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;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

D Check box if filing under:
- [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
MOUND COTTON WOLLAN & GREENGRASS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2005

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MOUND COTTON WOLLAN & GREENGRASS

ONE BATTERY PARK PLACE
24 WHITEHALL STREET
NEW YORK, NY 10004-1486

2b Employer Identification Number (EIN)
13-5339441

2c Sponsor's telephone number
212-804-4200

2d Business code (see instructions)
541110

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	ED BALE
	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")
MOUND COTTON WOLLAN & GREENGRASS

ONE BATTERY PARK PLACE
24 WHITEHALL STREET
NEW YORK, NY 10004-1486

3b Administrator's EIN
13-5339441

3c Administrator's telephone number
212-804-4200

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**	192
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**	148
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	48
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	197
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	197
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	174
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2F 2G 2J 2R 2T 3B 3D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	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)		___	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

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

A Name of plan
MOUND COTTON WOLLAN & GREENGRASS 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MOUND COTTON WOLLAN & GREENGRASS

D Employer Identification Number (EIN)
13-5339441

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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04-2647786

(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?
64 37 65 71	RECORDKEEPER	4206	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
OAKMARK SELECT I - BOSTON FINANCIAL 04-2526037	0.35%

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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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 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
MOUND COTTON WOLLAN & GREENGRASS 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MOUND COTTON WOLLAN & GREENGRASS

D Employer Identification Number (EIN)
13-5339441

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	328155	344525
(2) Participant contributions	1b(2)	8281	781
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1374012	1574188
(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)	365061	495444
(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)	225065	298235
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	7627943	11151051
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	-462	

			(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	9928055	13864224
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	3659	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	3659	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9924396	13864224

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)	344525	
	(B) Participants	2a(1)(B)	1229364	
	(C) Others (including rollovers)	2a(1)(C)	168343	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1742232
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4594	
	(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)	12631	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		17225
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	11162	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	171022	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		182184
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	336266	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	310589	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		25677

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	39600	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		39600
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		2629514
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4636432
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	694156	
(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)		694156
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2448	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2448
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		696604
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3939828
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: LISS,OKUN,GOLDSTEIN,OKUN & TANCER C (2) EIN: 11-3091272

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
MOUND COTTON WOLLAN & GREENGRASS 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MOUND COTTON WOLLAN & GREENGRASS

D Employer Identification Number (EIN)
13-5339441

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

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):

MOUND, COTTON, WOLLAN & GREENGRASS

401 (K) PLAN

REPORT ON

FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2009 AND DECEMBER 31, 2008

AND FOR THE YEAR ENDED DECEMBER 31, 2009

MOUND, COTTON, WOLLAN & GREENGRASS

401 (K) PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Mound, Cotton, Wollan & Greengrass 401 (K) Plan
New York, New York

We were engaged to audit the statements of net assets available for benefits of Mound, Cotton, Wollan & Greengrass 401 (K) Plan as of December 31, 2009 and 2008 and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and supplemental schedule H, line 4i-schedule of assets (held at year end), as of December 31, 2009. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information summarized in Note C, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and 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.

Liss Okun & Associates CPA's P.C.

September 2, 2010

MOUND, COTTON, WOLLAN & GREENGRASS 401 (K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31,

ASSETS

	2009	2008
Investments at fair value	$ 13,220,683	$ 9,366,554
Participants' contributions receivable	781	8,281
Employer' contributions receivable	344,525	328,155
Participants' loans	298,235	225,065
Total Assets	$ 13,864,224	$ 9,928,055

LIABILITIES & NET ASSETS AVAILABLE FOR BENEFITS

Overpayment due to plan sponsor		$ 3,659
Total Liabilities		3,659
Net Assets Available For Benefits	$ 13,864,224	9,924,396
Total Liabilities & Net Assets Available For Benefits	$ 13,864,224	$ 9,928,055

