Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ROTHSCHILD NORTH AMERICA, INC. 401(K) AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 08/15/1968

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

1251 AVENUE OF THE AMERICAS
51ST FLOOR
NEW YORK, NY 10020

2b Employer Identification Number (EIN)
13-3438524

2c Sponsor's telephone number
212-403-5214

2d Business code (see instructions)
523900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	BETH ADAMSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

ROTHSCHILD NORTH AMERICA, INC.

1251 AVENUE OF THE AMERICAS
51ST FLOOR
NEW YORK, NY 10020

3b Administrator's EIN: 13-3438524

3c Administrator's telephone number: 212-403-5214

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**	463
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**	225
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	206
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	431
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	432
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	415
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	62
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 3H 2R

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
ROTHSCHILD NORTH AMERICA, INC. 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
ROTHSCHILD NORTH AMERICA, INC.

D Employer Identification Number (EIN)
13-3438524

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
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	30500	415	12/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	1813448

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

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	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2009
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

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

A Name of plan
ROTHSCHILD NORTH AMERICA, INC. 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ROTHSCHILD NORTH AMERICA, INC.

D Employer Identification Number (EIN)
13-3438524

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NEW YORK LIFE INVESTMENT MANAGEMENT

52-2206685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 62 64	RETAINED BY EMPLOYER	100	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ISAAC'S FINANCIAL GROUP INC.

120 BROADWAY
37TH FLOOR
NEW YORK, NY 10271-0019

(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?
27	RETAINED BY EMPLOYER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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
ISAAC'S FINANCIAL GROUP INC.	61	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NYLIFE DISTRIBUTORS LLC 169 LACKAWANNA AVENUE PARSIPPANY, NJ 07054 56-2412827	20 BASIS POINTS FINDERS FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ISAAC'S FINANCIAL GROUP INC.	55	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NYLIFE DISTRIBUTORS LLC 169 LACKAWANNA AVENUE PARSIPPANY, NJ 07054 45-2412827	20 BASIS POINTS TRAILING COMMISSION

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
ROTHSCHILD NORTH AMERICA, INC. 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-3438524

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: FA STABLE VALUE

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST 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)
04-3022712-026	C	11856855

a Name of MTIA, CCT, PSA, or 103-12 IE: NEW YORK LIFE ANCHOR ACCOUNT

b Name of sponsor of entity listed in (a): NEW YORK LIFE 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)
13-5582869-125	P	1813448

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
ROTHSCHILD NORTH AMERICA, INC. 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ROTHSCHILD NORTH AMERICA, INC.

D Employer Identification Number (EIN)
13-3438524

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	819372	802179
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	300733	265564
(9) Value of interest in common/collective trusts	1c(9)	12229620	11856855
(10) Value of interest in pooled separate accounts	1c(10)		1813448
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20029192	24432288
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	336080	454104

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	33714997	39624438
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	33714997	39624438

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)	1719919	
(B) Participants	2a(1)(B)	2300080	
(C) Others (including rollovers)	2a(1)(C)	251393	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4271392
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	20917	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20917
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	237345	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		237345
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		578699
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3785
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6379248
c Other income	2c		117217
d Total income. Add all **income** amounts in column (b) and enter total	2d		11608603
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5697179	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5697179
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1975	
(3) Investment advisory and management fees	2i(3)	8	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1983
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5699162
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		5909441
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BUCHBINDER TUNICK & COMPANY LLP (2) EIN: 13-1578842

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		11000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
ROTHSCHILD NORTH AMERICA, INC. 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ROTHSCHILD NORTH AMERICA, INC.

D Employer Identification Number (EIN)
13-3438524

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): 04-6568107 13-3808049

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):

ROTHSCHILD NORTH AMERICA, INC.
401(k) AND PROFIT SHARING PLAN

Financial Statements
and
Supplemental Schedule

For the Years Ended December 31, 2009 and 2008

ROTHSCHILD NORTH AMERICA, INC.
401(k) AND PROFIT SHARING PLAN
For the Years Ended December 31, 2009 and 2008

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BT&CO.
BUCHBINDER TUNICK & COMPANY LLP
CERTIFIED PUBLIC ACCOUNTANTS

ONE PENNSYLVANIA PLAZA • SUITE 5335 • NEW YORK, NY 10119-0219
212-695-5003 • FAX 212-695-4638 • www.buchbinder.com

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of
Rothschild North America, Inc.
401(k) and Profit Sharing Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Rothschild North America, Inc. 401(k) and Profit Sharing Plan (the "Plan") as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedule of assets (held at end of year) as of December 31, 2009. 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 summarized in Note 8, which was certified by New York Life Trust Company and Fidelity Management Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that New York Life Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2009 and for the period December 1, 2009 through December 31, 2009, and that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions for the period January 1, 2009 through November 30, 2009 and for the year ended December 31, 2008. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustees 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 schedule, 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 Security Act of 1974.

