Form 5500-\$	SF Short Form Annu		ort of Small Emplo	OMB Nos. 1210-01 1210-00			
Department of the Treasu Internal Revenue Service		Benefit Pla		tirement	2	015	
Department of Labor Employee Benefits Security Admir	Income Security Act of 1974	This form is required to be filed under sections 104 and 4065 of the Employee Retir Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Int Revenue Code (the Code).				m is Open to Inspection	
Pension Benefit Guaranty Corp	Complete all entries in		nstructions to the Form 55	00-SF.			
	eport Identification Information		and ending 12	/31/2015			
i or oalonidar plan your 20	x a single-employer plan		er plan (not multiemployer)		king this box	must attach a	
A This return/report is for		list of participatin a foreign plan	g employer information in ac	cordance wit	th the form in	structions)	
B This return/report is	the first return/report	X the final return/rep	ort				
	an amended return/report	a short plan year i	eturn/report (less than 12 mo	onths)			
C Check box if filing und	er: Form 5558	automatic extens	op	Пъ	FVC progran	,	
0	special extension (enter desc				r vo program	1	
Part II Basic Pla	n Information—enter all requested ir						
1a Name of plan				1b Three	-digit		
PD COWEN HARDWOODS INC 401(K) PROFIT SHARING PLAN & TRUST				plan r	001		
				(PN)	ive date of pl		
				IC LINECI	01/01/2		
Mailing address (inclu	(employer, if for a single-employer plan) ide room, apt., suite no. and street, or P. province, country, and ZIP or foreign pos		instructions)	2b Employer Identification Number (EIN) 20-4488016			
PD COWEN HARDWOODS				2c Spons	sor's telephor 315-863-		
				2d Busine		e instructions)	
700 HAYES RD ALDWINSVILLE, NY 1302		AYES RD INSVILLE, NY 13027-9	420		,	,	
ALDWINGVILLE, NT 1502	DALDW	1100 TEEL, NT 13027-9	+20		541990		
3a Plan administrator's n	ame and address X Same as Plan Spor	isor.		3b Admin	istrator's EIN	l	
				3c Admir	istrator's tele	phone number	
			ad fan this alon antau tha	Als cut			
	N of the plan sponsor has changed since plan number from the last return/report.	the last return/report fi	ed for this plan, enter the	4b EIN			
a Sponsor's name				4c PN			
5a Total number of partie	cipants at the beginning of the plan year.			5a		1	
	cipants at the end of the plan year		P	5b		0	
	ts with account balances as of the end of			5c		0	
. , ,	tive participants at the beginning of the p			5d(1)		1	
()	ctive participants at the end of the plan ye	-	1	5d(2)		0	
	nts that terminated employment during th			5e		0	
than 100% vested					liahad	0	
Under penalties of perjury	and other penalties set forth in the instru-	ctions, I declare that I h	ave examined this return/rep	ort, includin	g, if applicab		
SB or Schedule MB comp belief, it is true, correct, ar	leted and signed by an enrolled actuary,	as well as the electroni	c version of this return/report	, and to the l	best of my kr	owledge and	
	orized/valid electronic signature.	10/05/2017	PATRICK COWEN				
HERE	plan administrator	Date	Enter name of individu	al signing a	e nlan admin	istrator	
SIGN		Date		iai siyining a	s plan aumin	1311/2101	
HERE	omployor/plan spensor	Date	Entor nome of individu	al cigning a	o omployer o	r plan apapaar	
	[:] employer/plan sponsor g firm name, if applicable) and address (i		Enter name of individu		s empioyer o telephone nu		
			ł				
For Paperwork Reduction A	ct Notice and OMB Control Numbers, see th	he instructions for Form	5500-SF.		Fo	rm 5500-SF (2015)	

