## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	Complete all entries in acco	ordance wit	h the instructions to the Form 550	0-SF.			
		tification Information						
For	calendar plan year 2009 or fiscal pla	an year beginning 11/01/20	009	and ending 0	7/31/2	2010		
Α.	his return/report is for:	employer plan (not multiemployer)		one-participa	int plan			
В.	his return/report is for:	rst return/report	n/report		_			
_	· · · · · · · · · =	n amended return/report	Short plan	year return/report (less than 12 mo	nths)			
<u> </u>	블	=			□ DEVC progra	·m		
C	Check box if filing under:	ш	extension		DFVC progra	atti		
		pecial extension (enter descrip						
		ion—enter all requested infor	mation				1	
	Name of plan				1b	Three-digit		
GOLI	SMITH & HARRIS, INC. PROFIT S	SHARING PLAN				plan number	003	
					10	(PN)	f alaa	
					10	Effective date o	•	
22	Plan sponsor's name and address (	(employer if for single-employ	er nlan)		2h	Employer Identi		her
	DSMITH & HARRIS, INC.	chiployer, il for single employ	or plan)			(EIN) 13-374		ibci
					2c	Plan sponsor's	telephone ni	umber
	HIRD AVE, 43RD FLR					212-51		
	XIOM YORK, NY 10017				2d	Business code		ions)
20	Diamento de la companya de la compan	/:f Dlan		- "\	2 h	523120 Administrator's		
	Plan administrator's name and addi SMITH & HARRIS, INC.		, enter Samo DAVE, 43RD		30	13-374		
		C/O AXION	M		3c	Administrator's		umber
		NEW YOR	K, NY 10017			4-5515		
	the name and/or EIN of the plan sp			port filed for this plan, enter the	4b	EIN		
-	name, EIN, and the plan number fro	m the last return/report. Spon	sor's name		4c	DN		
52	Total number of participants at the	haginning of the plan year			5a	FIN		
	<b>5a</b> Total number of participants at the beginning of the plan year							4
b	Total number of participants at the				5b			0
С	Total number of participants with a				5c			0
60	'			(Coo instructions )	•		X Yes	□ No
			-	(See instructions.)ndent qualified public accountant (IQ			103	☐ 1 <b>1</b> 0
D				ions.)			X Yes	No
	•	•	•	SF and must instead use Form 55			_	
Pa	rt III Financial Informatio	n						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		7a	6928	3			0
b	Total plan liabilities		7b					
С	Net plan assets (subtract line 7b fro	om line 7a)	7с	6928	3			0
8	Income, Expenses, and Transfers f			(a) Amount		(b) 7	Γotal	
а	Contributions received or receivable			(a) runo ant		()		
	(1) Employers		8a(1)	(	)			
	(2) Participants		8a(2)		)			
	(3) Others (including rollovers)		8a(3)					
b	Other income (loss)		8b	2004	4			
С	Total income (add lines 8a(1), 8a(2	2), 8a(3), and 8b)	8c					2004
d	Benefits paid (including direct rollov							
	to provide benefits)		8d	8932	2			
е	Certain deemed and/or corrective of	distributions (see instructions)	8e		_			
f	Administrative service providers (sa	alaries, fees, commissions)	8f					
g	Other expenses		8g					
h	Total expenses (add lines 8d, 8e, 8	3f, and 8g)						8932
i	Net income (loss) (subtract line 8h							-6928
i	Transfers to (from) the plan (see in				)			

D IV	Diam	Ol	. 4! - 4!
Part IV	Plan	Charac	cteristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

