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
SAMUEL A RAMIREZ & CO., INC. 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 10/01/1985

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

SAMUEL A. RAMIREZ & CO., INC.

61 BROADWAY
NEW YORK, NY 10006-2701

2b Employer Identification Number (EIN) 13-2695511

2c Sponsor's telephone number 212-248-0534

2d Business code (see instructions) 523110

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	JOHN KICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2013	DOMINICK QUARTUCCIO
	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")
SAMUEL A. RAMIREZ & CO., INC.

61 BROADWAY
NEW YORK, NY 10006-2701

3b Administrator's EIN
13-2695511

3c Administrator's telephone number
212-248-0534

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**	121
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**	116
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	125
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	125
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	85
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
SAMUEL A RAMIREZ & CO., INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SAMUEL A. RAMIREZ & CO., INC.

D Employer Identification Number (EIN)
13-2695511

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
GENWORTH LIFE INSURANCE CO. OF NEW YORK

(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
22-2882416	72990	M800233	1	02/20/2011	02/19/2012

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
0	36

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
BARBARA TREADWELL
530 FIFTH AVE, 14TH FLOOR
NEW YORK, NY 10036

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	36	ANNUAL FEE	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	

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

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(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**	
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 ▶

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

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)**	0
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)**	0
(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)**	0
(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
SAMUEL A RAMIREZ & CO., INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SAMUEL A. RAMIREZ & CO., INC.

D Employer Identification Number (EIN)
13-2695511

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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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)

NEUBERGER BERMAN TRUST CO. NA

605 THIRD AVENUE, 19TH FLOOR
NEW YORK, NY 10158

(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?
51	BROKER	52323	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ACTUARIAL CONSULTING GROUP, INC.

13-3684397

(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?
11 17	PENSION CONSULTANTS	23694	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

QUALIFIED PLAN ADMINISTRATORS

PO BOX 1171
AUGUSTA, GA 30903

(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	12454	Yes [ ] No [X]	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)

MG TRUST

700 17TH STREET, SUITE 200
DENVER, CO 80202

(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?
51	BROKER	6653	Yes [X] No [ ]	Yes [X] No [ ]	0	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 [ ]

(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
(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.	

(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
SAMUEL A RAMIREZ & CO., INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SAMUEL A. RAMIREZ & CO., INC.

D Employer Identification Number (EIN)
13-2695511

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	16849	15776
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	18569	16058
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	728804	993131
(2) U.S. Government securities	1c(2)	50454	32210
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1218337	1106626
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	109346	105340
(B) Common	1c(4)(B)	2655273	2984662
(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)	167138	124576
(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)	5225054	6450536
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4680	4592

		(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	10194504	11833507
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	10194504	11833507

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)	1080505	
(C) Others (including rollovers)	2a(1)(C)	296071	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1376576
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)	7033	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	94757	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		101790
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	70862	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	136717	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		207579
(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)		1433806
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3119751
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1385625	
(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)		1385625
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	36147	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	58976	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		95123
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1480748
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1639003
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: MARKS PANETH & SHRON LLP (2) EIN: 11-3518842

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?
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

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
SAMUEL A RAMIREZ & CO., INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SAMUEL A. RAMIREZ & CO., INC.

D Employer Identification Number (EIN)
13-2695511

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): 75-3182674 54-1361829

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 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):

Samuel A. Ramirez & Co., Inc.
401(k) Profit Sharing Plan

Financial Statements

September 30, 2012

(Together with Independent Auditors' Report)



SAMUEL A. RAMIREZ & CO., INC.
401(k) PROFIT SHARING PLAN

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Marks Paneth & Shron LLP
Certified Public Accountants & Consultants

INDEPENDENT AUDITORS' REPORT

Trustee of
Samuel A. Ramirez & Co., Inc. 401(k) Profit Sharing Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Samuel A. Ramirez & Co., Inc. 401(k) Profit Sharing Plan (the "Plan") as of September 30, 2012, and the related statement of changes in net assets available for benefits for the year ended September 30, 2012, and the supplemental schedule of assets (Held at End of Year). 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 information summarized in Note 3, which was certified by MG Trust Company, the Custodian of the Plan (the "Custodian"), except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Custodian as of September 30, 2012 and for the Plan year ended September 30, 2012 that the information provided to the Plan administrator by the Custodian is complete and accurate. The Plan also has investments, as noted in Note 4, which are held by another Custodian, Neuberger Berman Trust Company, from which the Plan did not obtain a certification. We performed audit procedures related to these assets in accordance with requirements under a full scope audit. These investments represent 37% of plan assets.

