract in separate accounts at year end	5	3645778

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	891928
c	Additions: (1) Contributions deposited during the year	7c(1)	78295		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	25361		
	(4) Transferred from separate account	7c(4)	293394		
	(5) Other (specify below)	7c(5)	43775		
	▶ LOAN REPAYMENTS. TRANSFER TO FORFEITURE				
	(6) Total additions			7c(6)	440825
d	Total of balance and additions (add **b** and **c(6)**)			7d	1332753
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	66618		
	(2) Administration charge made by carrier	7e(2)	813		
	(3) Transferred to separate account	7e(3)	54419		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	121850
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1210903

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
KAREN KANE, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
95-3579007

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

GREAT WEST LIFE & ANNUITY COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

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

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

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

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

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

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

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

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

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

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

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

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)

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGT	11145	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

ARROYO INSURANCE COMPANY

P. O. BOX 55248
SHERMAN OAKS, CA 91413-0248

(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?
16	CONSULTING	7006	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
KAREN KANE, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
95-3579007

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FUTURE FUNDS SERIES ACCOUNT II

b Name of sponsor of entity listed in (a): GREAT WEST LIFE & ANNUITY INSURANCE COMPANY

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)
84-0467907-001	P	3645778

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
KAREN KANE, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
95-3579007

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	196274	158383
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	3359047	3645777
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	891928	1210903
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	4447249	5015063
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4447249	5015063

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)	23476	
(B) Participants	2a(1)(B)	293421	
(C) Others (including rollovers)	2a(1)(C)	2681	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		319578
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	25361	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	8993	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		34354
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		447957
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		801889
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	220024	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		220024
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	14051	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		14051
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		234075
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		567814
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: KAUFMAN & KABANI (2) EIN: 95-3761877

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
KAREN KANE, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
95-3579007

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 84-0467907

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

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

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

Karen Kane, Inc.

401(k) Profit Sharing Plan

December 31, 2010 and 2009

Table of Contents

	Page
Independent Auditors' Report	1
Statements of Net Assets Available For Plan Benefits	
December 31, 2010 and 2009	2
Statements of Changes in Net Assets Available For Plan Benefits	
Years Ended December 31, 2010 and 2009	3
Summary of Significant Accounting Policies	4
Notes to Financial Statements	5 - 12
Supplemental Schedule:	
Assets Held For Investment Purposes at December 31, 2010	13

All other schedules of additional financial information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

KAUFMAN & KABANI
CERTIFIED PUBLIC ACCOUNTANTS
A PROFESSIONAL CORPORATION

Independent Auditors' Report

To the Administrators of
Karen Kane, Inc.
401(k) Profit Sharing Plan
2275 East 37th Street
Los Angeles, CA 90058

We were engaged to audit the statements of net assets available for benefits of Karen Kane, Inc., 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2010 and 2009, and the related statements of changes in net assets available for plan benefits for the years then ended, and the supplemental schedule of assets held for investment. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information discussed in Note 2, which was certified by Great West Life & Annuity Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2010 and 2009 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Kaufman & Kabani

KAUFMAN & KABANI
Certified Public Accountants
A Professional Corporation

Los Angeles, California
June 9, 2011

Karen Kane, Inc.
401(k) Profit Sharing Plan

Statements of Net Assets Available For Plan Benefits

	December 31, 2010	December 31, 2009
ASSETS		
Investments:		
Pooled Separate Accounts (PSAs), Fair Market Value	$ 3,645,778	$ 3,359,047
Guaranteed Investment Contracts (GICs), At Fair Market Value	1,210,902	891,928
Total Investments	4,856,680	4,250,975
Notes Receivable from Participants	158,383	196,274
Net Assets Available for Plan Benefits	$ 5,015,063	$ 4,447,249

The accompanying notes are an integral part of these financial statements

Karen Kane, Inc.
401(k) Profit Sharing Plan

Statements of Changes in Net Assets Available for Plan Benefits

	2010	2009
Additions to Net Assets Attributed to:		
Contributions		
Participants	$ 293,421	$ 306,210
Participants' Rollover	2,681	-
Employer	23,476	53,449
Total Contributions	319,578	359,659
Investment Income		
Interest Income	25,361	21,852
Net Realized and Unrealized		
Appreciation in Fair Value of Investments	447,957	742,732
Investment Expenses	(11,145)	(9,054)
Total Investment Income, net of investment expenses	462,173	755,530
Interest Income on Notes Receivable	8,993	13,827
Total Additions	790,744	1,129,016
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	220,024	265,921
Administrative Fees	2,906	2,464
Total Deductions	222,930	268,385
Net Change in Net Assets Available for Plan Benefit	567,814	860,631
Net Asssts Available for Plan Benefits - Beginning of Year	4,447,249	3,586,618
Net Asssts Available for Plan Benefits - End of Year	$ 5,015,063	$ 4,447,249