If you answered "No" to other line is or line bit, the plan cannot use Form S00.SF and must instead use Form S00. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)"	-	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public a	ccount	ant (IQ	PA)		
Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 43967 0 b Total plan assets 7a 43967 0 c National Sector 7b 43967 0 c National Sector (a) Amount (b) Total 0 a Contributions neeved or receivable from: (b) Total 0 0 (f) Employers 8a(1) 0 0 0 0 (g) Other is concellositions neeved or receivable from: 8a(2) 2500 0 0 0 0 (g) Other is concellositions (see instructions) 8a 0 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>									
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 43007 0 b Total plan assets 7b 0 c Net plan assets (buttand line 7b from line 7a) 7c 436677 0 8 Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total 0 9 Other sciences, and Transfers for this Plan Year (a) Amount (b) Total 0 (c) Participants 8e(1) 0 0 0 (c) Participants 8e(2) 2500 2500 2500 (c) Total income (add lines 8e(1), 8a(2), 8a(3), and 8b) 8c 2500 2500 d E contrain deemed and/or corractive distributions (see instructions). 8e 2500 2500 g Other science (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 2500 2500 g Other science (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 2500 2500 g Other science (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 2500 2500 g Other science (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 2500 2500 g Other science (add lines 8a(1), 8a(2), 8a(3), and 8b)	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ction 4	021)? .		Yes	No Not determined
a Total plan assets. 7a 49697 0 b Total plan labilities 7b 0 c Net plan assets (subtract line 7b form line 7a) 7c 43897 0 a Contributions reactived or reactivable from: 6a(1) 0 0 d Dirotel Sa(1) 0 0 d Contributions reactived or reactivable from: Sa(1) 0 d Other income (ass) Sa(3) 0 d Other income (ass) Sa(3), and 8b) Sa c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Sa 0 d Benefits paid (including direct rollovers and insurance premiums 6d 0 g Other expenses Sag 0 g Other expenses Sag 0 f Administrative service providers (aslatines, (see, commissions), Sig Sig	Pa	t III Financial Information							
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(2) Participants Stol 2500 (3) Others (including rollovers) 8a(3) 0 (3) Others (including rollovers) 8a(3) 0 (4) Deter income (loss) 8b 0 (5) Other income (loss) 8b 0 (6) Other income (loss) 8b 0 (7) Other sports 8d 0 (8) Other sports 8d 0 (7) Other sports 8d 0 (8) Other sports 8d 0 (9) Other sports 8d 0 (9) Other sports 8d 0 (10) Other sports 8d 0 (11) Other sports 8d 0 (22) Part IV Plan Characteristics 8g (21) The plan provides persion benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions: (21) A 21 30 25 22 2K 100 20 22 2K (9) Uther sports 100 Uning the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (21) A 21 30 25 22 2K 100 20 21 2K (10) During the plan year: Yes Yes <	а	Contributions received or receivable from:				0			
(a) Others (including rollovers) (b)		(1) Employers	, í				_		
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g Other expenses Bg 0 In Total expenses (add lines 8d, 8e, 8f, and 8g)	e	Certain deemed and/or corrective distributions (see instructions)	8e						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f						
i Net income (loss) (subtract line 8 hrom line 8c)	g	Other expenses	8g						
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2T 2J 3D 2G 2E 2K B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No N/A 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) No XA Amount b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X Image: Control of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X Image: Control of the plan failed to provide 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.) 10d X Image: Control of the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: Control of the plan have any participant loans? (If "Yes," enter amount as o	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						2500
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10 During the plan year: Yes No N/A 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? (See instructions and DQL's Voluntary Fiduciary Correction Program)	В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coo	des in th	ne instructions:
10 During the plan year: Yes No N/A 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? (See instructions and DQL's Voluntary Fiduciary Correction Program)	Par	V Compliance Questions							
a 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)						Yes	No	N/A	Amount
Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 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 X X e 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? 10g X Image: Comparison of the comparison the comparison of t	а		tions withi	n the time period					
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g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X 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 10i j Did the plan trust incur unrelated business taxable income? 10j 10j 10j	f				10f		Х		
2520.101-3.) 10h X 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	g				-		Х		
exceptions to providing the notice applied under 29 CFR 2520.101-3	h				10h		X		
j Did the plan trust incur unrelated business taxable income? 10j	i				10i				
Part VI Pension Funding Compliance	j				10j				
	Part	VI Pension Funding Compliance							

	5500) and line 11a below)				
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes 🗡	× No

Form 5500-SF 2015

Page 3 - 1

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	-				
 a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver. 	d enter th Day		the letter ru Year	ling	
If 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				
C 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				
e 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 in any plan year?		X Yes	s No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			46197	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		A res ino			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
13c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) F	PN(s)	
Part VIII Trust Information					
14a Name of trust	14b	14b Trust's EIN			
14c Name of trustee or custodian Part IX IRS Compliance Questions	14d	14d Trustee's or custodian's telephone number			
15a Is the plan a 401(k) plan?	🗙 Ye	es	No	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				ADP/ACP test	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Ye	Yes		No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				erage nefit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?			No		
17a Has the plan been timely amended for all required tax law changes?			No	X N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the for tax law changes and codes).	applicabl	e code	(See ins	structions	
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is sub advisory letter, enter the date of that favorable letter/ and the letter's serial number	ect to a f	avorable II	RS opinion	or	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date determination letter/	of the pla	ın's last fa	vorable		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?			X No		
19 Were in-service distributions made during the plan year?			X No		
If "Yes," enter amount					
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not					