Buchbinder Tunick & Company LLP

BUCHBINDER TUNICK & COMPANY LLP

New York, NY
October 12, 2010

ROTHSCHILD NORTH AMERICA, INC.
401(k) AND PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets:		
Investments, at fair value:		
Mutual funds	$ 24,432,288	$ 20,029,192
Common/collective trusts	11,841,441	12,229,620
Pooled separate account	1,726,402	-
Self-directed brokerage accounts	454,104	336,080
Loans to participants	265,564	300,733
Total investments	38,719,799	32,895,625
Employer contributions receivable	802,179	819,372
Total assets	39,521,978	33,714,997
Liabilities	-	-
Net assets available for benefits, at fair value	39,521,978	33,714,997
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	102,460	335,379
Net assets available for benefits	$ 39,624,438	$ 34,050,376

See notes to financial statements.

ROTHSCHILD NORTH AMERICA, INC.
401(k) AND PROFIT SHARING PLAN
Statements of Changes in Net Assets Available for Benefits
For the years ended December 31, 2009 and 2008

	2009	2008
Additions (reductions) to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 6,479,074	$ (13,300,850)
Interest and dividends	501,841	1,353,167
Interest income from loans to participants	20,917	27,708
Net investment income (loss)	7,001,832	(11,919,975)
Contributions:		
Employer	1,719,919	1,805,224
Participant	2,300,080	2,393,238
Rollover	251,393	13,226
Total contributions	4,271,392	4,211,688
Total additions (reductions)	11,273,224	(7,708,287)
Deductions from net assets attributed to:		
Benefits paid to participants	5,697,179	3,828,538
Administrative expenses	1,983	1,909
Total deductions	5,699,162	3,830,447
Net increase (decrease)	5,574,062	(11,538,734)
Net assets available for benefits:		
Beginning of year	34,050,376	45,589,110
End of year	$ 39,624,438	$ 34,050,376

See notes to financial statements.

Note 1 - Plan Description and Funding

The following description of the Rothschild North America, Inc. (the "Company") 401(k) and Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan which provides an incentive for employees of the Company to save for retirement through payroll deductions. All full-time employees over the age of 21 are eligible to participate on the first day of each month. Eligibility, for the purposes of profit sharing contributions, requires participants to be age 21 and complete six months of service by the end of the twelve-month period. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions

The employer contributes to the Plan for each plan year (or portion of a plan year) that an employee is a participant in the Plan: (a) a matching contribution of 100% of up to the first 3% of salary which a participant elects to contribute to the Plan and 50% of the next 2% of salary which a participant elects to contribute to the Plan (the "Safe Harbor Match"); and (b) may make an additional discretionary contribution in such amount as the employer shall determine. For 2009 and 2008, the discretionary contribution was 2% of participants' salaries. Participants may make a total contribution of up to 60% of salary on a pretax basis, but no more than the amount permitted by law. Certain participants (age 50 and older) can make additional catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover contributions). Participants direct the investment of their contribution into various investment options offered by the Plan. The Plan currently offers various mutual funds, a common/collective trust, a pooled separate account, or outside self-directed brokerage accounts as investment options for participants.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of employer's contributions and plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - Plan Description and Funding (Continued)

Vesting

Participants are immediately vested in their contributions and the employer's Safe Harbor Match, plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of credited service. Under the plan agreement, vesting begins on a pro rata basis, after the participant has completed two years of service. A participant is fully vested after five years of service.

The following schedule is a breakdown of vesting percentages:

Years of Service	Percent Vested
2 years but less than 3 years	25%
3 years but less than 4 years	50%
4 years but less than 5 years	75%
5 years or more	100%

Participant Loans

Participants may borrow from their vested fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the participants' vested account balance. The loans are secured by the balance in the participants' accounts and bear interest at rates that range from 4.25% to 10.50% at December 31, 2009.

Loans must be repaid in level payments generally through after-tax payroll deductions at least on a quarterly basis over a period not to exceed five years, except when the loan is used for the purchase of a primary residence, in which case the repayment period cannot exceed 10 years. In the event of termination of service of a participant before the vested balance is paid in full, the unpaid loan balance and interest shall immediately become due and payable.

Payment of Benefits

Upon termination of employment, retirement, or disability, participants may elect to have vested benefits under the Plan paid in a lump sum distribution to the participant either in cash, as a direct rollover, or a combination of both. In the event of a participant's death, the lump sum distribution of the deceased participant's balance will be made in cash to the beneficiary.

Note 1 - Plan Description and Funding (Continued)

Forfeited Accounts

As of December 31, 2009 and 2008, the forfeited non-vested account totaled $116,588 and $73,368, respectively. This account will be used to reduce future employer contributions. As of December 31, 2009 and 2008, forfeitures used to reduce the employer's matching and discretionary profit sharing contribution totaled $60,000 and $78,784, respectively.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statements of changes in net assets available for benefits is prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Note 2 - Summary of Significant Accounting Policies (Continued)

Valuation of Investments and Income Recognition

Mutual funds are valued at the net asset value of the shares held by the Plan at year end. Common stocks are valued at quoted market prices. Participant loans are valued at their outstanding balances, which approximate fair value.