The accompanying notes are an integral part of these financial statements

December 31, 2010 and 2009

Basis of Accounting

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

Estimates

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

Investment Valuation and Income Recognition

Investments are stated at fair value as described below:

- *Pooled Separate Accounts (PSAs)*: Based on quoted market prices of the underlying mutual funds on the last trade date of the plan year.
- *Guaranteed Investment Contracts (GICs):* Stated at fair value as calculated by the issuing insurance company, inputs to the valuation methodology are unobservable and significant to their fair value measurement.

Unrealized appreciation or depreciation resulting from market changes in investments is added to, or subtracted from, net assets.

Purchase and sale of investments are recorded on trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital distributions are included in dividend income.

Notes Receivable from Participants

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

Administrative Expenses

All expenses incurred in connection with the Plan's administration were paid by the Company, except for administrative fees on Participant's Loans and account management fees, which were paid by the Plan.

Payment of Benefits

Benefits are recorded when paid.

1. Description of the Plan

The following description of the Karen Kane, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. The Plan document provides a more complete description of the Plan's provisions.

General - The Plan was adopted by Karen Kane, Inc. (the "Employer" and the "Plan Administrator") as of April 1, 1988. The Plan was amended as of January 1, 2003 and conforms to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA").

Eligibility - The Plan covers all full-time employees of the Company who have at least six months of service and are age 21, or older.

Contributions - The eligible employees may elect to contribute up to 100% percent of their compensation, but not to exceed the maximum amount allowed under the section 401(k) of the Internal Revenue Code. The Plan allows the Employer to make discretionary matching contribution. "Rollover" contributions from other qualified plans are allowed. However, the Employer does not match rollover contributions.

Participant Accounts - Each participant's account is credited with (a) participant's contributions; (b) Employer's matching contribution, (c) Plan earnings, and (d) allocation of employer's profit sharing contribution, if any. Allocations of Employer's profit sharing contribution are based upon an employee's proportionate share of eligible earnings.

Certain fees are charged to the funds and are offset against plan investments income and losses as presented on the statements of changes of net assets available for benefits. The prospectuses of these funds provide details on the various types and amounts of investments fees charged to the Plan and their individual accounts.

Vesting - Participants are fully vested immediately for their contributions, including rollovers, plus actual earnings thereon. Vesting in the remainder of the accounts is based on years of service. The vesting schedule in effect for the years ended December 31, 2010 and 2009 were as follows:

Years of Service	Percentage Vested
1	20
2	40
3	60
4	80
5 or more	100

Trustee - Great West Life & Annuity Insurance Company is the Plan Trustee ("Trustee") and holds the Plan assets.

1. Description of the Plan - (Continued)

Plan Investment - The Plan's assets are held in trust and the plan offers 31 investment options through PSAs (holding underlying investments of mutual funds) and GICs. Plan participants may direct their contributions in 1% increments to any of these investment options. The participants select the percentage or amount of contributions to be allocated to each investment option. Participant's contributions are withheld from their paychecks and remitted to the Trustee. The participants' accounts are credited with actual earnings on underlying investments. Earnings on investments include interest income, dividends and realized and unrealized gains or losses from the funds.

Payment of Benefits - Benefits attributable to each participant become fully vested in the event of death, total disability, or normal retirement at age 65. Participants whose service terminates prior to their normal retirement age, other than by reason of death or disability, are entitled to a termination benefit based upon their vested entitlements. On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of their account, or installments over a period of time.

In addition, a participant may make withdrawals of vested benefits under certain limited circumstances, including financial hardship and participant loans.

Notes Receivable from Participants - Loans are available to active participants who maintain an account balance under the Plan provided that the minimum loan amount is $1,000 with a maximum of $50,000 or 50% of the participant's vested account balance, whichever is less. Such loans are collateralized by the respective participant's account, with interest and principal payments being credited to the participant's account according to the then current investment choices. All loans are subject to repayment through payroll deductions over a maximum period of 5 years, except for loans to purchase primary residence, for which the period is up to 15 years. The interest rate for loans is the prime rate published in the Wall Street Journal on the date of loan approval plus two percent.

