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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RJF INTL CORP MARIETTA PLANT EE'S SAVINGS PLAN & TRUST

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 10/01/1995

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

RJF INTERNATIONAL CORPORATION

3875 EMBASSY PARKWAY, SUITE 110
FAIRLAWN, OH 44333-0000

2b Employer Identification Number (EIN) 34-1592606

2c Sponsor's telephone number 330-668-7611

2d Business code (see instructions) 326100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2013	ANTHONY COX
	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

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	198
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**	160
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	17
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	177
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	177
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	124
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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.

1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(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	455820-01	80	10/01/2011	09/30/2012

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
4629	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 DBA JHW FINANCIAL
24000 CHAGRIN BLVD STE 200
BEACHWOOD, OH 44122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4629			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	1702162
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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	1332212
c	Additions: (1) Contributions deposited during the year	7c(1)	77276		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	23148		
	(4) Transferred from separate account	7c(4)	4145038		
	(5) Other (specify below)	7c(5)	13244		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	4258706
d	Total of balance and additions (add **b** and **c(6)**).			7d	5590918
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	378885		
	(2) Administration charge made by carrier	7e(2)	270		
	(3) Transferred to separate account	7e(3)	3509602		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	3888757
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1702161

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 organizations(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. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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)

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

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)

JHW FINANCIAL SVCS DBA FINANCIAL TE
4340 REDWOOD HWY STE A-23
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 [X] No [ ]	Yes [X] No [ ]	12741	Yes [ ] No [X]

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

GREAT WEST LIFE & ANNUITY COMPANY
8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	2537	Yes [X] No [ ]	Yes [ ] No [ ]		Yes [X] No [ ]

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

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

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)

(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
JHW FINANCIAL SVCS DBA FINANCIAL TE	55	12741

(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 AND ANNUITY COMPANY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSION

(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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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

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)	140759	128528
(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)	4270536	4684940
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1332212	1702162
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5743507	6515630
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5743507	6515630

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)	343544	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		343544
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)	5700	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5700
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	164794	
	(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)		164794
	(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)		882114
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1396152
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	597384	
(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)		597384
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		25377
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1268	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1268
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		624029
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		772123
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: 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.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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 Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 20-3691658

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** 8

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **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 or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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, 2012 and 2011

bmf

RJF INTERNATIONAL CORPORATION
MARIETTA PLANT EMPLOYEES SAVINGS PLAN AND TRUST
ANNUAL REPORT INDEX
September 30, 2012 and 2011

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, 2012 and 2011
- Statements of Changes in Net Assets Available for Benefits for the years ended September 30, 2012 and 2011
- 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, 2012:

- 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.

bmf

RJF INTERNATIONAL CORPORATION
MARIETTA PLANT EMPLOYEES SAVINGS PLAN AND TRUST

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SUPPLEMENTAL SCHEDULE	
Schedule H, line 4i – Schedule of Assets (Held at End of Year)	11

bmf

BOBER MARKEY FEDOROVICH

CERTIFIED PUBLIC ACCOUNTANTS/BUSINESS ADVISORS
A PROFESSIONAL CORPORATION

AKRON | CLEVELAND

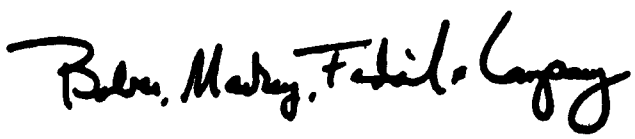
INDEPENDENT AUDITORS' REPORT

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

We were engaged to audit the financial statements of the RJF International Corporation Marietta Plant Employees Savings Plan and Trust (the "Plan") as of September 30, 2012 and 2011 and for the years then ended and the supplemental schedule as of September 30, 2012, as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the 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, 2012 and 2011, 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 supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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.