The Plan has entered into a common/collective trust investment with Fidelity Management Trust Company, which holds a fully benefit-responsive investment contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract value of the investment contract at December 31, 2009 and 2008 was $11,856,855 and $12,564,999, respectively. At December 31, 2009 and 2008, the common/collective trust is stated at fair value based upon the underlying market value of the assets in the common/collective trust and the market value of similar contracts. The adjustment from fair value to contract value is based on the contract value as reported to the Plan by New York Life Trust Company.

In 2009, the Plan entered into a pooled separate account investment with New York Life Trust Company, which holds a fully benefit-responsive investment contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract value of the investment contract at December 31, 2009 was $1,813,448. At December 31, 2009, the pooled separate account is stated at fair value based upon the underlying market value of the assets in the pooled separate account and the market value of similar contracts. The adjustment from fair value to contract value is based on the contract value as reported to the Plan by New York Life Trust Company.

Certain events, such as the premature termination of the contracts by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with Fidelity Management Trust Company and New York Life Trust Company. The plan administrator believes the occurrence of such events that would also limit the Plan's ability to transact at contract value with Plan participants is not probable.

Purchases and sales of securities are reported on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Note 2 - Summary of Significant Accounting Policies (Continued)

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Plan administrative expenses are primarily comprised of investment management advisory fees and record keeping fees. These expenses are paid directly by the Plan. Other expenses related to the Plan are paid directly by the Company and are not reflected in the Plan's financial statements.

Subsequent Events

The Financial Accounting Standards Board ("FASB") established standards for the accounting for and disclosure of events and transactions that occur after the statement of net assets available for benefits date but before the financial statements are issued or are available to be issued. It requires the disclosure of the date through which an entity has evaluated subsequent events and whether that date is the date the financial statements were issued or the date the financial statements were available to be issued. The Plan adopted these standards during the year ended December 31, 2009. The adoption of the subsequent events provisions did not have a material impact on the Plan's financial statements.

The Plan has evaluated subsequent events and transactions through October 12, 2010, the date that the Plan's financial statements were available to be issued.

Note 3 - Investments

The following table presents investments that represent 5 percent or more of the Plan's net assets available for benefits in either year:

	2009	2008
Royce Low Priced Stock (serv)	$ 3,940,675	$ -
Thornburg Intl Value Fund R3	3,511,323	-
MainStay ICAP Select Equity R2	2,788,100	-
MainStay S&P 500 Index Fund A	2,423,157	-
FA Stable Value Fund*	11,856,855	12,564,999
RS Partners Class A	-	3,231,676
FA Equity Income Class A	-	2,746,478
Dreyfus S&P 500 Index	-	2,501,558

* At contract value

Note 3 - Investments (Continued)

Net Appreciation (Depreciation) in Fair Value of Investments

During the years ended December 31, 2009 and 2008, the Plan's investments (including investments bought, sold as well as held during the year) appreciated (depreciated) in value by $6,479,074 and $(13,300,850), respectively, as follows:

	2009	2008
Investments at fair value:		
Mutual funds	$ 6,361,857	$ (13,186,762)
Self-directed brokerage accounts	117,217	(114,088)
Net appreciation (depreciation) in fair value of investments	$ 6,479,074	$ (13,300,850)

Note 4 - Fair Value Measurements

Effective January 1, 2008, the Plan adopted the FASB's fair value measurements and disclosure accounting guidance, which establishes a framework for measuring fair value and clarifies the definition of fair value within that framework. It defines fair value as an exit price, which is the price that would be received for an asset or paid to transfer a liability in the Plan's principal or most advantageous market for the asset or liability, in an orderly transaction between market participants on the measurement date.

The fair value hierarchy generally requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs reflect the assumptions market participants would use in pricing the asset or liability and are developed based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the entity's own assumptions based on market data and the entity's judgments about the assumptions that market participants would use in pricing the asset or liability, and are to be developed based on the best information available in the circumstances.

The Plan determines the fair market value of its investment in securities based on the established fair value definition and hierarchy levels. The three levels within the hierarchy that may be used to measure fair value are:

Note 4 - Fair Value Measurements (Continued)

Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2: Observable inputs, including Level 1 prices that have been adjusted; quoted prices for similar assets or liabilities; quoted prices in markets that are less active than traded exchanges; and other inputs that are observable or can be substantially corroborated by observable market data.

Level 3: Unobservable inputs that are supported by little or no market activity and that are a significant component of the fair value of the assets or liabilities.

Judgment is required in evaluating both quantitative and qualitative factors in the determination of significance for purposes of fair value level classification. Level 3 amounts can include assets and liabilities whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as assets and liabilities for which the determination of fair value requires significant management judgment or estimation.

In many cases, a valuation technique used to measure fair value includes inputs from multiple levels of the fair value hierarchy. The lowest level of input that is a significant component of the fair value measurements determines the placement of the entire fair value measurement in the hierarchy. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels.

