

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
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>10/01/2009</u> and ending <u>09/30/2010</u>			
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 <u>RJF INTL CORP MARIETTA PLANT EE'S SAVINGS PLAN & TRUST</u> 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>RJF INTERNATIONAL CORPORATION</u> <u>3875 EMBASSY PARKWAY, SUITE 110</u> <u>FAIRLAWN, OH 44333-0000</u>	1b Three-digit plan number (PN) ►	<u>004</u>	
	1c Effective date of plan	<u>10/01/1995</u>	
	2b Employer Identification Number (EIN)	<u>34-1592606</u>	
	2c Sponsor's telephone number	<u>330-668-7611</u>	
	2d Business code (see instructions)	<u>326100</u>	

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	<u>Filed with authorized/valid electronic signature.</u>	<u>07/14/2011</u>	<u>ANTHONY COX</u>
	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") RJF INTERNATIONAL CORPORATION 3875 EMBASSY PARKWAY, SUITE 110 FAIRLAWN, OH 44333-0000	3b Administrator's EIN 34-1592606 3c Administrator's telephone number 330-668-7611
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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
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5 Total number of participants at the beginning of the plan year	5	218
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	190
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	30
d Subtotal. Add lines 6a , 6b , and 6c	6d	220
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	220
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	139
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010		
A Name of plan RJF INTL CORP MARIETTA PLANT EE'S SAVINGS PLAN & TRUST	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500. RJF INTERNATIONAL CORPORATION	D Employer Identification Number (EIN) 34-1592606	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST RETIREMENT SERVICES

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	45582001	85	10/01/2009	09/30/2010

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
3177	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DAVID KRASNOW
FINANCIAL TELESIS INC DBA JHW FINAN
PARK EAST DR, OH 44122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3177			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 1217993**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 1127672**c** Additions: (1) Contributions deposited during the year **7c(1)** 56899(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 27451(4) Transferred from separate account **7c(4)** 21726(5) Other (specify below) **7c(5)** 15537▶ **LOAN PAYMENTS**(6) Total additions **7c(6)** 121613**d** Total of balance and additions (add **b** and **c(6)**). **7d** 1249285**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 31125(2) Administration charge made by carrier **7e(2)** 167(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 31292**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 1217993

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010	
A Name of plan RJF INTL CORP MARIETTA PLANT EE'S SAVINGS PLAN & TRUST	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 RJF INTERNATIONAL CORPORATION	D Employer Identification Number (EIN) 34-1592606

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

FINANCIAL TELESIS INC DBA JHW FINAN

4340 REDWOOD HWY
SUITE A23
SAN RAFAEL, CA 94903

(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?
55	BROKER/ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	11939	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 ☐

(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
FINANCIAL TELESIS INC DBA JHW FINAN	55	11939

(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.
GREAT WEST LIFE & ANNUITY COMPANY 8515 EAST ORCHARD ROAD GRENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 10/01/2009 and ending 09/30/2010		
A Name of plan RJF INTL CORP MARIETTA PLANT EE'S SAVINGS PLAN & TRUST	B Three-digit plan number (PN)	004
C Plan sponsor's name as shown on line 2a of Form 5500 RJF INTERNATIONAL CORPORATION	D Employer Identification Number (EIN) 34-1592606	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	194341	175650
(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)	3982784	4577353
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1127672	1217993
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	5304797	5970996

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5304797	5970996
---	-----------	---------	---------

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)		
(B) Participants	2a(1)(B)	368322	
(C) Others (including rollovers)	2a(1)(C)	28032	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		396354
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	10521	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10521
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	88015	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		88015
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		423670
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		918560

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	251411	
(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)		251411
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	950	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		950
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		252361

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		666199
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: BOBER, MARKEY, FEDOROVICH & COMPANY

(2) EIN: 34-1523030

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....	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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

- 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.
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For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan <u>RJF INTL CORP MARIETTA PLANT EE'S SAVINGS PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RJF INTERNATIONAL CORPORATION</u>	D Employer Identification Number (EIN) <u>34-1592606</u>

