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

2010

This Form is Open to Public Inspection

	Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.	
	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/20	10	and ending 1	2/31/2	2010
Α	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
	This return/report is for:	final retur	n/report		
_	an amended return/report	<u> </u>	n year return/report (less than 12 mor	nthe)	
_		╡ :		11113)	□ pc/(0
C	Check box if filing under:		extension		DFVC program
	special extension (enter descript	ion)			
Pa	art II Basic Plan Information—enter all requested inform	nation			
	Name of plan			1b	Three-digit
COH	N & CO., INC. 401(K) PROFIT SHARING PLAN				plan number 001
				4.	(PN) •
				10	Effective date of plan 01/01/1999
22	Plan sponsor's name and address (employer, if for single-employe	ır nlan)		2h	Employer Identification Number
	N & CO., INC.	i piaii)		20	(EIN) 13-4051527
				2c	Plan sponsor's telephone number
	EAST 30TH STREET YORK, NY 10016				212-253-7400
INLV	10KK, N1 10010			2d	Business code (see instructions)
- 2-	District the Company of the Company	. "0		26	711100
COH	Plan administrator's name and address (if same as Plan sponsor, N & CO., INC.	enter "Sam BOTH STRE	e") ET	30	Administrator's EIN 13-4051527
	NEW YORK	K, NY 10016	5	3c	Administrator's telephone number
					212-253-7400
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Spons	or's name		40	DN
	Total conduct of contribution of the books of the other con-			4c	
	Total number of participants at the beginning of the plan year			5a	2
b	Total number of participants at the end of the plan year			5b	0
С	Total number of participants with account balances as of the end		•	E o	0
	complete this item)			5c	Д □
	Were all of the plan's assets during the plan year invested in eligi		,		Yes No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use		•		
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	48728	3	0
b	Total plan liabilities		()	0
С	Net plan assets (subtract line 7b from line 7a)		48728	3	0
8	Income, Expenses, and Transfers for this Plan Year	, ,	(a) Amount		(b) Total
а	Contributions received or receivable from:		(a) Amount		(b) Total
ű	(1) Employers	8a(1))	
	(2) Participants	8a(2)	()	
	(3) Others (including rollovers)		()	
b	Other income (loss)		1		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				1
d	Benefits paid (including direct rollovers and insurance premiums				
_	to provide benefits)	8d	48729	9	
е	Certain deemed and/or corrective distributions (see instructions)		C)	
f	Administrative service providers (salaries, fees, commissions)		()	
g	Other expenses		()	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				48729
i	Net income (loss) (subtract line 8h from line 8c)				-48728
i	Transfers to (from) the plan (see instructions)		()	
		×ı			

	Form 5500-SF 2010 Page 2-				
ar	t IV Plan Characteristics				
а	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2G 2J 2K 3D				
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cterist	ic Cod	des in t	he instructions:
art	V Compliance Questions				
)	During the plan year:		Yes	No	Amount
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)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Χ	
е	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.)	10e		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 year end.)	10q		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Χ	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			
ırt	VI Pension Funding Compliance				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	ction 3	302 of I	ERISA? Yes No
	(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 instruct granting the waiver				
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		
b	Enter the minimum required contribution for this plan year			12b	

С	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	4

Part VII **Plan Terminations and Transfers of Assets**

13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	ontrol	X Yes No

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.)		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, 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 belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/27/2011	JACK COHN
HERE	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

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).