SEE ACCOUNTANTS' AUDIT REPORT AND ACCOMPANYING NOTES

MOUND, COTTON, WOLLAN & GREENGRASS 401 (K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS	
Additions to net assets attributed to:	
Investment Income:	
Interest	$ 17,225
Dividends	182,184
Net gain on sale of assets	25,677
Net appreciation of assets	2,669,114
Total additions to net assets attributed to investment income	2,894,200
Contributions:	
Participants' contributions	1,229,364
Employer' contributions	344,525
Rollover contributions	168,343
Total Contributions	1,742,232
Total Additions	4,636,432
(DEDUCTIONS)	
(Deductions) from net assets attributed to:	
Benefits paid to participants	(694,156)
Administrative expenses	(2,448)
Total (Deductions)	(696,604)
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	3,939,828
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	9,924,396
End of year	$ 13,864,224

SEE ACCOUNTANTS' AUDIT REPORT AND ACCOMPANYING NOTES

MOUND, COTTON, WOLLAN & GREENGRASS 401 (K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A — DESCRIPTION OF PLAN

The following description of the Mound, Cotton, Wollan, & Greengrass ("Partnership") 401(K) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of the Company who have six months of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In 2005, the Partnership made changes to the Plan to include a profit sharing feature.

Plan Administrator

The plan administrator is responsible for the administration of the Plan and its duties are identified in the plan document. The plan administrator is Mound, Cotton, Wollan & Greengrass.

Trustee

The trustee is responsible for trusteeing the Plan's assets. The trustee's duties are identified in the trust agreement and relate only to the assets in its possession. Fidelity Management Trust Company is the Plan's trustee.

Contributions

Each year, participants may contribute regular, catch-up, and bonus 401K contributions, as defined in the Plan. The total amount of these contributions may not exceed 100% of eligible annual pre-tax compensation. These contributions are also subject to, and may be limited by, annual limitations established by the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a self-directed brokerage account as investment options for participants. The Partnership may make contributions designated as "qualified nonelective contributions" to help the plan pass one or more annually required Internal Revenue Code nondiscrimination tests. In addition, the Partnership may decide each plan year to make a discretionary nonelective employer contribution, based on a non-integrated allocation formula. All contributions are subject to certain limitations established by the Internal Revenue Code.

Participant Accounts

Each participant's account is credited with (a): the participant's contribution, (b) the participant's account earnings and (c) an allocation of the Partnership's contribution, if any. Each participant's account is charged with (a): administrative expenses, and (b): participant's account losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE A - DESCRIPTION OF PLAN-Continued

Investments

The Plan is intended to be a Section 404(c) plan. Participants are responsible for investment decisions relating to the investment of assets in their account under the Plan. The Plan fiduciaries are not responsible for any losses based on the Participants investments instructions.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion, if any, of their accounts is based on years of continuous service. A participant is 100% vested in qualified non-elective contributions.

Participant Loans

Participants may borrow from their fund accounts. The loans are secured by the balance in the participant's account and bear interest at rates, which are commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability or retirement, the plan participant or the plan participant's beneficiary may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a period of time. Benefits provided by the Plan are not insured or guaranteed by the Pension Benefit Guaranty Corporation under Title IV of the Employee Retirement Income Security Act of 1974 because the insurance provisions under ERISA are not applicable to this particular Plan.

Forfeited Accounts

At December 31, 2009, there were no forfeited non-vested accounts.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements and schedule of the Plan are prepared under the accrual method of accounting.

Estimates

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

NOTES TO FINANCIAL STATEMENTS

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-Continued

Investment Valuation and Income Recognition

The Plans' investments are trusted by the Trustee as described in Note A, (Fidelity Management Trust Company). The stated values of the individual plan assets and any changes in those stated values have been reported upon by the Trustee's accountants. As per the Trustee accountant's report, quoted market prices are used to value the individual investments. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Participant loans are valued at their outstanding balances, which approximate fair value.