Forfeitures - The portion of a participant's account that is not vested is forfeited when the participant's employment with the Company is terminated. These forfeitures are first used to pay administrative expenses of the Plan and then to reduce future employer contributions payable under the Plan. At December 31, 2010 and 2009 the balance in the forfeiture non-vested account amounted to $1,278 and $28,783, respectively. During the year ended December 31, 2010, employer contributions were reduced by $30,204 from forfeited funds.

1. Description of the Plan - (Continued)

Risk and Uncertainties - The Plan invests in various financial investments. All such investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain financial investments, it is at least reasonably possible that changes in the values of the investments securities will occur in the near term and that such change could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

Plan Termination - The Company anticipates and believes that the Plan will continue without interruption, but reserves the right to terminate the Plan in whole or in part at any time. In the event of termination of the Plan, the net assets will be allocated amongst the participants in accordance with the terms of the Plan and ERISA.

2. Investments

The fair value of investments that represent 5% or more of the Plan's net assets available for benefits is as follows:

	December 31, 2010 Net Asset Value	December 31, 2009 Net Asset Value
PSAs:		
Bond Funds		
Maxim Bond Index	$ 355,079	$ 405,839
Mid-Cap Funds		
Columbia Mid Cap Value R	371,950	227,425
Large-Cap Funds		
Maxim S&P 500 Index	316,402	-
Oppenheimer Capital Appreciaion A	-	231,029
Maxim T. Rowe Price Equity Income	-	255,926
International Funds		
Oppenheim Global A	287,227	261,170
Profile Series Funds		
Maxim Moderate Profile II	320,479	286,857
GIC:		
Guaranteed Portfolio Fund	1,210,902	887,138

3. Information Certified by the Trustee

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedules as of December 31, 2010 and 2009 and for the years then ended, that was prepared or derived from information prepared by the Trustee:

a) Statements of Net Assets Available for Benefits, except for participants' loans.
b) Statements of changes in Net Assets Available for Benefits, except for contributions and deductions.
c) Supplemental schedule.

The Plan Administrator has obtained a certification from the Trustee that such information is complete and accurate.

4. Fair Value Measurement

FASB ASC 820, *Fair Value Measurement and Disclosure,* established a framework for measuring fair value. Under ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. The Statement also establishes a fair value hierarchy that distinguishes between inputs based on market data from independent sources (observable inputs) and a reporting entity's internal assumptions based on the best information available when external market data is limited or unavailable (unobservable inputs). The fair value hierarchy in ASC 820 prioritizes fair value measurements into following three levels based on the nature of inputs:

Level 1
Values are unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.

Level 2
Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3
Certain inputs are unobservable, supported by little or no market activity, and significant to the fair value measurement. Unobservable inputs reflect the Company's best estimate of fair value.

4. Fair Value Measurement - (Continued)

In January 2010, the FASB issued ASU No. 2010 - 06, *Fair Value Measurements and Disclosures: Improving Disclosures about Fair Value Measurements*. ASU 2010-06 requires new disclosures regarding transfers in and out of the Level 1 and 2 and activity within Level 3 fair value measurements and clarifies existing disclosures of inputs and valuation techniques for Level 2 and 3 fair value measurements. ASU 2010-06 also includes conforming amendments to employers' disclosures about post retirement benefit plan assets. The new disclosures and clarifications of existing disclosures are effective for interim and annual reporting periods beginning after December 13, 2009, except for the disclosure of activity within Level 3 fair value measurements, which is effective for fiscal years beginning after December 15, 2010, and for interim periods within those years. We have adopted ASU 2010-06 and fair value information reflects the required disclosures.

The Plan's investments are reported at fair value in the accompanying statements of net assets available for Plan benefits. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value

	Assets at Fair Value as of December 31, 2010		
	Level 1	Level 3	Total
PSAs			
Small-Cap Funds	$ 276,535	$ -	$ 276,535
Bond Funds	517,726		517,726
Mid-Cap Funds	569,242		569,242
Large-Cap Funds	952,857		952,857
International Funds	755,098		755,098
Profile Series	574,320		574,320
Total Mutual Funds	3,645,778	-	3,645,778
GICs	-	1,210,902	1,210,902
Total Assets at Fair Value	$ 3,645,778	$ 1,210,902	$ 4,856,680