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	<u>0</u>
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): <u>20-3691658</u>		
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 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
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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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

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): _____

- 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): _____

RJF INTERNATIONAL CORPORATION
MARIETTA PLANT EMPLOYEES SAVINGS PLAN AND TRUST

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

September 30, 2010 and 2009



RJF INTERNATIONAL CORPORATION
MARIETTA PLANT EMPLOYEES SAVINGS PLAN AND TRUST
ANNUAL REPORT INDEX
September 30, 2010 and 2009

The following financial statements and other information of the RJF International Corporation Marietta Plant Employees Savings Plan and Trust are included herewith:

- Statements of Net Assets Available for Benefits as of September 30, 2010 and 2009
- Statements of Changes in Net Assets Available for Benefits for the years ended September 30, 2010 and 2009
- Notes to Financial Statements

The following supplemental schedule of the RJF International Corporation Marietta Plant Employees Savings Plan and Trust is included in the Annual Report of the Plan on Form 5500 filed with the Department of Labor for the year ended September 30, 2010:

- Schedule H – line 4i – Schedule of Assets (Held at End of Year)

All other supplemental schedules and notes for which provision is made in the applicable rules and regulations of the Department of Labor Regulations are not required under the related instructions or are inapplicable and, therefore, have been omitted.

RJF INTERNATIONAL CORPORATION
MARIETTA PLANT EMPLOYEES SAVINGS PLAN AND TRUST

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CERTIFIED PUBLIC ACCOUNTANTS/BUSINESS ADVISORS
A PROFESSIONAL CORPORATION

AKRON | CLEVELAND

INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants of
RJF International Corporation
Marietta Plant Employees Savings Plan and Trust
Fairlawn, Ohio

We were engaged to audit the financial statements and supplemental schedule of the RJF International Corporation Marietta Plant Employees Savings Plan and Trust (the "Plan") as of September 30, 2010 and 2009 and for the years then ended, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by Orchard Trust Company, Trustee of the Plan. 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 certifications from the Trustee, as of and for the years ended September 30, 2010 and 2009, 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 supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink, appearing to read 'Bober, Markey, Fedorovich & Company', with a long horizontal flourish extending to the right.

BOBER, MARKEY, FEDOROVICH & COMPANY
July 12, 2011

RJF INTERNATIONAL CORPORATION
MARIETTA PLANT EMPLOYEES SAVINGS PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 4,577,353	\$ 3,982,784
Fixed annuity fund	<u>1,217,993</u>	<u>1,127,672</u>
Total investments	5,795,346	5,110,456
Notes receivable from participants	<u>175,650</u>	<u>194,341</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 5,970,996</u></u>	<u><u>\$ 5,304,797</u></u>

The accompanying notes are an integral part of these financial statements.

RJF INTERNATIONAL CORPORATION
MARIETTA PLANT EMPLOYEES SAVINGS PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended September 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS:		
Investment income:		
Dividends	\$ 88,014	\$ 121,230
Interest on notes receivable from participants	10,522	11,787
Contributions:		
Participant contributions	368,322	387,595
Employee rollovers	28,032	-
TOTAL ADDITIONS	<u>494,890</u>	<u>520,612</u>
DEDUCTIONS:		
Benefit payments to participants	251,411	472,927
Administrative expenses	950	663
TOTAL DEDUCTIONS	<u>252,361</u>	<u>473,590</u>
NET APPRECIATION (DEPRECIATION) IN FAIR VALUE OF INVESTMENTS	<u>423,670</u>	<u>(165,648)</u>
NET INCREASE (DECREASE)	666,199	(118,626)
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>5,304,797</u>	<u>5,423,423</u>
END OF YEAR	<u><u>\$ 5,970,996</u></u>	<u><u>\$ 5,304,797</u></u>

The accompanying notes are an integral part of these financial statements.