BOBER, MARKEY, FEDOROVICH & COMPANY
July 12, 2013

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MEMBER OF PKF INTERNATIONAL
REGISTERED WITH THE PCAOB

RJF INTERNATIONAL CORPORATION
MARIETTA PLANT EMPLOYEES SAVINGS PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2012 and 2011

	2012	2011
ASSETS		
Investments, at fair value:		
Mutual funds	$ 4,684,940	$ 4,270,536
Fixed annuity fund	1,702,162	1,332,212
Total investments	6,387,102	5,602,748
Notes receivable from participants	128,528	140,759
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,515,630	$ 5,743,507

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

bmf

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, 2012 and 2011

	2012	2011
ADDITIONS:		
Investment income:		
Dividends	$ 164,794	$ 131,787
Interest on notes receivable from participants	5,700	7,538
Contributions:		
Participant contributions	343,544	322,859
TOTAL ADDITIONS	514,038	462,184
DEDUCTIONS:		
Benefit payments to participants	622,761	564,985
Administrative expenses	1,268	1,169
TOTAL DEDUCTIONS	624,029	566,154
NET APPRECIATION (DEPRECIATION) IN FAIR VALUE OF INVESTMENTS	882,114	(123,519)
NET INCREASE (DECREASE)	772,123	(227,489)
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	5,743,507	5,970,996
END OF YEAR	$ 6,515,630	$ 5,743,507

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

bmf

RJF INTERNATIONAL CORPORATION
MARIETTA PLANT EMPLOYEES SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
September 30, 2012 and 2011

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.

Effective January 2013, the Company will provide a discretionary match at a rate of $0.33 per dollar for the first 3% of employee contributions during the term of the renegotiated Collective Bargaining Agreement (through November 2017). Prior to January 2013, the Company, at its discretion, provided a match not to exceed 6% of employee contributions. There were no Company match contributions for the Plan years ending September 30, 2012 and 2011.

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 fourteen 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.

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 one.

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, 2012 and 2011, 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.

Valuation of Investments

The Plan's investments are stated at fair value at September 30, 2012 and 2011 using quoted market prices for mutual funds and using a valuation formula disclosed in annuity contracts as calculated by the annuity provider 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.

Notes Receivable from Participants

Notes receivable from participants represent participant loans and are measured at the unpaid principal balance plus any accrued unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. Repayments of principal and interest are recognized in the period in which payroll deductions are processed.

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

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.

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, 2013, the date the financial statements were available to be issued, and accordingly disclosed the change in the discretionary match within Note 1.

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, 2012 and 2011, and furnished to the Plan Administrator. This information has been certified by the Trustee to be complete and accurate as of and for the years ended September 30:

	2012	2011
Investments, at fair value	$ 6,387,102	$ 5,602,748
Notes receivable from participants	$ 128,528	$ 140,759
Dividends	$ 164,794	$ 131,787
Interest on notes receivable from participants	$ 5,700	$ 7,538
Net appreciation (depreciation) of investments in mutual funds	$ 882,114	$ (123,519)

As of September 30, 2012 and 2011, 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.

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:

	2012	2011
Lord Abbett Small Cap Value	$ 503,821	$ 450,967
Columbia Acom Fund - Z	$ 1,052,608	$ 903,076
Wells Fargo Advantage Growth A	$ 1,224,022	$ 938,135
American Balanced Fund A	$ 851,463	$ 785,841
BlackRock US Government Bond	$ 441,996	$ 415,690
Key Guaranteed Portfolio Fund	$ 1,702,162	$ 1,332,212

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.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2012 and 2011.

- 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 the valuation formula disclosed in the annuity contract as calculated by the annuity provider.