Because of the significance of the information that we did not audit (63%), we are unable to, and do not, express an opinion on the accompanying financial statements and schedules 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 Custodian, 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.

We have compiled the accompanying statement of net assets available for benefits of the Plan as of September 30, 2011, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying statement of net assets available for benefits and, accordingly, do not express an opinion or any other form of assurance on it.

Marks Paneth & Shron LLP

New York, NY
July 11, 2013

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MANHATTAN
LONG ISLAND
WESTCHESTER
CAYMAN ISLANDS

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SAMUEL A. RAMIREZ & CO., INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2012 AND 2011

	2012 (Audited)	2011 (Compiled)
ASSETS:		
Cash	$ 15,776	$ 16,605
Investments at fair value	11,677,097	9,992,192
Total Investments	11,692,873	10,008,797
RECEIVABLES:		
Accrued Interest and Dividend Income	16,058	18,569
Notes Receivable from Participants	124,576	167,138
Total receivables	140,634	185,707
NET ASSETS AVAILABLE FOR BENEFITS	$ 11,833,507	$ 10,194,504

See accompanying notes to the financial statements.

SAMUEL A. RAMIREZ & CO., INC.
401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
YEAR ENDED SEPTEMBER 30, 2012

ADDITIONS TO NET ASSETS:		
Investment income:		
Net appreciation in fair value of investments	$	1,401,544
Interest and dividends		302,337
12B1 Rebate Income		32,610
Total Investment Income		1,736,491
Less: investment expenses		59,842
Net Investment Income		1,676,649
Interest income on notes receivable from participants		7,033
Contributions:		
Employees		1,080,505
Rollovers		296,071
Total Contributions		1,376,576
Total additions		3,060,258
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants		1,385,624
Administrative expenses		35,631
Total deductions		1,421,255
INCREASE IN NET ASSETS		1,639,003
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year (compiled)		10,194,504
End of year	$	11,833,507

See accompanying notes to the financial statements.

NOTES TO FINANCIAL STATEMENTS

1. PLAN DESCRIPTION

The following is a description of the Samuel A. Ramirez & Co., Inc. 401(k) Profit Sharing Plan (the "Plan") which provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Samuel A. Ramirez & Co., Inc. (the "Sponsor") who have attained the age of twenty-one and have obtained 3 months of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may specify contribution percentage amounts of total pay on a payroll reduction basis, up to the prescribed IRS annual contribution level. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds as well as a pooled separate account which consists of a mix of bonds, mutual funds and stocks. Although it has not done so, the employer may make a discretionary matching contribution of what each participant has deferred for the Plan year. Additional profit sharing amounts may be contributed at the option of the company's board of directors.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (a) the Sponsor's contribution, if any, and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately 100% vested in their accounts.

Notes Receivable from Participants

Participants may borrow against their vested interest up to 50 percent of their balance up to a maximum of $50,000, subject to the provisions set forth for the Plan. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4 percent to 9.25 percent, which are commensurate with local prevailing rates as determined quarterly by the plan administrator, and are generally payable in installments over periods ranging from one to five years (unless the loan is used for the purchase of a primary residence, in which case the repayment period may be longer). Principal and interest is paid ratably through payroll deductions. A loan that is considered in default is reported as a deemed distribution which is a taxable event for the participant.

