## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	Complete all	entries in acco	rdance wit	h the instructions to the Form 550	0-SF.			
	art I Annual Report Identification Inf							
For	calendar plan year 2009 or fisc <u>al</u> plan year beginnir	ng 01/01/20	09	and ending	2/31/2	2009		
Α.	Fhis return/report is for:	olan	multiple-e	employer plan (not multiemployer)		one-participal	nt plan	
В .	This return/report is for: first return/report final return/report					_		
	an amended retu	rn/report	short plar	n year return/report (less than 12 mo	nths)			
C	Check box if filing under:	Ī	automatic	extension		DFVC progra	m	
	special extension	(enter descript	ion)					
Pa	rt II Basic Plan Information—enter all							
	Name of plan	equested illion	паноп		1h	Three-digit		
	N & CO., INC. 401(K) PROFIT SHARING PLAN				1.5	plan number		
						(PN) <b>•</b>	001	
					1c	Effective date of		
						01/01/1		
	Plan sponsor's name and address (employer, if for	single-employe	er plan)		2b	Employer Identif		nber
СОН	N & CO., INC.				20	(EIN) 13-4051 Plan sponsor's to		umher
115 E	AST 30TH STREET					212-253		amber
NEW	YORK, NY 10016				2d	Business code (	see instruc	tions)
	Di	D.	. "0	"	26	711100	-15.1	
	Plan administrator's name and address (if same as N & CO., INC.	Plan sponsor, 115 EAST 3			30	Administrator's E		
		NEW YORK			3с	Administrator's to		number
						212-253		
	the name and/or EIN of the plan sponsor has char	•		port filed for this plan, enter the	4b	EIN		
1	name, EIN, and the plan number from the last return	vreport. Spons	sor's name		4c	PN		
5a	Total number of participants at the beginning of the	e plan year			5a			7
b	Total number of participants at the end of the plan				5b			2
C	Total number of participants with account balances	•			30			
	complete this item)				5c			2
6a	Were all of the plan's assets during the plan year	invested in eligi	ble assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination						V vaa	
	under 29 CFR 2520.104-46? (See instructions on If you answered "No" to either 6a or 6b, the pla						× Yes	No
Pa	rt III Financial Information	in cannot use	FOIII 5500-	SF and must instead use Form 55	00.			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Voor	
-	Total plan assets		7a	18657	6	(b) Elia	Oi i eai	48728
b	Total plan liabilities				0			0
C	Net plan assets (subtract line 7b from line 7a)			186570				48728
8	Income, Expenses, and Transfers for this Plan Yea		70	(a) Amount		(b) T	otal	.0.20
а	Contributions received or receivable from:	41		(a) Amount		(6) 1	otai	
	(1) Employers		8a(1)	(	0			
	(2) Participants		8a(2)		0			
	(3) Others (including rollovers)		8a(3)		0			
b	Other income (loss)		8b	3959 <sup>-</sup>	1			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b	)	8c					39591
d	Benefits paid (including direct rollovers and insurato provide benefits)	•	8d	177439	9			
е	Certain deemed and/or corrective distributions (se				0			
f	Administrative service providers (salaries, fees, co				0			
g	Other expenses	•			0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							177439
i	Net income (loss) (subtract line 8h from line 8c)						-	137848
j	Transfers to (from) the plan (see instructions)				0			