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

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

For clain/deport is for: A This return/report is for: Single-amployer plan This return/report is for: First return/report This return/report This plan year year year year year return/report This plan year year year year year year year year		art I Annual Report Identification Informati		10		10/21/001	
B This return/report is for	Fo						
C Check box if filing under:	Α	This return/report is for:	multiple-en	nployer plan (not multiemployer)	L	one-participa	nt plan
C Check box if filling under. Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Cohn & Co., Inc. 401 (k) Profit Sharing Plan 2a Plan sporsor's name and address (employer, if for single-employer plan) Clin & Cohn & Co., Inc. 115 East 30th Street New York NY 10016 3a Plan administrator's name and address (fi same as Plan sponsor, enter 'Same') Same All 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. Sponsor's name 4d 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. Sponsor's name 4d EIN Total number of participants at the end of the plan year. 5a Total number of participants at the end of the plan year. 5b Total number of participants at whe count balances as of the end of the plan year (defined benefit plans do not complete this item). 6d Were all of the plans assets during the plan year invested in eligible assets? (See instructions) 7 Plan Assets and Liabilities 6 Were all of the plans assets during the plan year invested in eligible assets? (See instructions) 7 Plan Assets and Tability (See instructions on waiver eligibility and conditions). Part III = Intancial Information 7 Plan Assets and Tabilities 6 (a) Beginning of Year (b) End of Year 1 Total plan assets. 7 (a) Admount (b) Total 1 Intensicial information 7 Plan Assets and Liabilities 6 (a) Beginning of Year (b) End of Year 1 Total plans assets (subtract line 7 from line 7a). 7 (a) Admount (b) Other income (odd lines 8d; 1), 8d; 2), 8d; 3), and 8b). 8 (c) Total income (add lines 8d; 1), 8d; 2), 8d; 3), and 8b). 9 (d) Deter income (oss). 9 (d) Deter income (oss). 1 Plan Administrator service provider (selatines, fees, commissions). 8 (e) Critical deemed and fransfers for this Plan Year (b) Other in	В	This return/report is for:	X final return	report report			
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Special extension (enter description) Part II Basic Plan Information—enter all requested information Conn & Co., Inc. 401 (k) Profit Sharing Plan 10 Effective date of plan 10 (7) (1999) 001 2a Plan sponsor's name and address (employer, if for single-employer plan) 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer (destributions) 2c Plan sponsor's telephone number (conn & Co., Inc. 2d Business code (see instructions) 71 75 75 75 75 75 75 75	С	Check box if filing under: X Form 5558	automatic e	extension	Γ	DFVC progra	m
Part			description)		_	-	
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2a Plan sponsor's name and address (employer, if for single-employer plan) Conn & Co. , Inc. 2b Employer identification Number (ElN) 13 - 4051527 2c Plan sponsor's telephone number (212) 253 - 740 0 2d Business code (see instructions) 711100 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's telephone number (212) 253 - 740 0 4 If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report. Sponsor's name 4 If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report filed for this plan, enter the nam		401(k) Profit Sharing Plan		ļ			·
2a Employer identification Number Continue Cont							
115 East 30th Street 2c Plan sponsor's telephone number (212) 233 – 7400 2d Business code (see instructions) 3d Business code (see instructions) 3d Administrator's name and address (if same as Plan sponsor, enter "Same") 3d Administrator's telephone number 3d Administrator's telephone number	20	Dispersion and address (ampleyer if for single	mpleyer plan				
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New York New York NY 10016 2d Business code (see instructions) 3b Administrator's name and address (if same as Plan sponsor, enter "Same") 3c Administrator's telephone number name, ElN, and the plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report. Sponsor's name Ab ElN							
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38 Plan administrator's name and address (if same as Plan sponsor, enter "Same") 39 Administrator's telephone number administrator's telephone number of participants at the beginning of the plan year. 40 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. Sponsor's name 40 EIN 41 C PN 52 Total number of participants at the beginning of the plan year. 50 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 50 C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 50 C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 50 C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 51 C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 52 C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 52 C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 53 C Administrator's EIN 54 C PN 55 C 56 C 56 C 56 C 57 C Total number of participants at the end of the plan year (defined benefit plans do not complete this item). 56 C 57 C Total number of participants with account and of the plan year (defined benefit plans do not complete this item). 57 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 78				NW 10016			see instructions)
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name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year							
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complete this item). Sect	С						
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)					5c		
under 29 CFR 2520.104-48? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Pian Assets and Liabilities a Total plan assets 7 A 48,728 b Total plan liabilities. 7 Net plan assets (subtract line 7b from line 7a) 7 Net plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers. (3) Others (including rollovers) 8 a(2) 0 (3) Others (including rollovers) 8 a(3) 0 b Other income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 6 Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8 C Certain deemed and/or corrective distributions (see instructions) 8 Administrative service providers (salaries, fees, commissions) 8 Ag 0 9 Other expenses 1 Total expenses (add lines 8d, 8e, 8f, and 8g) 1 Net income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtract line 8h from line 8c) 8 Income (loss) (subtra	6a	Were all of the plan's assets during the plan year invested	l in eligible assets? (See instructions.)			X Yes No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information	b	Are you claiming a waiver of the annual examination and	report of an independent	dent qualified public accountant (IQ	PA)		₩ vaa □ Na
Part III Financial Information 7 Plan Assets and Liabilities							M tes □ No
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 48,728 b Total plan liabilities 0 c Net plan assets (subtract line 7b from line 7a) 7c 48,728 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from:	P		ot dae i omi occo-c	and must mistead use i orm out			
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b Total plan liabilities	_		79		8	(6) 2110	01 1041
Responses, and Transfers for this Plan Year Response (add lines 8a(1), Plan Year Response (add lines 8a(1), Plan Year Response (add lines 8a(2), Plan Year Response (add lines 8a(3), Plan Year Response (add lines 8a(4), P		·					
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers		•			+		
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d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		1		
to provide benefits)	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				
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f Administrative service providers (salaries, fees, commissions)				48,72	4		
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i Net income (loss) (subtract line 8h from line 8c)	f				의 🗼		
	f	Other expenses	8g		0		
J Transfers to (from) the plan (see instructions)	f g	Other expenses	8g 8h		0		48,72
	f g	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	8g 8h 8i		0		