1. PLAN DESCRIPTION (Continued)

Payment of Benefits

On termination of service a participant has two options, 1) the entire participant's available amount is paid as a lump-sum as soon as it is administratively feasible or 2) a participant may postpone payment of his account balance until the participant attains the age of 70 ½.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recognized on the ex-dividend date. Net appreciation/(depreciation) includes the Plans gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain amounts and disclosures. Actual results could differ.

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distribution based upon the terms of the plan documents.

Investment and Administrative Expenses

Investment expenses, other than those incurred by the individual funds pursuant to their governing documents related to the Plan, are shared by the Plan Sponsor and Plan Trust. Other administrative fees are paid directly by the participant (i.e. loan fees) or if related to the Plan as a whole, are allocated to all participants either proportionately based on their account balances or on an equal dollar amount based on number of participants in the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Recent Accounting Pronouncements

In January 2010, the FASB issued updated guidance to improve disclosures regarding fair value measurements. Disclosures regarding the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements for assets and liabilities in both Level 2 and 3 are also required. The new disclosures and clarifications of existing disclosures were adopted by the Plan as of January 1, 2010 and did not have a material impact on the financial statements.

This updated guidance requires disclosure on a gross basis of purchases, sales, issuances, and settlements within Level 3 rather than as one net amount. This requirement is effective for Plan years beginning after December 15, 2010 and did not have a material impact on the Plan's financial statements.

In May 2011, the FASB issued *Amendments to Achieve Common Fair Value Measures and Disclosure Requirements in U.S. GAAP and IFRSs* to amend ASC 820 to converge the fair value measurement guidance in accordance with accounting standards generally accepted in the United States of America ("GAAP") and International Financial Reporting Standards ("IFRS's"). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. The amendments also require additional fair value disclosures. The amendments are to be applied prospectively for nonpublic entities for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions will have on the Plan's financial statements.

3. INVESTMENTS – INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN AS COMPLETE AND ACCURATE

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by MG Trust (Plan Custodian). The following table presents investments that represent 5% or more of the Plan's net assets:

	2012 Audited	2011 Compiled
Mutual Funds		
American Balanced Fund	$ 720,960	$ -
American Funds Money Market	857,652	571,399
American Mutual Fund	866,022	656,416
Franklin Gold Metal	913,085	1,005,449
Investments Under 5%	3,950,469	3,563,189
Total Investments at Fair Value	$ 7,308,188	$ 5,796,453

During 2012, the Plan's investments (including mutual fund dividends, gains and losses on investments bought and sold, as well as investments held during the year) appreciated in value by $1,157,573 as follows:

Mutual Funds	$ 1,021,022
Interest and dividends	136,551
	$ 1,157,573

4. INVESTMENTS – NOT CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedule was obtained from data given by the Custodian. The assets held by Neuberger Berman in total represent more than 5% of the total investments held by the plan but no one investment is greater than 5%. The fair value of investments held by Neuberger at September 30, 2012 and 2011 were $4,368,909 and $4,195,739, respectively.

During 2012, the Plan's investments (including mutual fund dividends, gains and losses on investments bought and sold, as well as investments held during the year) appreciated in value by $546,308 as follows:

Common Stock	$	279,013
Preferred Stock		100,748
Bonds		(16,452)
Mortgage Backed Securities		17,213
Interest and dividends		165,786
	$	546,308

5. FAIR VALUE MEASUREMENTS

FASB ASC 820, "Fair Value Measurements" provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the assets or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full-term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurements. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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.

5. FAIR VALUE MEASUREMENTS (Continued)

Mutual funds:

Mutual funds are valued at quoted market prices determined in an active market.

Common Stocks

Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

Preferred Stocks

Preferred stocks are valued based on third-party appraisal, which considered the dividend yield, liquidation preference, conversion feature and other terms of the preferred stock. Preferred stocks can also be valued at quoted market prices.

Corporate Bonds

Corporate bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mortgage-backed Securities

Mortgage-backed securities are measured using pricing data obtained from external pricing services and prices observed for recently executed market transactions.