The following table sets forth, by level, the Plan's assets that were accounted for at fair value on a recurring basis as of December 31, 2009 and 2008:

Note 4 - Fair Value Measurements (Continued)

	Total Fair Value	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Investments at fair value as of December 31, 2009:				
Mutual funds:				
Growth funds	$ 7,134,074	$ 7,134,074	$ -	$ -
Blend funds	11,185,294	11,185,294	-	-
Value funds	2,895,458	2,895,458	-	-
Intermediate bond funds	3,217,462	3,217,462	-	-
	24,432,288	24,432,288	-	-
Common/collective trusts	11,841,441	-	11,841,441	-
Pooled separate account	1,726,402	-	1,726,402	-
Self-directed brokerage accounts	454,104	454,104	-	-
Loans to participants	265,564	-	-	265,564
Total investments	$38,719,799	$24,886,392	$13,567,843	$ 265,564
Investments at fair value as of December 31, 2008:				
Mutual funds:				
Growth funds	$ 2,871,345	$ 2,871,345	$ -	$ -
Blend funds	10,260,589	10,260,589	-	-
Value funds	4,051,333	4,051,333	-	-
Money market funds	807,441	-	807,441	-
Intermediate bond funds	2,038,484	2,038,484	-	-
	20,029,192	19,221,751	807,441	-
Common/collective trusts	12,229,620	-	12,229,620	-
Self-directed brokerage accounts	336,080	335,294	786	-
Loans to participants	300,733	-	-	300,733
Total investments	$32,895,625	$19,557,045	$13,037,847	$ 300,733

Note 4 - Fair Value Measurements (Continued)

The following table sets forth a summary of the changes in fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008.

	Loans to Participants	
	2009	2008
Balance, beginning of year	$ 300,733	$ 399,751
Loan advances and repayments (net)	(35,169)	(99,018)
Balance, end of year	$ 265,564	$ 300,733

The self-directed brokerage accounts contain mutual funds and common stocks.

Note 5 - Related Party Transactions

Certain plan investments are managed by New York Life Trust Company and Fidelity Management Trust Company. New York Life Trust Company and Fidelity Management Trust Company are the trustees as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

In 2009, plan administrative expenses of $1,983 were paid by the Plan to New York Life Trust Company and Fidelity Management Trust Company, the trustees. In 2008, administrative expenses of $1,909 were paid by the Plan to Fidelity Management Trust Company, a trustee. These transactions qualify as party-in-interest transactions.

Note 6 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

In the event of Plan termination, participants would become 100% vested in their accounts.

Note 7 - Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated June 14, 2005 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

The Company believes that the Plan, as amended, is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 8 - Information Certified by the Plan's Trustee (Unaudited)

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained certifications from New York Life Trust Company and Fidelity Management Trust Company, the trustees, that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

	2009	2008
Investments, at fair value:		
Mutual funds	$24,432,288	$20,029,192
Common/collective trusts	11,841,441	12,229,620
Pooled separate account	1,726,402	-
Self-directed brokerage accounts	454,104	336,080
Loans to participants	265,564	300,733
Total investments, at fair value	38,719,799	32,895,625
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	102,460	335,379
Net assets available for benefits	$38,822,259	$33,231,004
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 6,479,074	$(13,300,850)
Interest and dividends	501,841	1,353,167
Interest income from loans to participants	20,917	27,708
Net investment income (loss)	$ 7,001,832	$(11,919,975)

Note 8 - Information Certified by the Plan's Trustee (Unaudited) (Continued)

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 9 - Risks and Uncertainties

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

Note 10 - Reconciliation of Financial Statements to Form 5500 Annual Return/Report of Employee Benefit Plan

In accordance with ERISA regulations Section 2520.103-1(b)(3), set forth below is a reconciliation of amounts appearing in the accompanying financial statements to amounts appearing on Form 5500:

	2009	2008
Net Assets Available for Benefits		
Net assets available for benefits per Form 5500, Schedule H: Part I, Item 1l	$ 39,624,438	$ 33,714,997
Difference between fair value and contract value for fully benefit-responsive investment contracts in common/collective trusts at end of year	-	335,379
Amount per Page 3 of financial statements: Net assets available for benefits	$ 39,624,438	$ 34,050,376

Note 10 - Reconciliation of Financial Statements to Form 5500 Annual Return/Report of Employee Benefit Plan (Continued)

	2009
Reconciliation of Net Investment Income	
Amounts per Page 4 of financial statements:	
Net appreciation in fair value of investments	$ 6,479,074
Interest and dividends	501,841
Interest income from loans to participants	20,917
	$ 7,001,832
Amounts per Form 5500, Schedule H:	
Item 2b (1)(E)	$ 20,917
Item 2b (2)(C)	237,345
Item 2b (6)	578,699
Item 2b (7)	3,785
Item 2b (10)	6,379,248
Item 2c	117,217
Difference between fair value and contract value for fully benefit-responsive investment contracts in common/collective trusts during 2008	(335,379)
	$ 7,001,832
Administrative Expenses	
Administrative expenses per Form 5500, Schedule H:	
Part II, Item 2i(2)	$ 1,975
Part II, Item 2i(3)	8
Amount per Page 4 of financial statements:	
Administrative expenses	$ 1,983