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Par					_			
	If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 2K 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	RUIE CODES TOTA VIE	List of Plan Character	1600 60	066 m	nie iusariot	ons:	
Part	V Compliance Questions							
10	During the plan year:			Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducia			2	х			
þ	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	•	•	ь	X			
C	Was the plan covered by a fidelity bond?	P1	10	c	Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishenesty?			d	х		***************************************	
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of I instructions.)	the benefits under ti	ne plan? (See	8	х			
f	Has the plan failed to provide any banefit when due under the plan?			•	х	T		
ģ	Did the plan have any participant loans? (If "Yes," enter amount as o	of year and.)			х	†		
h	If this is an individual account plan, was there a blackout period? (St 2520.101-3.)		29 CFR		x			
ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or o	ne of the			****		
Part	``							
11	is this a defined benefit plan subject to minimum funding requiremen 5500)).						∏ Yes	No.
12	Is this a defined contribution plan subject to the minimum funding re	•					Yes	X No
	(If "Yes," complete 12s or 12b, 12c, 12d, and 12s below, as applicab						_	
a	If a waiver of the minimum funding standard for a prior year is being							
if v	granting the waiver	MB (Form 5500), an	d skip to line 13.		Day	***************************************	T 4981	
	Enter the minimum required contribution for this plan year			F	12b	T		***************************************
	Enter the amount contributed by the employer to the plan for this plan			<u> </u>	12c			
	Subtract the amount in line 12c from the amount in line 12b, Enter th negative smount)	ne result (enter a mir	nus sign to the left of a	Γ	12d			
e	Will the minimum funding amount reported on line 12d be met by the	funding deedlino?.	***************************************			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	year or any prior ye	ar?		****		X Yea	No
	If "Yes," enter the amount of any plan assets that reverted to the emp	ployer this year	······	<u></u>	13a			0
	Were all the plan assets distributed to participants or beneficiaries, tr	······································					X Yes	No
c	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to anothe	r plan(a), identify the p	lan(s) ic	,	P# *********		************
	3c(1) Name of plan(s):			13	c(2) E	IN(s)	13c(3)	PN(s)
		·············			•••••	***************************************		······································
Ceuti	on: A penalty for the late or incomplete filing of this return/repor	t will be sssesed	unices reasonable c	use is	estab	lis hed.		
SB or	penalties of perjury and other penalties set forth in the instructions, i Schedule, MB completed and signed by an enrolled actuary, as well a it is true, correct, and couptible.							
SIGN	40N 9-27-2011 Jack Cohn							
HER		Date	Enter name of indivi	dual sin	nina e	s plan admir	vistrator	
Pio-								
HER		Date	Enter name of indivi	dual sig	ning a	s employer (or plan spo	nsor