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2012 and 2011:

	Investments at Fair Value as of September 30, 2012			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Large cap	$ 2,227,161	$ -	$ -	$ 2,227,161
Mid cap	1,672,631	-	-	1,672,631
International	1,008,310	-	-	1,008,310
Blended	1,371,441	-	-	1,371,441
Bond	139,500		-	139,500
Specialty	36,085	-	-	36,085
Total mutual funds	6,455,128	-	-	6,455,128
Mortgage Backed Security	-	32,210	-	32,210
Bond	-	1,106,626		1,106,626
Common Stock	2,984,662	-	-	2,984,662
Preferred Stock	18,660	86,680	-	105,340
Money market fund	857,652	135,479	-	993,131
Total Investments at Fair Value	$ 10,316,102	$ 1,360,995	$ -	$ 11,677,097

5. FAIR VALUE MEASUREMENTS (Continued)

	Investments at Fair Value as of September 30, 2011 (Compiled)			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Large cap	$ 1,857,975	$ -	$ -	$ 1,857,975
Mid cap	1,589,506	-	-	1,589,506
International	793,245	-	-	793,245
Blended	858,699	-	-	858,699
Bond	109,790		-	109,790
Specialty	20,519	-	-	20,519
Total mutual funds	5,229,734	-	-	5,229,734
Mortgage Backed Security	-	50,424	-	50,424
Bond	-	1,186,879	-	1,186,879
Common Stock	2,656,997	-	-	2,656,997
Preferred Stock	26,848	64,356	-	91,204
Money market fund	571,399	205,555	-	776,954
Total Investments at Fair Value	$ 8,484,978	$ 1,507,214	$ -	$ 9,992,192

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended September 30, 2012, there were no significant transfers in or out of levels 1, 2 or 3.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to amend or terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, all participants will become 100 percent vested in their accounts. Any unallocated assets of the plan should be allocated to participant accounts and distributed in such a manner as the company may determine.

7. TAX STATUS

A determination letter dated May 19, 2009, was received from the Internal Revenue Service affirming the Plan's adopted prototype continued qualification as tax-exempt under Section 401 of the Internal Revenue Code. The Plan has not requested its own determination letter; however, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan administrator believes that the Plan is qualified and the related trust is tax-exempt as of the financial statement date.

7. TAX STATUS (continued)

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2012, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by the Internal Revenue Service. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds or other investments managed by MG Trust and Neuberger Berman. MG Trust and Neuberger Berman are the Custodians as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the plan for the investment management services are included in net appreciation in fair value of the investment. As described in Note 2, fees paid by the Plan for the investment management services amounted $59,842 for the year ended September 30, 2012. Administrative fees paid by the Plan to the Third Party Administrator, Actuarial Consulting Group, amounted to $22,819 for the year ended September 30, 2012. Also included in administrative fees are recordkeeping fees paid by the Plan to Qualified Plan Administrators amounting to $12,454 for the year ended September 30, 2012.

9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.

10. SUBSEQUENT EVENTS

The plan has evaluated subsequent events through July 11, 2013, the date the financial statements were available to be issued. During 2013, the Plan transferred its recordkeeping and third party administrator rights from Qualified Plan Administrators and Pension Actuarial Consulting Group, respectively, to Sentinel Benefits Group and appointed MG Trust as the Trustee. Other minor Plan amendments were also made during the transfer.

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FORM 5500 SCHEDULE H ITEM 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2012