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

	2012			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Asset allocation	$ 122,841	$ -	$ -	$ 122,841
Balanced	851,463	-	-	851,463
International	94,570	-	-	94,570
Large cap	1,452,147	-	-	1,452,147
Bond	441,996	-	-	441,996
Mid cap	1,218,102	-	-	1,218,102
Small cap	503,821	-	-	503,821
Total Mutual Funds	4,684,940	-	-	4,684,940
Fixed Annuity Fund	-	1,702,162	-	1,702,162
Total assets at fair value	$4,684,940	$1,702,162	$ -	$6,387,102

	2011			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Asset allocation	$ 294,065	$ -	$ -	$ 294,065
Balanced	785,841	-	-	785,841
International	169,858	-	-	169,858
Large cap	1,133,949	-	-	1,133,949
Bond	415,690	-	-	415,690
Mid cap	1,020,166	-	-	1,020,166
Small cap	450,967	-	-	450,967
Total Mutual Funds	4,270,536	-	-	4,270,536
Fixed Annuity Fund	-	1,332,212	-	1,332,212
Total assets at fair value	$4,270,536	$1,332,212	$ -	$5,602,748

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, 2012 and 2011, 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 2009.

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, 2012

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	T. Rowe Price Retirement Income Adv	Mutual Fund	**	$ 445
	T. Rowe Price Retirement 2010 Adv	Mutual Fund	**	75,285
	T. Rowe Price Retirement 2020 Adv	Mutual Fund	**	45,739
	T. Rowe Price Retirement 2030 Adv	Mutual Fund	**	1,372
	American Funds EuroPacific Gr A	Mutual Fund	**	94,570
	Lord Abbett Small Cap Value A	Mutual Fund	**	503,821
	Columbia Acom Fund - Z	Mutual Fund	**	1,052,608
	Ridge Worth Mid-Cap Value Equity I	Mutual Fund	**	165,494
*	Maxim S&P 500 Index	Mutual Fund	**	78,290
	MFS Value A	Mutual Fund	**	149,835
	Wells Fargo Advantage Growth A	Mutual Fund	**	1,224,022
	American Funds American Balanced A	Mutual Fund	**	851,463
	BlackRock US Government Bond Inv A	Mutual Fund	**	441,996
				4,684,940
	Key Guaranteed Portfolio Fund	Fixed Annuity Fund	**	1,702,162
*	Notes receivable from participants	Notes receivable from participants ranging from 4.25% to 9.25%	$ -	128,528
				$ 6,515,630

* - Represents a party-in-interest, as defined by ERISA.
** - Information is not required for participant-directed investments pursuant to Form 5500 instructions.

bmf

ASSETS HELD FOR INVESTMENT PURPOSES

RJF International Corporation Marietta Plant Employees' Savings Plan & Trust
01-OCT-11 to 30-SEP-12

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1PARIX			439.54	444.65
1PARAX			67,000.88	75,285.28
1PARBX			39,554.08	45,739.35
1PARCX			1,313.74	1,372.48
1IFSAEP			92,123.69	94,570.23
1LRSCX			453,163.93	503,820.90
1ACRNX			1,012,008.85	1,052,608.37
1SMVTX			145,076.85	165,494.43
194MX5			71,058.91	78,289.73
1MEIAX			123,768.72	149,834.28
1SGRAX			969,221.84	1,224,021.68
1ABALX			742,627.85	851,462.68
1CIGAX			431,133.43	441,996.14
1KGPF		1.450	1,573,483.96	1,702,161.73
			5,721,976.27	**6,387,101.93**
PARTICIPANT LOANS	VARIOUS	4.250-9.250	128,325.28	128,527.80
FORFEITURES			0.16	0.18

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

LEGEND

INVESTMENT OPTION:

1PARIX	T. Rowe Price Retirement Income Adv	1PARAX	T. Rowe Price Retirement 2010 Adv
1PARBX	T. Rowe Price Retirement 2020 Adv	1PARCX	T. Rowe Price Retirement 2030 Adv
1IFSAEP	American Funds EuroPacific Gr A	1LRSCX	Lord Abbett Small Cap Value A
1ACRNX	Columbia Acorn Fund - Z	1SMVTX	RidgeWorth Mid-Cap Value Equity I
194MX5	Maxim S & P 500 Index	1MEIAX	MFS Value A
1SGRAX	Wells Fargo Advantage Growth A	1ABALX	American Funds American Balanced A
1CIGAX	BlackRock US Government Bond Inv A	1KGPF	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)