Note 10 - Reconciliation of Financial Statements to Form 5500 Annual Return/Report of Employee Benefit Plan (Continued)

	2009
Net Increase in Net Assets	
Net income per Form 5500, Schedule H: Part II, Item 2k	$ 5,909,441
Difference between fair value and contract value for fully benefit-responsive investment contracts in common/collective trusts during 2008	(335,379)
Amount per Page 4 of financial statements: Net increase	$ 5,574,062

ROTHSCHILD NORTH AMERICA, INC.
401(k) AND PROFIT SHARING PLAN
Form 5500, Schedule H, Line 4(i)
Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of Issuer Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, or Maturity Value	(e) Current Value
	American Century	Amer Cent Inflation - Adj Bd A	$ 78,283
	MainStay	MainStay High Yield Corp Bd A	1,682,385
	PIMCO	PIMCO Total Return Fund (A)	1,456,796
	BlackRock	BR Lifepath Retirement Fund R	250,661
	BlackRock	BR Lifepath 2020 Fund R	617,060
	BlackRock	BR Lifepath 2030 Fund R	113,659
	BlackRock	BR Lifepath 2040 Fund R	139,969
	BlackRock	BR Lifepath 2050 Fund R	104,393
	American Funds	American Balanced Fund R4	1,708
	Perkins	Perkins Mid Cap Value Fund (S)	2,953
	Prudential	Pru Jennison Small Company A	945,954
	AIM	AIM Real Estate Fund (A)	58,038
	MainStay	MainStay ICAP Select Equity R2	2,788,100
	MainStay	MainStay Large Cap Growth R2	1,903,848
	MainStay	MainStay MAP Fund R2	1,739,711
	MainStay	MainStay S&P 500 Index Index Fund A	2,423,157
	Neuberger Berman	Neuberger Berman Mid Growth TR	629,914
	Royce	Royce Low Priced Stock (Serv)	3,940,675
	RS	RS Value Fund A	1,797,971
	Columbia	Columbia Acron International A	143,034
	Lazard	Lazard Emerging Markets PRT	102,696
	Thornburg	Thornburg Intl Value Fund R3	3,511,323
	Total mutual funds		24,432,288
*	Fidelity Management	Fid. Adv Stable Value Opt I	11,856,855
*	New York Life	NYL Insurance Anchor Account I	1,813,448
	Various	Self-directed brokerage accounts	454,104
*	Plan participants	Participant loans with interest rates ranging from 4.25% to 10.50% and maturities in varying amounts through 2014	265,564
	Total investments		$ 38,822,259

* Indicates party-in-interest

Cost omitted for participant directed investments

See independent auditor's report.

ROTHSCHILD NORTH AMERICA, INC.
401(k) AND PROFIT SHARING PLAN

Financial Statements
and
Supplemental Schedule

For the Years Ended December 31, 2009 and 2008

ROTHSCHILD NORTH AMERICA, INC.
401(k) AND PROFIT SHARING PLAN
For the Years Ended December 31, 2009 and 2008

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of
Rothschild North America, Inc.
401(k) and Profit Sharing Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Rothschild North America, Inc. 401(k) and Profit Sharing Plan (the "Plan") as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedule of assets (held at end of year) as of December 31, 2009. 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 summarized in Note 8, which was certified by New York Life Trust Company and Fidelity Management Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that New York Life Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2009 and for the period December 1, 2009 through December 31, 2009, and that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions for the period January 1, 2009 through November 30, 2009 and for the year ended December 31, 2008. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustees 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 schedule, 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 Security Act of 1974.

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New York, NY
October 12, 2010

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The Plan is a defined contribution plan which provides an incentive for employees of the Company to save for retirement through payroll deductions. All full-time employees over the age of 21 are eligible to participate on the first day of each month. Eligibility, for the purposes of profit sharing contributions, requires participants to be age 21 and complete six months of service by the end of the twelve-month period. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions

The employer contributes to the Plan for each plan year (or portion of a plan year) that an employee is a participant in the Plan: (a) a matching contribution of 100% of up to the first 3% of salary which a participant elects to contribute to the Plan and 50% of the next 2% of salary which a participant elects to contribute to the Plan (the "Safe Harbor Match"); and (b) may make an additional discretionary contribution in such amount as the employer shall determine. For 2009 and 2008, the discretionary contribution was 2% of participants' salaries. Participants may make a total contribution of up to 60% of salary on a pretax basis, but no more than the amount permitted by law. Certain participants (age 50 and older) can make additional catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover contributions). Participants direct the investment of their contribution into various investment options offered by the Plan. The Plan currently offers various mutual funds, a common/collective trust, a pooled separate account, or outside self-directed brokerage accounts as investment options for participants.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of employer's contributions and plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - Plan Description and Funding (Continued)

Vesting

Participants are immediately vested in their contributions and the employer's Safe Harbor Match, plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of credited service. Under the plan agreement, vesting begins on a pro rata basis, after the participant has completed two years of service. A participant is fully vested after five years of service.