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 3H

D I	rtn	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Pian Charac	cterisi	iic Coo	ies in	ine instruction	ons:	
Part '	٧	Compliance Questions								
10	Dui	ing the plan year:				Yes	No		Amount	
а	<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)		· ·	10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c		X			
		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		X			
	ins	re any fees or commissions paid to any brokers, agents, or other per per ance service or other organization that provides some or all of the ructions.)	benefits under the	plan? (See	10e		X			
f	Has	s the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g		X			
		is is an individual account plan, was there a blackout period? (See 20.101-3.)		) CFR	10h		X			
		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	•		10i					
Part \	۷I	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Yes	X No
		0))his a defined contribution plan subject to the minimum funding requ								X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 01 1110 0000	01 00	Otion	002 01	L1(10/\	ш	ш
а	lf a	waiver of the minimum funding standard for a prior year is being am	nortized in this plar							-
	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB			h		Day		Year	
		er the minimum required contribution for this plan year	,	•		Г	12b			
		er the amount contributed by the employer to the plan for this plan y					12c			
d	Sub	stract the amount in line 12c from the amount in line 12b. Enter the rative amount)	result (enter a minu	us sign to the left o	of a		12d			
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A
Part \	/II	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					X Yes	No
		es," enter the amount of any plan assets that reverted to the emplo					13a			0
		re all the plan assets distributed to participants or beneficiaries, tranne PBGC?	nsferred to another	plan, or brought u	ınder	the co	ntrol		Yes	X No
		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	e plaı	n(s) to				
13	3c(1	) Name of plan(s):			<b>13c(2)</b> EIN(s) <b>13</b>				13c(3)	PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I diedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN Filed with authorized/valid electronic signature. 10/08/2010 JACK COHN										
HERE					individual signing as plan administrator					

Date

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	rt I Annual Report Identification Information	- / / -			10/21/22	
For	,	1/01/20	0.9 and ending		12/31/200	9
<b>A</b> 1	This return/report is for:	multiple-en	nployer plan (not multiemployer)		one-participa	nt plan
В -	his return/report is for: first return/report	final return	report/			
_		short plan	year return/report (less than 12 mor	iths)		
0	Check box if filing under: X Form 5558	automatic (	extension		☐ DFVC progra	m
•	special extension (enter description	n)			_	
Do						
	rt II   Basic Plan Information—enter all requested information Name of plan	ition		1b	Three-digit	
	Cohn & Co., Inc.				plan number	
	401(k) Profit Sharing Plan			-	(PN) <b>•</b>	001
	tor(x) rearrangement			1¢	Effective date of 01/01/1999	
				2h	Employer Identi	
2a	Plan sponsor's name and address (employer, if for single-employer $Cohn \& Co., Inc.$	plan)		20	(EIN) 13-405	
				2c	Plan sponsor's f	elephone number
	115 East 30th Street				(212)253-	<del></del>
	113 Habe 300m boroot		1001 <i>c</i>	2d	Business code (711100	see instructions)
	New York	tor "Same	NY 10016	3b	Administrator's	FIN
3a	Plan administrator's name and address (if same as Plan sponsor, $\operatorname{er}_{\operatorname{Same}}$	itei Saine	,			
				3с	Administrator's	telephone number
				4.		
4	the name and/or EIN of the plan sponsor has changed since the last	st return/rep	port filed for this plan, enter the	4D	EIN	
	name, EIN, and the plan number from the last return/report. Sponsor	1 3 Hallic		4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		7
b	Total number of participants at the end of the plan year			5b		2
c	Total number of participants with account balances as of the end of					
_	complete this item)			_5c		2
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes   No
b	Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified public accountant (IC	PA)		X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lift you answered "No" to either 6a or 6b, the plan cannot use Formula in the control of the control o	orm 5500-	SF and must instead use Form 55	00.		
P	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
, ,	Total plan assets	7a	186,57	76		48,728
b	Total plan liabilities			0		C
C	Net plan assets (subtract line 7b from line 7a)		186,5	76		48,728
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b)	Total
a	Contributions received or receivable from:					
_	(1) Employers	. 8a(1)		_		
	(2) Participants	8a(2)		0		
	(3) Others (including rollovers)	. 8a(3)		0		
b	· ·		39,5	91		20 501
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		-		39,591
d		. 8d	177,4	39		
_	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)			0		
e						•
Ţ	Administrative service providers (salaries, fees, commissions)			0		
g	•			+		177,439
h	• •			$\dashv$		(137,848)
Í :	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)			0		
- 1	Transiers to (iron) the plan (see instructions)	··   8j	l .	٦,		