RJF INTERNATIONAL CORPORATION
MARIETTA PLANT EMPLOYEES SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
September 30, 2010 and 2009

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the RJF International Corporation Marietta Plant Employees Savings Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Description and Eligibility

The Plan, established effective October 1, 1995, is a defined contribution plan available to employees of the RJF International Corporation (the "Company") Marietta plant who have completed at least two months of service and who have attained the age of 18 and are covered by a collective bargaining agreement. Employee participation in the Plan is voluntary. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Employees who are eligible to participate in the Plan may elect to have up to 100% of their compensation deducted from payroll and contributed to the Plan on a before-tax basis. Company matching contributions, if any, are discretionary and shall not exceed 6% of the participant's compensation.

Vesting

Participant contributions, with all earnings and appreciation thereon, are fully vested at all times. Contributions of the Company are 20% vested after two years of eligible service, with a 20% increase for each additional year of eligible service, resulting in full vesting after six eligible years. However, a participant will be deemed fully vested in any contributions of the Company upon death, disability, or attainment of the normal retirement age, regardless of eligible years of service.

Investment Options

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers twelve investment options for participants.

Participant Accounts

The allocation of a participant's contributions to the investment funds is selected by the participant and may be changed daily using an automated customer service system. Participants may also elect to have all or a portion of their prior contributions transferred between any of the available investment funds. Participants may change or suspend their contribution percent, once per quarter, by filing a change form with the Plan administrator.

Separate accounts are maintained for each participant representing his or her interest in the Plan. Each participant's account is revalued daily. Plan earnings and other increases and decreases in value are allocated in direct proportion to the size of the participant's balance in a particular fund in relation to the balances of all participants in that fund.

RJF INTERNATIONAL CORPORATION
MARIETTA PLANT EMPLOYEES SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
September 30, 2010 and 2009

Notes Receivable from Participants

The Plan allows participants to borrow from the fund accounts. Participants may borrow the lesser of 50% of the participant's vested account balance or \$50,000 reduced by the participant's highest outstanding note balance in the previous 12 months even if the amounts have been repaid. The minimum amount of any note is \$1,000. The maximum number of notes available to any participant is two.

The repayments of principal and interest are credited to the participant's account balances within the respective funds. Principal and interest payments are made through payroll deductions according to each loan's term per the promissory note. Notes bear interest at the Prime rate published in the Wall Street Journal on the first business day of each month, plus 1% which is fixed upon establishment of the note.

In the event of financial hardship, participants may apply to receive a distribution from their fund accounts, subject to Internal Revenue Service ("IRS") mandated rules for hardship withdrawals.

Payment of Benefits

Participants whose employment terminates will be eligible for a distribution equal to the full amount of the separate accounts attributable to his or her participant contributions, plus any vested Company contributions.

Forfeited Accounts

Forfeited amounts are first applied to the expenses of administering the Plan, and any excess forfeiture is used to offset future contributions of the Company. During the years ended September 30, 2010 and 2009, there were no forfeited nonvested accounts.

Plan Termination

Although the Plan is intended to be permanent, the Company reserves the right to terminate the Plan at any time. Upon termination of the Plan, all contributions become fully vested and nonforfeitable. If the Plan is terminated, all amounts credited to a participant's account will be paid to such participant.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America. The accounting records of the Plan are accrual basis.

RJF INTERNATIONAL CORPORATION
MARIETTA PLANT EMPLOYEES SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
September 30, 2010 and 2009

Valuation of Investments

The Plan's investments are stated at fair value at September 30, 2010 and 2009 using quoted market prices for mutual funds and using a valuation formula disclosed in annuity contracts as calculated by the annuity provider (which uses a discounted cash flow valuation methodology whereby fair value equals contract value) for the fixed annuity fund.

Investment income consists of interest and dividend income. The net appreciation (depreciation) in the fair value of investments consists of realized gains or losses and the unrealized appreciation (depreciation) on those investments. Dividend income is accrued on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported based on historical cost.

Fair Value Measurements

Fair value estimates are made at a specific point in time based on relevant market information about the financial instrument. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision. Changes in assumptions could significantly affect the estimates.