The following schedule is a breakdown of vesting percentages:

Years of Service	Percent Vested
2 years but less than 3 years	25%
3 years but less than 4 years	50%
4 years but less than 5 years	75%
5 years or more	100%

Participant Loans

Participants may borrow from their vested fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the participants' vested account balance. The loans are secured by the balance in the participants' accounts and bear interest at rates that range from 4.25% to 10.50% at December 31, 2009.

Loans must be repaid in level payments generally through after-tax payroll deductions at least on a quarterly basis over a period not to exceed five years, except when the loan is used for the purchase of a primary residence, in which case the repayment period cannot exceed 10 years. In the event of termination of service of a participant before the vested balance is paid in full, the unpaid loan balance and interest shall immediately become due and payable.

Payment of Benefits

Upon termination of employment, retirement, or disability, participants may elect to have vested benefits under the Plan paid in a lump sum distribution to the participant either in cash, as a direct rollover, or a combination of both. In the event of a participant's death, the lump sum distribution of the deceased participant's balance will be made in cash to the beneficiary.

Note 1 - Plan Description and Funding (Continued)

Forfeited Accounts

As of December 31, 2009 and 2008, the forfeited non-vested account totaled $116,588 and $73,368, respectively. This account will be used to reduce future employer contributions. As of December 31, 2009 and 2008, forfeitures used to reduce the employer's matching and discretionary profit sharing contribution totaled $60,000 and $78,784, respectively.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statements of changes in net assets available for benefits is prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Note 2 - Summary of Significant Accounting Policies (Continued)

Valuation of Investments and Income Recognition

Mutual funds are valued at the net asset value of the shares held by the Plan at year end. Common stocks are valued at quoted market prices. Participant loans are valued at their outstanding balances, which approximate fair value.

The Plan has entered into a common/collective trust investment with Fidelity Management Trust Company, which holds a fully benefit-responsive investment contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract value of the investment contract at December 31, 2009 and 2008 was $11,856,855 and $12,564,999, respectively. At December 31, 2009 and 2008, the common/collective trust is stated at fair value based upon the underlying market value of the assets in the common/collective trust and the market value of similar contracts. The adjustment from fair value to contract value is based on the contract value as reported to the Plan by New York Life Trust Company.

In 2009, the Plan entered into a pooled separate account investment with New York Life Trust Company, which holds a fully benefit-responsive investment contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract value of the investment contract at December 31, 2009 was $1,813,448. At December 31, 2009, the pooled separate account is stated at fair value based upon the underlying market value of the assets in the pooled separate account and the market value of similar contracts. The adjustment from fair value to contract value is based on the contract value as reported to the Plan by New York Life Trust Company.

Certain events, such as the premature termination of the contracts by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with Fidelity Management Trust Company and New York Life Trust Company. The plan administrator believes the occurrence of such events that would also limit the Plan's ability to transact at contract value with Plan participants is not probable.

Purchases and sales of securities are reported on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Note 2 - Summary of Significant Accounting Policies (Continued)

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Plan administrative expenses are primarily comprised of investment management advisory fees and record keeping fees. These expenses are paid directly by the Plan. Other expenses related to the Plan are paid directly by the Company and are not reflected in the Plan's financial statements.

Subsequent Events

The Financial Accounting Standards Board ("FASB") established standards for the accounting for and disclosure of events and transactions that occur after the statement of net assets available for benefits date but before the financial statements are issued or are available to be issued. It requires the disclosure of the date through which an entity has evaluated subsequent events and whether that date is the date the financial statements were issued or the date the financial statements were available to be issued. The Plan adopted these standards during the year ended December 31, 2009. The adoption of the subsequent events provisions did not have a material impact on the Plan's financial statements.

The Plan has evaluated subsequent events and transactions through October 12, 2010, the date that the Plan's financial statements were available to be issued.

Note 3 - Investments

The following table presents investments that represent 5 percent or more of the Plan's net assets available for benefits in either year:

	2009	2008
Royce Low Priced Stock (serv)	$ 3,940,675	$ -
Thornburg Intl Value Fund R3	3,511,323	-
MainStay ICAP Select Equity R2	2,788,100	-
MainStay S&P 500 Index Fund A	2,423,157	-
FA Stable Value Fund*	11,856,855	12,564,999
RS Partners Class A	-	3,231,676
FA Equity Income Class A	-	2,746,478
Dreyfus S&P 500 Index	-	2,501,558

* At contract value

Note 3 - Investments (Continued)

Net Appreciation (Depreciation) in Fair Value of Investments

During the years ended December 31, 2009 and 2008, the Plan's investments (including investments bought, sold as well as held during the year) appreciated (depreciated) in value by $6,479,074 and $(13,300,850), respectively, as follows:

	2009	2008
Investments at fair value:		
Mutual funds	$ 6,361,857	$ (13,186,762)
Self-directed brokerage accounts	117,217	(114,088)
Net appreciation (depreciation) in fair value of investments	$ 6,479,074	$ (13,300,850)

Note 4 - Fair Value Measurements

Effective January 1, 2008, the Plan adopted the FASB's fair value measurements and disclosure accounting guidance, which establishes a framework for measuring fair value and clarifies the definition of fair value within that framework. It defines fair value as an exit price, which is the price that would be received for an asset or paid to transfer a liability in the Plan's principal or most advantageous market for the asset or liability, in an orderly transaction between market participants on the measurement date.

The fair value hierarchy generally requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs reflect the assumptions market participants would use in pricing the asset or liability and are developed based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the entity's own assumptions based on market data and the entity's judgments about the assumptions that market participants would use in pricing the asset or liability, and are to be developed based on the best information available in the circumstances.

The Plan determines the fair market value of its investment in securities based on the established fair value definition and hierarchy levels. The three levels within the hierarchy that may be used to measure fair value are:

Note 4 - Fair Value Measurements (Continued)

Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2: Observable inputs, including Level 1 prices that have been adjusted; quoted prices for similar assets or liabilities; quoted prices in markets that are less active than traded exchanges; and other inputs that are observable or can be substantially corroborated by observable market data.

Level 3: Unobservable inputs that are supported by little or no market activity and that are a significant component of the fair value of the assets or liabilities.

Judgment is required in evaluating both quantitative and qualitative factors in the determination of significance for purposes of fair value level classification. Level 3 amounts can include assets and liabilities whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as assets and liabilities for which the determination of fair value requires significant management judgment or estimation.

In many cases, a valuation technique used to measure fair value includes inputs from multiple levels of the fair value hierarchy. The lowest level of input that is a significant component of the fair value measurements determines the placement of the entire fair value measurement in the hierarchy. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels.

The following table sets forth, by level, the Plan's assets that were accounted for at fair value on a recurring basis as of December 31, 2009 and 2008:

Note 4 - Fair Value Measurements (Continued)

	Total Fair Value	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Investments at fair value as of December 31, 2009:				
Mutual funds:				
Growth funds	$ 7,134,074	$ 7,134,074	$ -	$ -
Blend funds	11,185,294	11,185,294	-	-
Value funds	2,895,458	2,895,458	-	-
Intermediate bond funds	3,217,462	3,217,462	-	-
	24,432,288	24,432,288	-	-
Common/collective trusts	11,841,441	-	11,841,441	-
Pooled separate account	1,726,402	-	1,726,402	-
Self-directed brokerage accounts	454,104	454,104	-	-
Loans to participants	265,564	-	-	265,564
Total investments	$38,719,799	$24,886,392	$13,567,843	$ 265,564
Investments at fair value as of December 31, 2008:				
Mutual funds:				
Growth funds	$ 2,871,345	$ 2,871,345	$ -	$ -
Blend funds	10,260,589	10,260,589	-	-
Value funds	4,051,333	4,051,333	-	-
Money market funds	807,441	-	807,441	-
Intermediate bond funds	2,038,484	2,038,484	-	-
	20,029,192	19,221,751	807,441	-
Common/collective trusts	12,229,620	-	12,229,620	-
Self-directed brokerage accounts	336,080	335,294	786	-
Loans to participants	300,733	-	-	300,733
Total investments	$32,895,625	$19,557,045	$13,037,847	$ 300,733

Note 4 - Fair Value Measurements (Continued)

The following table sets forth a summary of the changes in fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008.

	Loans to Participants	
	2009	2008
Balance, beginning of year	$ 300,733	$ 399,751
Loan advances and repayments (net)	(35,169)	(99,018)
Balance, end of year	$ 265,564	$ 300,733

The self-directed brokerage accounts contain mutual funds and common stocks.

Note 5 - Related Party Transactions

Certain plan investments are managed by New York Life Trust Company and Fidelity Management Trust Company. New York Life Trust Company and Fidelity Management Trust Company are the trustees as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

In 2009, plan administrative expenses of $1,983 were paid by the Plan to New York Life Trust Company and Fidelity Management Trust Company, the trustees. In 2008, administrative expenses of $1,909 were paid by the Plan to Fidelity Management Trust Company, a trustee. These transactions qualify as party-in-interest transactions.

Note 6 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

In the event of Plan termination, participants would become 100% vested in their accounts.