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost** (d)	Current Value (e)
	Assets held by MG TRUST:			
	CASH	Cash		$ 15,776
	INVESCO CORPORATE BOND	Mutual Fund		51,673
	INVESCO A INTERNATIONAL GROWTH	Mutual Fund		139,793
	INVESCO A MID CAP CORE	Mutual Fund		425,554
	INVESCO STRUCTURED CORE	Mutual Fund		268,579
	ALLIANCE BERNSTEIN	Mutual Fund		450
	AMERICAN BALANCED	Mutual Fund		720,960
	AMERICAN FUNDS CAPITAL INC BUILDER	Mutual Fund		448,225
	AMERICAN FUNDS MONEY MARKET	Money Market		857,652
	AMERICAN FUNDS GROWTH FUND	Mutual Fund		471,304
	AMERICAN FUNDS INCOME FUND	Mutual Fund		46,387
	AMERICAN FUNDS INTERIM BOND	Mutual Fund		65,911
	AMERICAN MUTUAL FUND	Mutual Fund		866,022
	AMERICAN FUNDS NEW WORLD	Mutual Fund		560,085
	COLUMBIA MID CAP VALUE	Mutual Fund		96,368
	DAVIS A GROWTH OPPORTUNITY FUND	Mutual Fund		183,515
	DAVIS REAL ESTATE	Mutual Fund		74,903
	DIREXION S&P 500	Mutual Fund		31,493
	DREYFUS LTD TERM	Mutual Fund		22,279
	EATON VANCE LARGE CAP	Mutual Fund		111,048
	FRANKLIN GOLD METAL	Mutual Fund		913,085
	GOLDMAN SACHS SHORT TERM	Mutual Fund		3,616
	GOLDMAN SACHS SMALL CAP	Mutual Fund		148,764
	GOLDMAN SACHS CORE	Mutual Fund		81,701
	OPPENHEIMER GLOBAL FUND	Mutual Fund		297,948
	OPPENHEIMER MAIN ST GROWTH	Mutual Fund		16,537
	VANGUARD INFLATION	Mutual Fund		47,694
	VANGUARD 500 INDEX	Mutual Fund		356,642
	SUBTOTAL MG TRUST			$ 7,323,964

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(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost** (d)	Current Value (e)
	Assets held by Neuberger Berman:			
	3M COMPANY	Common Stock		$ 46,210
	ABB LTD SPONS ADR	Common Stock		39,270
	ACTIVISION INC NEW	Common Stock		43,973
	ALLSTATE CORP	Common Stock		47,532
	ALTRIA GROUP 4.12% 09/15	Bond		27,365
	AMAZON.COM INC	Common Stock		50,864
	AMERICAN TOWER 5.05% 09/20	Bond		55,801
	ANSYS INC	Common Stock		73,400
	APPLE COMPUTER INC	Common Stock		66,711
	ARES CAPITAL CORPORATION	Common Stock		44,564
	AUTOMATIC DATA PROCESSING	Common Stock		52,794
	BAC CAPITAL PFD 6%	Preferred Stock		18,660
	BED BATH & BEYOND	Common Stock		50,400
	BOEING CO	Common Stock		100,913
	BURLINGTON 3.6% 09/20	Bond		27,118
	CAPITAL ONE 2.125% 07/14	Bond		25,509
	CAPITAL ONE 7.375% 05/14	Bond		27,515
	CELANESE US HOLDINGS	Bond		27,375
	CENOVUS ENERGY	Common Stock		48,841
	CITI GROUP 5.25% 03/18	Bond		32,175
	CITI GRP 5.00% 05/17	Bond		21,350
	CITI GROUP 4.45% 01/17	Bond		16,476
	CMS ENERGY 5.05% 02/18	Bond		28,100
	COCA COLA CO	Common Stock		53,102
	CONAGRA INC	Common Stock		49,662
	COSTCO WHOLESALE CORP	Common Stock		50,080
	COUSINS PROPERTY PFD 7.5%	Preferred Stock		18,900
	COVANTA HOLDING CORP	Common Stock		41,184
	CSX CORP	Common Stock		49,800
	DARDEN RESTAURANTS INC	Common Stock		44,600
	DECKERS OUTDOOR CORP	Common Stock		31,144
	DISCOVER 10.25% 07/19	Bond		32,457
	DISCOVERY 3.7% 06/15	Bond		26,742
	DONALDSON CO INC	Common Stock		41,652
	DREYFUS TREASURY MONEY MARKET	Money Market		14,409
	DUKE REALTY 7.375% 02/15	Bond		28,085