As required by the Fair Value Measurements and Disclosures Topic ("FASB ASC 820"), the Plan adopted Accounting Standards Update No. 2010-06, Improving Disclosures about Fair Value Measurements, which amends FASB ASC 820. The amended guidance requires entities to disclose additional information regarding assets and liabilities that are transferred between levels within the fair value hierarchy and about the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. Plans are also required to disclose information in the Level 3 rollforward about purchases, sales, issuances and settlements on a gross basis effective for fiscal years beginning after December 15, 2010.

Notes Receivable from Participants

In October 2009, the Plan adopted Accounting Standards Update No. 2010-25, Reporting Loans to Participants by Defined Contribution Plans, which requires disclosure and measurement changes related to participant loans. For reporting purposes, participant loans shall be classified as notes receivable from participants and are no longer subject to fair value measurement disclosure requirements. In addition, notes receivable from participants are measured at their unpaid principal balance plus any accrued interest.

Payment of Benefits

Benefits are recorded when paid.

Plan Costs

Costs incident to the purchase and sale of securities, such as brokerage commissions and stock transfer taxes, are paid from the Plan's assets. All other general and administrative expenses incurred in the administration of the Plan are paid by the Company and are not charged against the respective funds.

RJF INTERNATIONAL CORPORATION
MARIETTA PLANT EMPLOYEES SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
September 30, 2010 and 2009

Use of Estimates

The preparation of the financial statements and footnote disclosures requires management to make estimates and assumptions that affect the reported amount of assets and liabilities at the date of the financial statements and reported amount of additions and deductions to net assets available for benefits during the period. Although management believes such estimates and assumptions are reasonable, actual results could differ from those estimates.

Subsequent Events

The Plan has evaluated subsequent events through July 12, 2011, the date the financial statements were available to be issued.

Reclassification

Certain prior year amounts have been reclassified to conform to the current year presentation.

NOTE 3 - INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements, which was prepared by the Trustee as of and for the years ended September 30, 2010 and 2009, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the respective Trustee and Custodian as of and for the years ended September 30, 2010 and 2009, that such information is complete and accurate.

Investments at fair value at September 30:

	2010	2009
Investments, at fair value	\$ 5,795,346	\$ 5,110,456
Notes receivable from participants	\$ 175,650	\$ 194,341
Dividends	\$ 88,014	\$ 121,230
Interest on notes receivable from participants	\$ 10,522	\$ 11,787
Net appreciation (depreciation) of investments	\$ 423,670	\$ (165,648)

As of September 30, 2010 and 2009, the Plan holds shares in the Key Guaranteed Portfolio Fund, which is a Non-Benefit Responsive Investment for which the interest rate is reset at least as frequently as annually. Using a discounted cash flow valuation methodology, fair value of the Key Guaranteed Portfolio Fund, prior to contract termination, equals the contract value presented in the plan summary prepared by the Custodian.

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NOTES TO FINANCIAL STATEMENTS
September 30, 2010 and 2009

NOTE 4 – INVESTMENTS

Investments that individually represent five percent or more of the Plan's net assets available for benefits are as follows as of September 30:

	2010	2009
American Balanced Fund A	\$ 889,123	\$ 782,500
American Funds Growth Fund A	\$ 976,232	\$ 915,224
BlackRock Government Income	\$ 615,256	\$ 399,424
Columbia Acorn Fund - Z	\$ 943,177	\$ 932,384
Key Guaranteed Portfolio Fund	\$ 1,217,993	\$ 1,127,672

Fair value is a market-based measurement that is determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, the Company uses a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

- Level 1 – Observable inputs such as quoted prices in active markets;
- Level 2 – Inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3 – Unobservable inputs in which there is little or no market data, which require the reporting entity to develop its own assumptions.

Assets measured at fair value on a recurring basis as of September 30, 2010 and 2009 are as follows:

- Mutual funds: Share Prices/Net Asset Values valued at the closing price reported on the active market on which the individual funds are traded.
- Fixed annuity fund: Value is reported daily based on valuation formula disclosed in annuity contract as calculated by the annuity provider which uses a discounted cash flow valuation methodology whereby fair value equals contract value.