4. Fair Value Measurement - (Continued)

	Assets at Fair Value as of December 31, 2009		
	Level 1	Level 3	Total
PSAs			
Small-Cap Funds	$ 166,333	$ -	$ 166,333
Bond Funds	569,542		569,542
Mid-Cap Funds	502,669		502,669
Large-Cap Funds	913,410		913,410
International Funds	683,478		683,478
Profile Series	523,615		523,615
Total Mutual Funds	3,359,047	-	3,359,047
GICs	-	891,928	891,928
Total Assets at Fair Value	$ 3,359,047	$ 891,928	$ 4,250,975

The table below sets forth a summary of change in the fair value of the Plan's Level 3 assets for the year ended December 31, 2010:

	Guaranteed Investment Contracts
Balance at January 1, 2010	$ 891,928
Issuances, transfers and settlements (Net)	318,974
Balance at December 31, 2010	$ 1,210,902

5. Guaranteed Investment Contracts

The Plan has a fully benefit - responsive investment contract with the insurance company that holds most of the Plan's investment. The insurance company maintains the contributions in the group annuity contract, which is credited with interests and charged for participant withdrawals and administrative expenses. The contract is considered a traditional GIC in which the fair value equals the contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and

5. Guaranteed Investment Contracts - (Continued)

administrative expenses. The contract offers transfers, distributions and cessation options to participants. Plan management believes that the occurrence of events that would cause the plan to transact at less than contract value is not probable. The insurance company may not terminate the contract at any amount less than contract value.

The insurance company is contractually obligated to pay the principal and specified interest rate that is guaranteed to the Plan. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. Such interest rates are reviewed on a quarterly basis for resetting.

	2010	2009
Average yields		
Based on annualized earnings	2.43%	2.96%
Based on interest rate credited to participants	2.10%	2.45%

6. Income Tax Status

The Internal Revenue Service has determined, and informed the Company by a letter dated July 21, 1995, that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC") and therefore not subject to tax under present income tax law. The Plan has been amended since receiving the determination letter, however, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Services. The plan administration has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

7. Party-in-Interest Transactions

(a) Plan holds units of PSAs managed by the Custodian/Trustee of the Plan.

(b) Plan investments in GICs at December 31, 2010 were with the Custodian/Trustee of the Plan.

(c) Administrative fees paid by the Plan to the Plan Administrator amounted to $2,906 and $2,464 for the years ended December 31, 2010 and 2009, respectively.

(d) Managed account fees paid to the Trustee of the Plan amounted to $11,145 and $9,054 for the years ended December 31, 2010 and 2009, respectively.

8. Subsequent Events

There have been no other material subsequent events. Subsequent Events were evaluated through June 9, 2011, the date these financial statements were available to be issued.

9. Comparative Figures

The prior year's figures have been regrouped and reclassified, where necessary, to conform with the current year's presentation.

Karen Kane, Inc.
401(k) Profit Sharing Plan

Schedule of Assets Held for Investment Purposes

Year Ended December 31, 2010

	Number of Units	Cost	Fair Value
Pooled Separate Accounts (PSAs)			
Small-Cap Funds			
Maxim Index 600	11,305	$ 175,578	$ 209,582
First American Small Cap Select A	59	501	587
Ridgeworth Small Cap Growth Fund I	1,970	22,641	25,270
Royce Total Return K	3,954	37,482	41,096
Bond Funds			
Maxim Bond Index	14,739	304,680	355,079
Maxim Loomis Sayles Bond Portfolio	651	20,734	27,538
Maxim US Government Securities Fund	2,330	423,794	57,048
PIMCO Total Return, Admin	4,624	69,719	78,061
Mid-Cap Funds			
Columbia Mid Cap Value R	38,631	309,129	371,950
Maxim T. Rowe Price Mid-Cap Growth	2,244	65,326	74,886
Lord Abbett Value Opportunities A	3,623	39,262	50,925
Fidelity Advisor Leveraged Co STK - T	7,583	70,935	71,481
Large-Cap Funds			
Marsico Focus	6,984	69,670	86,280
Maxim T. Rowe Price Equity Income	14,120	177,590	194,696
Oppenheimer Capital Appreciation A	23,309	182,899	229,927
Maxim S & P 500 Index	24,004	277,076	316,402
American Funds Growth Fund of Amer R3	5,196	79,389	80,658
Davis NY Venture R	3,395	27,924	34,157
RiverSource Diversified Equity Income R3GRD050	1,223	8,051	10,737
International Funds			
American Funds Europacific Growth R3	8,645	158,706	187,231
MFS International Value R2	18,018	197,778	214,360
Oppenheimer Global A	19,568	256,140	287,227
Putnam International Capital Opportunities R	6,928	54,190	66,280
Profile Series			
Maxim Aggressive Profile II	14,171	149,444	193,679
Maxim Conservative Profile II	3,791	47,153	60,162
Maxim Moderate Profile II	21,069	230,732	320,479
		3,456,523	3,645,778
Great West Guaranteed Investment Contracts (GICs)			
Guaranteed Portfolio Fund *		1,111,810	1,210,902
		1,111,810	1,210,902
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES		$ 4,568,333	$ 4,856,680