Payment of Benefits

Benefits are recorded when paid.

NOTE C – INVESTMENTS

Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

Investments at fair value	December 31, 2009	December 31, 2008
Interest-bearing Cash	$ 1,574,188	$ 1,347,012
Corporate Common Stock	495,444	365,061
Interest in Registered Investment Companies	11,151,051	7,627,943
Option		(462)
Total Investments	$ 13,220,683	$ 9,366,554

The following presents investments that represent 5% or more of the Plan's net assets.

	December 31,	
	2009	2008
Fidelity Fund	*Less than 5%	$ 553,854
Fidelity OTC Portfolio Fund	$ 1,240,850	$ 715,511
Fidelity Diversified International Fund	$ 1,299,258	$ 891,099
Fidelity Dividend Growth Fund	$ 1,563,719	$ 967,569
Fidelity Large Capital Stock Fund	$ 790,367	*Less than 5%
Fidelity Ret Government Money Market	$ 1,451,661	$ 1,279,240
Spartan US Equity Index Fund	$ 1,692,136	$ 1,313,417
Fidelity Investment Grade Bond Fund	$ 946,352	$ 575,228

NOTES TO FINANCIAL STATEMENTS

NOTE C – INVESTMENTS - Continued

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $2,669,114 as follows:

Mutual Funds	$ 2,629,514
Common Stock	39,600
Total	$ 2,669,114

NOTE D - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Fidelity Investments Institutional Services Company, Inc., a wholly owned subsidiary of Fidelity Management & Research Company. Fidelity Management Trust Company, a subsidiary of Fidelity Management & Research Company, is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $2,448 for the year ended December 31, 2009.

NOTE E - PLAN TERMINATION

Although it has not expressed any intent to do so, the Partnership 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 employer contributions.

NOTE F - TAX STATUS

The Internal Revenue Service has determined and informed the Partnership by a letter dated June 6, 1991, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTES TO FINANCIAL STATEMENTS

NOTE G – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

Schedule H of Form 5500 and the financial statements and schedules are prepared on the accrual method accounting.

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	December 31, 2009	December 31, 2008
Net assets available for benefits per the financial statements	$ 13,864,224	$ 9,924,396
Net assets available for benefits per Schedule H to the Form 5500	$ 13,864,224	$ 9,924,396

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income from line k Schedule H of Form 5500:

	For the Year Ended December 31, 2009
Net increase in net assets available for benefits per the financial statements	$ 3,939,828
Net increase from line k Schedule H to the Form 5500	$ 3,939,828

NOTE H – 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 investments securities will occur in the near term and that such changes could materially affect participants' accounts balances and the amounts reported in the statement of net assets available for benefits.

SUPPLEMENTAL SCHEDULES

MOUND, COTTON, WOLLAN & GREENGRASS 401 (K) PLAN
EIN: 13-5339441
Plan Number: 002
Schedule H, Line 4i-Schedule of Assets (Held At End of Year)
December 31, 2009

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Fidelity Management Trust Co.	Brokeragelink per schedule of individual securities attached Schedule A	$ 917,382	$ 729,156
	Fidelity Management Trust Co. Pooled separate accounts	Oakmark Select 1	108,314	114,596
		Fidelity Fund	771,670	656,644
		Fidelity Contra Fund	645,104	626,290
		Fidelity Investment GR BD	947,252	946,352
		Fidelity OTC Port	1,130,886	1,240,850
		Fidelity Divers Intl	1,406,601	1,299,258
		Fidelity Divid Growth	1,802,392	1,563,719
		Fidelity Lg Cap Stk	771,940	790,368
		Fidelity Freedom Income	133,018	135,271
		Fidelity Freedom 2000	126,369	117,962
		Fidelity Freedom 2010	196,200	179,304
		Fidelity Freedom 2020	455,774	541,730
		Fidelity Freedom 2030	744,431	697,779
		Fidelity Ret Govt MM	1,451,661	1,451,661
		Spartan US EQ Index	1,768,815	1,692,136
		Fidelity Freedom 2040	195,194	168,448
		Fidelity Freedom 2005	25,715	22,144
		Fidelity Freedom 2015	110,442	109,029
		Fidelity Freedom 2025	5,169	5,433
		Fidelity Freedom 2035	116,839	112,512
		Fidelity Freedom 2050	19,880	20,041
	Participant Loans	Interest 5% Thru September 2018		298,235
			$ 13,851,048	$ 13,518,918

Note: Column (a) is blank as there were no parties-in-interest.