•		Form 5500-SF 2009	Pag	2						
Par	t IV	Plan Characteristics			J-W- O-	doo lo fi	ha ingtaud	ione:		
9a	if the	plan provides pension benefits, enter the applicable pension feature code 2E 2G 2J 2K 3D 3H plan provides welfare benefits, enter the applicable welfare feature codes								
Part	V	Compliance Questions								
10	Du	ing the plan year:			Yes	No		Amount		
	29	s there a failure to transmit to the plan any participent contributions within t CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correc	tion Program	ו) <u>טר</u> ן	a	х				
b	Wa	re there any nonexempt transactions with any party-in-interest? (Do not incline 10a.)	dude transac	tions reported	ь	х				<del></del>
С		as the plan covered by a fidelity bond?			c	х				
d	Dic	the plan have a loss, whether or not reimbursed by the plan's fidelity bond tishonesty?	, that was ce	used by fraud	d	х				
8	We	re any fees or commissions paid to any brokers, agents, or other persons	by an insurar ts under the i	nce carrier, plan? (See		x		•		
	ins	tructions.)	•••••••			<del>  </del>				
f		s the plan failed to provide any benefit when due under the plan?			-	X				<del></del>
g		the plan have any participant loans? (If "Yes," enter amount as of year en			9	X				
h	25	nis is an individual account plan, was there a blackout period? (See instruc 20.101-3.)			<u>n</u>	х	·.			
i	If 1	Oh was answered "Yes," check the box if you either provided the required peptions to providing the notice applied under 29 CFR 2520.101-3	notice or one	Of the10	Di					
Part	t VI	Pension Funding Compliance								
11	Is i	his a defined benefit plan subject to minimum funding requirements? (If "Yo		*************		***********			es X	$\overline{}$
	(lf lfs	this a defined contribution plan subject to the minimum funding requirement "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) I waiver of the minimum funding standard for a prior year is being amortized	d in this plan	year, see instruction	ns, and	enter th	e date of t	the letter	ruling	, J
H	you	completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form	1 5500), and	skip to line 13.	Т	12b	<u> </u>			
b	) En	ter the minimum required contribution for this plan year		**************************		12c				
C	En	ter the amount contributed by the employer to the plan for this plan year btract the amount in line 12c from the amount in line 12b. Enter the result (	enter a minu	s sign to the left of	a	12d				
	ne	gative amount)					∏ Yes	No	П	N/A
6	W	the minimum funding amount reported on line 12d be met by the funding	QBBQIIIIB r	••••••			<u></u>			
Par	t VI	Plan Terminations and Transfers of Assets						×	es [	No
138	1 Ha	is a resolution to terminate the plan been adopted during the plan year or a	iny prior year	7	***********	13a	T		**	0
- t	3 W	Yes," enter the amount of any plan assets that reverted to the employer the ere all the plan assets distributed to participants or beneficiaries, transferre the PBGC?	d to another	plan, or brought un	der the	1			es 2	No
c	e (f	during this plan year, any assets or liabilities were transferred from this pla hich assets or liabilities were transferred. (See instructions.)	n to another	plan(s), identify the	pl <b>an(s)</b>	to				
		(1) Name of plan(s):			13c(2) EIN(s) 13c			c(3) P	N(s)	
	100	)								
					<del></del>					
Ca	utlo	: A penalty for the late or Incomplete filling of this return/report will b	bessessed	uniess reasonable	cause	s estat	lished.		O-b	
Un	der p	enaities of perjury and other penaities set forth in the instructions, I declare chedule MB completed and sigged by an enrolled actuary, as well as the e						cable, a y knowle	dge a	nd
pel	lief, i	is true, correct, and complete.		Jack Cohn						
	BIGN TO CONTROL OF THE PROPERTY OF THE PROPERT					ividual signing as plan administrator				
HI	ERE	Signature of pian administrator Date		criter name of Inc	AVICUUM!	agenrig i	Pieri ed	ARSU CIT	<u> </u>	
8	<b>IGN</b>									
	HERE Signature of employer/plan sponsor Date Enter name of individual signing					signing :	as employ	er or piai	5pol	NOT