D .	11 1111	plan provides wellare beliefits, effer the applicable wellare feat	ure codes from the	List of Flair Chara	ICICIIS	110 000	163 III t	ine monuc	Moris.		
Part	٧	Compliance Questions									
10	During the plan year:					Yes	No		nt		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Х				
b		e there any nonexempt transactions with any party-in-interest? (Ine 10a.)			10b		X				
С	C Was the plan covered by a fidelity bond?						Χ				
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						X				
	• Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)						X				
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10g		X				
_	If th	s is an individual account plan, was there a blackout period? (Sec. 0.101-3.)	e instructions and 2	9 CFR	10h		X				
i		th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i						
Part '	VI	Pension Funding Compliance									
11	ls th 550	is a defined benefit plan subject to minimum funding requirement	s? (If "Yes," see ins	tructions and com	plete	Sched	lule SB	(Form	Y	es X No	
12	ls t	nis a defined contribution plan subject to the minimum funding rec	quirements of sectio	n 412 of the Code	or se	ction 3	302 of I	ERISA?	Y	'es X No	
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl	,								
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.									
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day.		ı cai _		
						[	12b				
		r the amount contributed by the employer to the plan for this plan				1	12c				
d	•						12d				
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?				[	Yes	No	N/A	
Part \	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	ar?					X Y	es No	
	If "Y	es," enter the amount of any plan assets that reverted to the emp	lover this vear				13a			0	
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control							'es No			
		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plai	n(s) to					
13c(1) Name of plan(s):					<b>13c(2)</b> EIN(s) <b>13c</b> (			<b>c(3)</b> PN(s)			
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le cau	ıse is	establ	ished.	1		
Under SB or	per Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ırn/rep	ort, in	cludin	g, if applic			
SIGN	Filed with authorized/valid electronic signature.  04/12/2011 KAL MUCHNICK										
	HERE Signature of plan administrator Date Enter name of				ndividi	ıal sig	ning as	s plan adn	ninistrato	or	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pa	rt I Annual Report Identification Information								
For c	alendar plan year 2009 or fiscal plan year beginning	11/01/20	09 and ending		07/31/201	.0			
АТ	his return/report is for: X single-employer plan	multiple-em	nployer plan (not multiemployer	nt plan					
	his return/report is for:   first return/report	final return/	final return/report						
-	an amended return/report	short plan y	ear return/report (less than 12	months)					
<b>C</b> (	heck box if filing under:	automatic e	extension		DFVC progra	m			
	special extension (enter description)	ion)							
Pa									
_	Name of plan	ilation .		1b	Three-digit				
Ια (	GOLDSMITH & HARRIS, INC. PROFIT SHARING	PLAN			plan number	003			
				10	(PN)				
				10	C Effective date of plan 11/01/1995				
22	Plan enoneor's name and address (employer if for single-employe	er plan)		2b	Employer Identi	fication Number			
2a (	Plan sponsor's name and address (employer, if for single-employe GOLDSMITH & HARRIS, INC.	,, bia,			(EIN) 13-374	1461			
				2c	Plan sponsor's (212) 514 -	telephone number			
	780 THIRD AVE, 43RD FLR C/O			24		(see instructions)			
	AXIOM CAPITAL MANAGEMENT		NY 10017	24	523120	(See Mondono)			
3a	NEW YORK Plan administrator's name and address (if same as Plan sponsor,	enter "Same"	')	3b	Administrator's				
	OLDSMITH & HARRIS, INC.			0-	13-374146				
	780 THIRD AVE 43RD FLR C/O AXIOM CAPITAL MANAGEMENT			30	(212)514-	telephone number 5515			
	the name and/or EIN of the plan sponsor has changed since the l	ast return/ren	ort filed for this plan, enter the	4b	EIN				
<b>4</b> 11	name, EIN, and the plan number from the last return/report. Spons	sor's name	or, mod to, and plant of the area						
				_	PN				
	Total number of participants at the beginning of the plan year				4	4			
<b>b</b> Total number of participants at the end of the plan year						0			
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not				t 5c		0			
	complete this item)				-1	X Yes No			
	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of	ible assets? (	dent qualified public accountar	t (IOPA)					
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	y and condition	ons.)			X Yes No			
115	If you answered "No" to either 6a or 6b, the plan cannot use	Form 5500-S	F and must instead use Fore	n 5500.					
Pa	rt III Financial Information				TO 5				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	l of Year			
а	Total plan assets	7a	6	,928		0			
b	Total plan liabilities								
_ C	Net plan assets (subtract line 7b from line 7a)	7c	6	,928		0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b)	Total			
а	Contributions received or receivable from:	8a(1)		0					
	(1) Employers			0					
	(2) Participants								
<b>L</b>	(3) Others (including rollovers)		2	,004					
	Other income (loss)					2,004			
G	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								
d	to provide benefits)	8d	8	,932					
е	Certain deemed and/or corrective distributions (see instructions).								
f	Administrative service providers (salaries, fees, commissions)								
g	Other expenses								
_	Total expenses (add lines 8d, 8e, 8f, and 8g)					8,932			
i	Net income (loss) (subtract line 8h from line 8c)					(6,928)			
	Transfers to (from) the plan (see instructions)	0;		0					

	Form 5500-SF 2009 Page <b>2-</b>								
Par	t IV	Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2A 2E 2F 2G 2J 2K 2R 3D								
b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	des in t	he instruct	ions:		_
Parl	V	Compliance Questions							=0
10		ring the plan year:		Yes	No		Amount		=
а	29	is there a failure to transmit to the plan any participant contributions within the time period described in PCFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				_
b	the first control of the control of				х				_
С	W	as the plan covered by a fidelity bond?	10c		Х				_
d	Dic	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			х				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See			W.				
		tructions.)	10e		X				-
f		s the plan failed to provide any benefit when due under the plan?	10f		X				-
g		the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				_
h	25	his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				_;
ì	If 1	Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						_
Part		Pension Funding Compliance							_
11	1s t	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 20)).	nplete	Sched	dule SE	3 (Form		s X No	-
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction	302 of	ERISA?	∐ Y€	es 🛛 No	
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  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 letter ruling granting the waiver						ruling		
lf		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-					_
b	b Enter the minimum required contribution for this plan year				12b				_
С	En	ter the amount contributed by the employer to the plan for this plan year			12c				_
d	Su	btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)	of a		12d			pm(	_
е	Wi	If the minimum funding amount reported on line 12d be met by the funding deadline?			giini.	Yes	No	N/A	_
Part	VII	Plan Terminations and Transfers of Assets							_
13a	На	s a resolution to terminate the plan been adopted during the plan year or any prior year?					X Ye	es No	)
	If "	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	We	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	under	the c			X Ye	es 🗌 No	)
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t nich assets or liabilities were transferred. (See instructions.)	the pla	n(s) to	o 				
	13c(	1) Name of plan(s):		13	c(2) E	IN(s)	13c	(3) PN(s)	_
Cau	tion	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole ca	use is	estab	lished.			

belief, it is true, correct, and complete. JAY HARRIS SIGN HERE Enter name of individual signing as plan administrator Signature of plan administrator JAY HARRIS SIGN **HERE** Date3/2/11 Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and