Note 7 - Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated June 14, 2005 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

The Company believes that the Plan, as amended, is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 8 - Information Certified by the Plan's Trustee (Unaudited)

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained certifications from New York Life Trust Company and Fidelity Management Trust Company, the trustees, that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

	2009	2008
Investments, at fair value:		
Mutual funds	$24,432,288	$20,029,192
Common/collective trusts	11,841,441	12,229,620
Pooled separate account	1,726,402	-
Self-directed brokerage accounts	454,104	336,080
Loans to participants	265,564	300,733
Total investments, at fair value	38,719,799	32,895,625
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	102,460	335,379
Net assets available for benefits	$38,822,259	$33,231,004
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 6,479,074	$(13,300,850)
Interest and dividends	501,841	1,353,167
Interest income from loans to participants	20,917	27,708
Net investment income (loss)	$ 7,001,832	$(11,919,975)

Note 8 - Information Certified by the Plan's Trustee (Unaudited) (Continued)

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 9 - Risks and Uncertainties

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

Note 10 - Reconciliation of Financial Statements to Form 5500 Annual Return/Report of Employee Benefit Plan

In accordance with ERISA regulations Section 2520.103-1(b)(3), set forth below is a reconciliation of amounts appearing in the accompanying financial statements to amounts appearing on Form 5500:

	2009	2008
Net Assets Available for Benefits		
Net assets available for benefits per Form 5500, Schedule H: Part I, Item 1l	$ 39,624,438	$ 33,714,997
Difference between fair value and contract value for fully benefit-responsive investment contracts in common/collective trusts at end of year	-	335,379
Amount per Page 3 of financial statements: Net assets available for benefits	$ 39,624,438	$ 34,050,376

Note 10 - Reconciliation of Financial Statements to Form 5500 Annual Return/Report of Employee Benefit Plan (Continued)

	2009
Reconciliation of Net Investment Income	
Amounts per Page 4 of financial statements:	
Net appreciation in fair value of investments	$ 6,479,074
Interest and dividends	501,841
Interest income from loans to participants	20,917
	$ 7,001,832
Amounts per Form 5500, Schedule H:	
Item 2b (1)(E)	$ 20,917
Item 2b (2)(C)	237,345
Item 2b (6)	578,699
Item 2b (7)	3,785
Item 2b (10)	6,379,248
Item 2c	117,217
Difference between fair value and contract value for fully benefit-responsive investment contracts in common/collective trusts during 2008	(335,379)
	$ 7,001,832
Administrative Expenses	
Administrative expenses per Form 5500, Schedule H:	
Part II, Item 2i(2)	$ 1,975
Part II, Item 2i(3)	8
Amount per Page 4 of financial statements:	
Administrative expenses	$ 1,983

Note 10 - Reconciliation of Financial Statements to Form 5500 Annual Return/Report of Employee Benefit Plan (Continued)

	2009
Net Increase in Net Assets	
Net income per Form 5500, Schedule H: Part II, Item 2k	$ 5,909,441
Difference between fair value and contract value for fully benefit-responsive investment contracts in common/collective trusts during 2008	(335,379)
Amount per Page 4 of financial statements: Net increase	$ 5,574,062

ROTHSCHILD NORTH AMERICA, INC.
401(k) AND PROFIT SHARING PLAN
Form 5500, Schedule H, Line 4(i)
Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of Issuer Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, or Maturity Value	(e) Current Value
	American Century	Amer Cent Inflation - Adj Bd A	$ 78,283
	MainStay	MainStay High Yield Corp Bd A	1,682,385
	PIMCO	PIMCO Total Return Fund (A)	1,456,796
	BlackRock	BR Lifepath Retirement Fund R	250,661
	BlackRock	BR Lifepath 2020 Fund R	617,060
	BlackRock	BR Lifepath 2030 Fund R	113,659
	BlackRock	BR Lifepath 2040 Fund R	139,969
	BlackRock	BR Lifepath 2050 Fund R	104,393
	American Funds	American Balanced Fund R4	1,708
	Perkins	Perkins Mid Cap Value Fund (S)	2,953
	Prudential	Pru Jennison Small Company A	945,954
	AIM	AIM Real Estate Fund (A)	58,038
	MainStay	MainStay ICAP Select Equity R2	2,788,100
	MainStay	MainStay Large Cap Growth R2	1,903,848
	MainStay	MainStay MAP Fund R2	1,739,711
	MainStay	MainStay S&P 500 Index Index Fund A	2,423,157
	Neuberger Berman	Neuberger Berman Mid Growth TR	629,914
	Royce	Royce Low Priced Stock (Serv)	3,940,675
	RS	RS Value Fund A	1,797,971
	Columbia	Columbia Acron International A	143,034
	Lazard	Lazard Emerging Markets PRT	102,696
	Thornburg	Thornburg Intl Value Fund R3	3,511,323
	Total mutual funds		24,432,288
*	Fidelity Management	Fid. Adv Stable Value Opt I	11,856,855
*	New York Life	NYL Insurance Anchor Account I	1,813,448
	Various	Self-directed brokerage accounts	454,104
*	Plan participants	Participant loans with interest rates ranging from 4.25% to 10.50% and maturities in varying amounts through 2014	265,564
	Total investments		$ 38,822,259

* Indicates party-in-interest

Cost omitted for participant directed investments

See independent auditor's report.