RJF International Corporation Marietta Plant Employees' Savings Plan & Trust

01-OCT-11 to 30-SEP-12

19-OCT-12 22:34:31

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3KGPF	0.00	0.000000	0	(1.13)	0.000000	1	(1.13)	SERIES
1PARIX	1,512.36	111.966663	133	(1,076.87)	(80.069315)	15	(1,072.82)	SERIES
1PARAX	23,238.45	1,535.878978	283	(242,004.01)	(15,046.532743)	21	(220,982.12)	SERIES
1PARBX	5,276.88	317.206108	87	(57.20)	(3.564427)	11	(55.36)	SERIES
1PARCX	1,313.74	73.120599	62	0.00	0.000000	0	0.00	SERIES
1IFSAEP	14,268.78	389.952247	1144	(112,441.14)	(2,974.426917)	34	(125,796.95)	SERIES
1LRSCX	2,875,396.72	93,212.688445	1347	(2,946,953.19)	(95,590.489353)	80	(2,900,295.11)	SERIES
1ACRNX	114,139.58	3,936.579288	3600	(160,819.68)	(5,346.870156)	134	(157,068.52)	SERIES
1SMVTX	312,457.78	30,139.763989	1305	(267,458.46)	(27,793.412429)	34	(288,967.86)	SERIES
194MX5	246,228.32	22,131.558072	564	(250,792.43)	(22,006.462673)	42	(244,731.91)	SERIES
1MEIAX	13,403.26	571.544954	1126	(35,660.08)	(1,417.825861)	43	(32,743.65)	SERIES
1SGRAX	169,816.10	4,596.062284	4024	(171,151.88)	(4,404.875282)	176	(148,360.14)	SERIES
1ABALX	341,012.18	17,766.561304	3450	(423,353.60)	(21,985.138320)	163	(410,631.19)	SERIES
1CIGAX	35,919.80	3,309.915079	2950	(9,925.63)	(909.720928)	94	(9,714.53)	SERIES
1KGPF	4,235,557.97	0.000000	2451	(3,888,756.25)	0.000000	183	(3,888,756.25)	SERIES
5% TRANSACTIONS								
1LRSCX	30.93	1.014431	2	(400,193.96)	(13,125.416581)	4	(389,839.96)	03-JAN-12
1KGPF	400,193.96	0.000000	4	0.00	0.000000	0	0.00	03-JAN-12
1LRSCX	411,127.24	12,301.832436	4	0.00	0.000000	0	0.00	04-APR-12
1KGPF	0.00	0.000000	0	(411,628.60)	0.000000	6	(411,628.60)	04-APR-12
1KGPF	405,261.08	0.000000	4	0.00	0.000000	0	0.00	27-JUL-12

LEGEND

INVESTMENT OPTION:

3KGPF	Key Guaranteed Portfolio Fund
1PARAX	T. Rowe Price Retirement 2010 Adv
1PARCX	T. Rowe Price Retirement 2030 Adv
1LRSCX	Lord Abbett Small Cap Value A
1SMVTX	RidgeWorth Mid-Cap Value Equity I
1MEIAX	MFS Value A
1ABALX	American Funds American Balanced A
1KGPF	Key Guaranteed Portfolio Fund
1PARIX	T. Rowe Price Retirement Income Adv
1PARBX	T. Rowe Price Retirement 2020 Adv
1IFSAEP	American Funds EuroPacific Gr A
1ACRNX	Columbia Acorn Fund - Z
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1SGRAX	Wells Fargo Advantage Growth A
1CIGAX	BlackRock US Government Bond Inv A