CUSIP #	Security Description	Share Balance	Price	Total Market Value	Historical Cost
	EXTERNAL FUND				
471023648	Janus Orion Fund	1,439.401	$ 9.99	$ 14,379.62	$ 13,817.10
779547108	T Rowe Price Equity Income	1,373.502	$ 20.99	$ 28,829.81	$ 37,405.70
962096103	Muhlenkamp Fund	542.905	$ 50.69	$ 27,519.85	$ 45,022.40
	COMMON STOCK				
H8817H100	Transocean Ltd Zug Namen-AKT	69.000	$ 82.80	$ 5,713.20	$ -0-
00206R102	AT&T Inc Common	27.000	$ 28.03	$ 756.81	$ 10,250.17
013904305	Alcatel SA Spon ADR	63.00	$ 3.32	$ 209.16	$ 17,344.16
02076X102	Alpha Nat Res Inc	250.000	$ 43.38	$ 10,845.00	$ 9,492.80
026874784	Amer Intl Group Inc Com New	24.00	$ 29.98	$ 719.52	$ 27,333.20
029683109	Amer Software CL A	700.000	$ 6.00	$ 4,200.00	$ 11,914.95
03073E105	Amerisourcebergen Corp	300.000	$ 26.07	$ 7,821.00	$ 7,405.35
084670207	Berkshire Hathaway Inc Del CL B	2.00	$3,286.00	$ 6,572.00	$ 8,267.43
117694109	BRYN Res Inc Com	41.00	$ 0.24	$ 9.84	$ 13,855.00
12513C108	CDSS Wind Down Inc Com	100.000	$ .04	$ 3.60	$ -0-
126650100	CVS Corp Del NFS LLC Is A	200.870	$ 32.21	$ 6,470.02	$ 6,119.16
172967101	Citigroup Inc NFS Is A Specialist	2,000.000	$ 3.31	$ 6,620.00	$ 7,765.95
20030N101	Comcast Corp New CL A	84.000	$ 16.86	$ 1,416.24	$ -0-
30231G102	Exxon Mobil Corp NFS is a Specialist	169.324	$ 68.19	$ 11,546.20	$ 8,841.37
369550108	General Dynamics NFS LLC Is A Special	253.111	$ 68.17	$ 17,254.58	$ 14,928.69
369604103	General Electric Co NFS Is a Specialist	1,200.00	$ 15.13	$ 18,156.00	$ 18,451.10
370334104	General Mills Inc NFS Is A	250.000	$ 70.81	$ 17,702.50	$ 16,287.90
416515104	Hartford Finl Svcs Group Inc	400.732	$ 23.26	$ 9,321.03	$ 5,906.95
428236103	Hewlwtt Packard CO DE	112.290	$ 51.51	$ 5,784.06	$ 4,610.94
456837103	ING Groep NV ADR	3,000.00	$ 9.81	$ 29,430.00	$ 87,294.25
464287721	Ishares TR Dow Jones US Technology	100.000	$ 57.54	$ 5,754.00	$ 4,949.95
502161102	LSI Logic Corp NFS is a Specialist	17.000	$ 6.01	$ 102.17	$ -0-
594918104	Microsoft Corp NFS LLC is a Market	1,200.000	$ 30.48	$ 36,576.00	$ 46,916.26
62913F201	NII Hldgs Inc New	300.000	$ 33.58	$ 10,074.00	$ 11,633.41
68389X105	Oracle Corporation NFS LLC is a Market	400.00	$ 24.53	$ 9,812.00	$ 8,580.08
747525103	Qualcomm Inc. NFS LLC is a Market	200.000	$ 46.26	$ 9,252.00	$ 8,622.28
78462F103	S & P 500 Depository Receipt	862.000	$ 111.44	$ 96,061.28	$ 94,321.31
78464A698	SPDR Ser TR KBW Regl BKG ETF	100.00	$ 22.25	$ 2,225.00	$ 3,779.90
78464A797	SPDR Ser TR KBW BK ETF	100.000	$ 21.17	$ 2,117.00	$ 3,603.90
791120108	St Lawrence Energy Corp Com	166.00	$ 0.12	$ 19.92	$ 12,484.38
81369Y506	Sector SPDR TR SHS BEN INT Energy	103.185	$ 57.01	$ 5,882.58	$ 9,093.70
82967N108	Sirius XM Radio Inc Com	500.000	$ 0.60	$ 300.00	$ 3,199.95
871130100	Sybase Inc	150.00	$ 43.40	$ 6,510.00	$ 6,030.09
89417E109	Travelers Cos Inc Com	150.994	$ 49.86	$ 7,528.56	$ 7,737.00
92343V104	Verizon Communication	4070.000	$ 33.13	$ 134,839.10	$ 150,352.27
955306105	West Pharmaceutical Services	200.000	$ 39.20	$ 7,840.00	$ 4,930.95
	FIDELITY FUND				
316066109	Fidelity Capital Appreciation	1,343.849	$ 21.43	$ 28,798.68	$ 36,145.48
316448877	Fidelity Export & Multinational	594.120	$ 19.62	$ 11,656.63	$ 10,159.42
	CASH				
316067107	Fidelity Cash Reserve	122,526.830	$ 1.00	$ 122,526.83	$ 122,526.83
				$ 729,155.79	$ 917,381.73