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MARIETTA PLANT EMPLOYEES SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
September 30, 2010 and 2009

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30:

	2010			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Asset allocation	\$ 297,309	\$ -	\$ -	\$ 297,309
Balanced	889,123	-	-	889,123
International	296,015	-	-	296,015
Large cap	1,183,902	-	-	1,183,902
Bond	615,256	-	-	615,256
Mid cap	1,068,543	-	-	1,068,543
Small cap	227,205	-	-	227,205
Total Mutual Funds	4,577,353	-	-	4,577,353
Fixed Annuity Fund				
Fixed	-	1,217,993	-	1,217,993
Total assets at fair value	\$ 4,577,353	\$ 1,217,993	\$ -	\$ 5,795,346

	2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Asset allocation	\$ 253,760	\$ -	\$ -	\$ 253,760
Balanced	782,500	-	-	782,500
International	180,410	-	-	180,410
Large cap	1,098,901	-	-	1,098,901
Bond	399,424	-	-	399,424
Mid cap	1,043,165	-	-	1,043,165
Small cap	224,624	-	-	224,624
Total Mutual Funds	3,982,784	-	-	3,982,784
Fixed Annuity Fund				
Fixed	-	1,127,672	-	1,127,672
Total assets at fair value	\$ 3,982,784	\$ 1,127,672	\$ -	\$ 5,110,456

RJF INTERNATIONAL CORPORATION
MARIETTA PLANT EMPLOYEES SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
September 30, 2010 and 2009

NOTE 5 - TAX STATUS

The IRS has determined and informed the Trustee by letter dated November 27, 2001 that the Prototype Non-Standardized Profit Sharing Plan, which as adopted by the Plan on July 11, 2007, is a qualified plan under Section 401 of the Internal Revenue Code ("IRC") and is exempt from tax under present income tax laws. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Prototype Plan has been amended since receiving the determination letter. The Plan Administrator is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status and believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan files the United States Federal Form 5500 annually and is generally no longer subject to income tax examinations for years prior to 2006.

NOTE 6 - PARTY-IN-INTEREST

Certain Plan investments are shares of registered investment company accounts managed by the Trustee as defined by the Plan and, therefore, these transactions are party-in-interest transactions.

RJF INTERNATIONAL CORPORATION
MARIETTA PLANT EMPLOYEES SAVINGS PLAN AND TRUST
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER NO. 34-1592606
PLAN NO. 004
September 30, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
MUTUAL FUNDS				
	AllianceBernstein 2010 Retirement	Mutual Fund	**	\$ 267,657
	AllianceBernstein 2020 Retirement	Mutual Fund	**	29,652
	American Balanced Fund A	Mutual Fund	**	889,123
	American Funds EuroPacific Fund A	Mutual Fund	**	296,015
	American Funds Growth Fund A	Mutual Fund	**	976,232
	BlackRock Government Income	Mutual Fund	**	615,256
	Columbia Acorn Fund - Z	Mutual Fund	**	943,177
	Columbia Mid Cap Value A	Mutual Fund	**	125,366
	Lord Abbett Small-Cap Value Fund	Mutual Fund	**	227,205
*	Maxim S & P 500	Mutual Fund	**	60,479
	MFS Value Fund - A	Mutual Fund	**	147,191
	TOTAL MUTUAL FUNDS			<u>4,577,353</u>
FIXED ANNUITY FUND				
	Key Guaranteed Portfolio Fund	Fixed Annuity Fund	**	1,217,993
		Notes receivable from participants		
*	Notes receivable from participants	ranging from 4.25% to 9.25%	\$ -	175,650
				<u>\$ 5,970,996</u>

* - Represents a party-in-interest, as defined by ERISA.