* Represents Party-In-Interest

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

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan
KAREN KANE, INC. 401(k) PROFIT SHARING PLAN

Employer Identification Number
95-3579007

Three-digit plan number ► 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	GREAT WEST	MAXIM AGGRESSIVE PROFILE II	149,444	193,678
	GREAT WEST	MAXIM MODERATE PROFILE II	230,732	320,479
	GREAT WEST	MAXIM CONSERVATIVE PROFILE II	47,153	60,162
	GREAT WEST	MFS INTERNATIONAL VALUE R2	197,778	214,361
	GREAT WEST	AM FUNDS EUROPACIFIC GROWTH R3	158,706	187,230
	GREAT WEST	OPPENHEIMER GLOBAL A	256,140	287,227
	GREAT WEST	MAXIM INDEX 600	175,578	209,582
	GREAT WEST	ROYCE TOTAL RETURN K	37,482	41,096
	GREAT WEST	RIDGEWORTH SMALL CAP GROWTH FU	22,641	25,270
	GREAT WEST	COLUMBIA MID CAP VALUE R	309,129	371,950
	GREAT WEST	FIDELITY ADVISOR LEVERAGED CP	70,935	71,481
	GREAT WEST	NUVEEN SMALL CAP SELECT A	501	587
	GREAT WEST	PUTNAM INTL CAPITAL OPP R	54,190	66,280
	GREAT WEST	AMERICAN FUNDS GROWTH FUN OF A	79,389	80,658
	GREAT WEST	DAVIS NY VENTURE R	27,924	34,157
	GREAT WEST	MARSICO FOCUS	69,670	86,280
	GREAT WEST	MAXIM S & P 500 INDEX	277,076	316,402
	GREAT WEST	MAXIM T ROWE PRICE EQUITY INCO	177,590	194,697
	GREAT WEST	OPPENHEIMER CAPITAL APPRECIATI	182,899	229,927
	GREAT WEST	LORD ABBETT VALUE OPP A	39,262	50,925
	GREAT WEST	MAXIM BOND INDEX	304,680	355,079
	GREAT WEST	MAXIM LOOMIS SAYLES BOND PORTF	20,734	27,538
	GREAT WEST	MAXIM GOVERMENT SECURITIES FUN	423,794	57,048
	GREAT WEST	PIMCO TOTAL RETURN ADMIN	69,719	78,061
	GREAT WEST	MAXIM T. ROWE PRICE MID CAP	65,326	74,886
	GREAT WEST	COLUMBIA DIVERSIFIED EQUITY R3	8,051	10,737
	GREAT WEST	GUARANTEED PORTFOLIO FUND	1,111,810	1,209,625
	PARTICIPANT LOANS	VARIOUS INT 5.25% TO 10.25%	0	158,383

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

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan
KAREN KANE, INC. 401(k) PROFIT SHARING PLAN