SUPPLEMENTAL SCHEDULES

MOUND, COTTON, WOLLAN & GREENGRASS 401 (K) PLAN
EIN: 13-5339441
Plan Number: 002
Schedule H, Line 4i-Schedule of Assets (Held At End of Year)
December 31, 2009

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Fidelity Management Trust Co.	Brokeragelink per schedule of individual securities attached Schedule A	$ 917,382	$ 729,156
	Fidelity Management Trust Co. Pooled separate accounts	Oakmark Select 1	108,314	114,596
		Fidelity Fund	771,670	656,644
		Fidelity Contra Fund	645,104	626,290
		Fidelity Investment GR BD	947,252	946,352
		Fidelity OTC Port	1,130,886	1,240,850
		Fidelity Divers Intl	1,406,601	1,299,258
		Fidelity Divid Growth	1,802,392	1,563,719
		Fidelity Lg Cap Stk	771,940	790,368
		Fidelity Freedom Income	133,018	135,271
		Fidelity Freedom 2000	126,369	117,962
		Fidelity Freedom 2010	196,200	179,304
		Fidelity Freedom 2020	455,774	541,730
		Fidelity Freedom 2030	744,431	697,779
		Fidelity Ret Govt MM	1,451,661	1,451,661
		Spartan US EQ Index	1,768,815	1,692,136
		Fidelity Freedom 2040	195,194	168,448
		Fidelity Freedom 2005	25,715	22,144
		Fidelity Freedom 2015	110,442	109,029
		Fidelity Freedom 2025	5,169	5,433
		Fidelity Freedom 2035	116,839	112,512
		Fidelity Freedom 2050	19,880	20,041
	Participant Loans	Interest 5% Thru September 2018		298,235
			$ 13,851,048	$ 13,518,918

Note: Column (a) is blank as there were no parties-in-interest.