** - Information is not required for participant-directed investments pursuant to Form 5500 instructions.

ASSETS HELD FOR INVESTMENT PURPOSES

RJF International Corporation Marietta Plant Employees' Savings Plan & Trust

01-OCT-09 to 30-SEP-10

05-NOV-10 08:09:59

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
ILTDAX			310,855.40	267,656.71
ILTHAX			34,602.96	29,651.95
IIFSAP			275,558.96	296,014.75
ILRSCX			209,133.73	227,204.60
IACRNK			1,042,684.15	943,176.59
ICMUAX			145,689.31	125,366.09
IAGTHX			966,521.53	976,232.18
I94MX5			71,303.73	60,478.93
IMEIAX			148,564.29	147,190.50
IABALX			912,715.59	889,123.47
ICCGAX			600,510.09	615,256.02
IIPORT		2.400	1,127,698.08	1,217,993.81
			5,845,837.82	5,795,345.60
PARTICIPANT LOANS	VARIOUS	4.250-9.250	175,577.08	175,649.73
FORFEITURES			0.16	1.27

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 34-1592606

LEGEND

INVESTMENT OPTION:

ILTDAX AllianceBernstein 2010 Retirement Str A
IIFSAP American Funds EuroPacific Gr A
IACRNK Columbia Acorn Fund - Z
IAGTHX American Funds Growth Fund of Amer A
IMEIAX MFS Value Fund - A
ICCGAX BlackRock Government Income Inv - A

ILTHAX AllianceBernstein 2020 Retirement Str A
ILRSCX Lord Abbett Small-Cap Value Fund
ICMUAX Columbia Mid Cap Value A
I94MX5 Maxim S & P 500 Index
IABALX American Funds American Balanced A
IIPORT Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

GA

RJF International Corporation Marietta Plant Employees' Savings Plan & Trust

01-OCT-09 to 30-SEP-10

05-NOV-10 08:09:59

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1LTDAX	17,842.70	1,927.024420	211	0.00	0.000000	0	0.00	SERIES
1LTHAX	5,590.04	616.059849	96	(50.00)	(5,509.697)	8	(62.47)	SERIES
1IFSAP	289,861.87	7,618.844456	1517	(183,573.79)	(4,948.623898)	26	(188,306.53)	SERIES
1LRSCX	679,410.65	26,415.012475	1861	(732,359.80)	(27,679.523494)	65	(711,692.38)	SERIES
1ACRNX	540,298.82	21,630.930795	4697	(672,093.20)	(26,702.704260)	145	(702,522.63)	SERIES
1CMUAX	23,098.05	2,043.938198	1729	(21,284.57)	(1,951.241937)	34	(19,626.58)	SERIES
1AGTHX	162,876.32	6,097.287364	5049	(169,374.51)	(6,192.739614)	143	(160,279.63)	SERIES
194MX5	6,609.35	654.240618	563	(18,702.92)	(1,729.897019)	14	(21,704.49)	SERIES
1MEIAX	45,324.20	2,205.378050	1558	(21,588.20)	(1,068.205729)	38	(22,233.58)	SERIES
1ABALX	156,669.75	9,655.441315	4839	(122,558.29)	(7,364.923200)	115	(129,397.11)	SERIES
1CCGAX	1,082,642.61	101,389.396436	4570	(897,741.38)	(84,348.665656)	98	(895,217.10)	SERIES
1PORT	642,951.90	0.000000	3443	(580,080.30)	0.000000	121	(580,080.30)	SERIES

LEGEND

INVESTMENT OPTION:

1LTDAX AllianceBernstein 2010 Retirement Str A
 1LTHAX American Funds EuroPacific Gr A
 1IFSAP Columbia Acorn Fund - Z
 1ACRNX American Funds Growth Fund of Amer A
 1AGTHX MFS Value Fund - A
 1MEIAX BlackRock Government Income Inv - A
 1CCGAX

1LTHAX
 1LRSCX
 1CMUAX
 194MX5
 1ABALX
 1PORT

AllianceBernstein 2020 Retirement Str A
 Lord Abbett Small-Cap Value Fund
 Columbia Mid Cap Value A
 Maxin S & P 500 Index
 American Funds American Balanced A
 Key Guaranteed Portfolio Fund