Employer Identification Number
95-3579007

Three-digit plan number ► 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	GREAT WEST	MAXIM AGGRESSIVE PROFILE II	149,444	193,678
	GREAT WEST	MAXIM MODERATE PROFILE II	230,732	320,479
	GREAT WEST	MAXIM CONSERVATIVE PROFILE II	47,153	60,162
	GREAT WEST	MFS INTERNATIONAL VALUE R2	197,778	214,361
	GREAT WEST	AM FUNDS EUROPACIFIC GROWTH R3	158,706	187,230
	GREAT WEST	OPPENHEIMER GLOBAL A	256,140	287,227
	GREAT WEST	MAXIM INDEX 600	175,578	209,582
	GREAT WEST	ROYCE TOTAL RETURN K	37,482	41,096
	GREAT WEST	RIDGEWORTH SMALL CAP GROWTH FU	22,641	25,270
	GREAT WEST	COLUMBIA MID CAP VALUE R	309,129	371,950
	GREAT WEST	FIDELITY ADVISOR LEVERAGED CP	70,935	71,481
	GREAT WEST	NUVEEN SMALL CAP SELECT A	501	587
	GREAT WEST	PUTNAM INTL CAPITAL OPP R	54,190	66,280
	GREAT WEST	AMERICAN FUNDS GROWTH FUN OF A	79,389	80,658
	GREAT WEST	DAVIS NY VENTURE R	27,924	34,157
	GREAT WEST	MARSICO FOCUS	69,670	86,280
	GREAT WEST	MAXIM S & P 500 INDEX	277,076	316,402
	GREAT WEST	MAXIM T ROWE PRICE EQUITY INCO	177,590	194,697
	GREAT WEST	OPPENHEIMER CAPITAL APPRECIATI	182,899	229,927
	GREAT WEST	LORD ABBETT VALUE OPP A	39,262	50,925
	GREAT WEST	MAXIM BOND INDEX	304,680	355,079
	GREAT WEST	MAXIM LOOMIS SAYLES BOND PORTF	20,734	27,538
	GREAT WEST	MAXIM GOVERMENT SECURITIES FUN	423,794	57,048
	GREAT WEST	PIMCO TOTAL RETURN ADMIN	69,719	78,061
	GREAT WEST	MAXIM T. ROWE PRICE MID CAP	65,326	74,886
	GREAT WEST	COLUMBIA DIVERSIFIED EQUITY R3	8,051	10,737
	GREAT WEST	GUARANTEED PORTFOLIO FUND	1,111,810	1,209,625
	PARTICIPANT LOANS	VARIOUS INT 5.25% TO 10.25%	0	158,383

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

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan
KAREN KANE, INC. 401(k) PROFIT SHARING PLAN

Employer Identification Number
95-3579007

Three-digit plan number ▶ 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	GREAT WEST	MAXIM AGGRESSIVE PROFILE II	149,444	193,678
	GREAT WEST	MAXIM MODERATE PROFILE II	230,732	320,479
	GREAT WEST	MAXIM CONSERVATIVE PROFILE II	47,153	60,162
	GREAT WEST	MFS INTERNATIONAL VALUE R2	197,778	214,361
	GREAT WEST	AM FUNDS EUROPACIFIC GROWTH R3	158,706	187,230
	GREAT WEST	OPPENHEIMER GLOBAL A	256,140	287,227
	GREAT WEST	MAXIM INDEX 600	175,578	209,582
	GREAT WEST	ROYCE TOTAL RETURN K	37,482	41,096
	GREAT WEST	RIDGEWORTH SMALL CAP GROWTH FU	22,641	25,270
	GREAT WEST	COLUMBIA MID CAP VALUE R	309,129	371,950
	GREAT WEST	FIDELITY ADVISOR LEVERAGED CP	70,935	71,481
	GREAT WEST	NUVEEN SMALL CAP SELECT A	501	587
	GREAT WEST	PUTNAM INTL CAPITAL OPP R	54,190	66,280
	GREAT WEST	AMERICAN FUNDS GROWTH FUN OF A	79,389	80,658
	GREAT WEST	DAVIS NY VENTURE R	27,924	34,157
	GREAT WEST	MARSICO FOCUS	69,670	86,280
	GREAT WEST	MAXIM S & P 500 INDEX	277,076	316,402
	GREAT WEST	MAXIM T ROWE PRICE EQUITY INCO	177,590	194,697
	GREAT WEST	OPPENHEIMER CAPITAL APPRECIATI	182,899	229,927
	GREAT WEST	LORD ABBETT VALUE OPP A	39,262	50,925
	GREAT WEST	MAXIM BOND INDEX	304,680	355,079
	GREAT WEST	MAXIM LOOMIS SAYLES BOND PORTF	20,734	27,538
	GREAT WEST	MAXIM GOVERMENT SECURITIES FUN	423,794	57,048
	GREAT WEST	PIMCO TOTAL RETURN ADMIN	69,719	78,061
	GREAT WEST	MAXIM T. ROWE PRICE MID CAP	65,326	74,886
	GREAT WEST	COLUMBIA DIVERSIFIED EQUITY R3	8,051	10,737
	GREAT WEST	GUARANTEED PORTFOLIO FUND	1,111,810	1,209,625
	PARTICIPANT LOANS	VARIOUS INT 5.25% TO 10.25%	0	158,383