CUSIP #	Security Description	Share Balance	Price	Total Market Value	Historical Cost
	EXTERNAL FUND				
471023648	Janus Orion Fund	1,439.401	$ 9.99	$ 14,379.62	$ 13,817.10
779547108	T Rowe Price Equity Income	1,373.502	$ 20.99	$ 28,829.81	$ 37,405.70
962096103	Muhlenkamp Fund	542.905	$ 50.69	$ 27,519.85	$ 45,022.40
	COMMON STOCK				
H8817H100	Transocean Ltd Zug Namen-AKT	69.000	$ 82.80	$ 5,713.20	$ -0-
00206R102	AT&T Inc Common	27.000	$ 28.03	$ 756.81	$ 10,250.17
013904305	Alcatel SA Spon ADR	63.00	$ 3.32	$ 209.16	$ 17,344.16
02076X102	Alpha Nat Res Inc	250.000	$ 43.38	$ 10,845.00	$ 9,492.80
026874784	Amer Intl Group Inc Com New	24.00	$ 29.98	$ 719.52	$ 27,333.20
029683109	Amer Software CL A	700.000	$ 6.00	$ 4,200.00	$ 11,914.95
03073E105	Amerisourcebergen Corp	300.000	$ 26.07	$ 7,821.00	$ 7,405.35
084670207	Berkshire Hathaway Inc Del CL B	2.00	$3,286.00	$ 6,572.00	$ 8,267.43
117694109	BRYN Res Inc Com	41.00	$ 0.24	$ 9.84	$ 13,855.00
12513C108	CDSS Wind Down Inc Com	100.000	$ .04	$ 3.60	$ -0-
126650100	CVS Corp Del NFS LLC Is A	200.870	$ 32.21	$ 6,470.02	$ 6,119.16
172967101	Citigroup Inc NFS Is A Specialist	2,000.000	$ 3.31	$ 6,620.00	$ 7,765.95
20030N101	Comcast Corp New CL A	84.000	$ 16.86	$ 1,416.24	$ -0-
30231G102	Exxon Mobil Corp NFS is a Specialist	169.324	$ 68.19	$ 11,546.20	$ 8,841.37
369550108	General Dynamics NFS LLC Is A Special	253.111	$ 68.17	$ 17,254.58	$ 14,928.69
369604103	General Electric Co NFS Is a Specialist	1,200.00	$ 15.13	$ 18,156.00	$ 18,451.10
370334104	General Mills Inc NFS Is A	250.000	$ 70.81	$ 17,702.50	$ 16,287.90
416515104	Hartford Finl Svcs Group Inc	400.732	$ 23.26	$ 9,321.03	$ 5,906.95
428236103	Hewlwtt Packard CO DE	112.290	$ 51.51	$ 5,784.06	$ 4,610.94
456837103	ING Groep NV ADR	3,000.00	$ 9.81	$ 29,430.00	$ 87,294.25
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	CASH				
316067107	Fidelity Cash Reserve	122,526.830	$ 1.00	$ 122,526.83	$ 122,526.83
				$ 729,155.79	$ 917,381.73

EIN 13-5339441 /PN 002 /25055PS4RF9

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	2009 This Form is Open to Public Inspection

Part I Annual Report Identification Information

For 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 ☒ 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: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan Mound Cotton Wollan & Greengrass 401(k) Plan

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2005

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
Mound Cotton Wollan & Greengrass

One Battery Park Place
24 Whitehall Street
New York NY 10004-1486

2b Employer Identification Number (EIN) 13-5339441

2c Sponsor's telephone number (212)804-4200

2d Business code (see instructions) 541110

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	Ed Bale	10/8/2010	ED BALE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Ed Bale	10/8/2010	ED BALE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		**4b** EIN
a	Sponsor's name		**4c** PN
5	Total number of participants at the beginning of the plan year	**5**	192
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**	148
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	48
d	Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	197
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	197
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	174
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2F 2G 2J 2R 2T 3B 3D

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

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

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

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