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(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost** (d)	Current Value (e)
	DUNKIN BRANDS INC	Common Stock		$ 49,632
	EBAY INC	Common Stock		33,859
	ECOLAB INC	Common Stock		29,165
	ENTERPRISE 1.25% 08/15	Bond		40,397
	EQUINIX INC 8.125% 03/18	Bond		27,750
	FANNIE MAE 5.0% 06/38	Mortgage Backed Security		16,519
	FANNIE MAE 5.5% 03/23 3	Mortgage Backed Security		5,375
	FANNIE MAE 5.50% 09/17	Mortgage Backed Security		3,314
	FANNIE MAE 6.0% 11/17	Mortgage Backed Security		1,589
	FORD MOTOR CREDIT 8.7% 10/14	Bond		17,027
	FPL GROUP CAP 2.55% 11/13	Bond		25,432
	GENESIS 7.875% 12/18	Bond		53,000
	GNMA 6.0% 01/32	Mortgage Backed Security		5,413
	HANESBRAND INC	Common Stock		38,256
	HASBRO INC	Common Stock		57,248
	HCA HOLDINGS INC	Common Stock		59,850
	HENRY SCHEIN INC	Common Stock		39,610
	HILL-ROM HOLDINGS	Common Stock		31,966
	HOME DEPOT INC	Common Stock		60,370
	HUNT J B TRANS 3.75% 09/15	Bond		25,793
	GENWORTH INSURANCE	Surrender Value Insurance Policy		4,592
	INTERNATIONAL 2.125% 09/15	Bond		25,773
	IRON MOUNTAIN 7.7 5% 10/19	Bond		28,125
	JOHNSON & JOHNSON	Common Stock		55,128
	JP MORGAN 3.15% 07/16	Bond		26,442
	JP MORGAN CHASE & Co.	Common Stock		52,624
	JPMORGAN US TRUST	Money Market		121,070
	KRAFT FOODS INC. Cl A	Common Stock		45,485
	LAZARD 7.125% 05/15	Bond		16,542
	MACYS INC	Common Stock		37,620
	MARKWEST 6.75% 11/20	Bond		27,063
	MATTEL INC	Common Stock		49,658
	MCDERMOTT INTERNATIONAL INC	Common Stock		24,440
	MEDCO HEALTH 2.75% 09/15	Bond		26,151
	MICROSOFT CORP.	Common Stock		29,760
	NATIONAL FUEL	Common Stock		51,338
	NEW YORK COMMUNITY	Common Stock		59,472

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	NEWS CORP CLASS A	Common Stock		$ 49,010
	NIELSEN HOLDINGS	Common Stock		53,964
	NIELSON 11.5% 5/16	Bond		16,763
	NISOURCE 5.25% 09/17	Bond		57,847
	OCCIDENTAL PETE CORP	Common Stock		51,636
	OMNICOM GROUP INC.	Common Stock		46,404
	PARTNERRE LTD 6.5% PFD	Preferred Stock		18,908
	PENTAIR INC	Common Stock		62,314
	PEPSICO INC	Common Stock		77,847
	PFIZER INC	Common Stock		101,885
	PLAINS 3.95% 09/15	Bond		27,163
	PRAXAIR 2.45% 02/22	Bond		35,208
	PROCTER & GAMBLE	Common Stock		27,744
	RANGE RESOURCES CORPORATION	Common Stock		118,779
	RAYTHEON COMPANY	Common Stock		51,444
	REGAL CINEMAS 8.625% 12/18	Bond		27,750
	REGENCY 6.875% 12/18	Bond		16,013
	REGENERON PHARMACEUTICALS	Common Stock		91,596
	SBC 5.625% 06/16	Bond		29,277
	SCHLUMBERGER LTD	Common Stock		50,631
	SCOTTS MIRACLE GROW	Common Stock		17,388
	SEALED AIR CORP	Common Stock		44,061
	SEASPAN CORP	Preferred Stock		48,872
	SALLIE MAE 6.25% 01/16	Bond		27,125
	STAPLES INC 9.75% 01/14	Bond		27,659
	TEEKAY CORP 8.5% 1/20	Bond		52,500
	THERMO ELECTRON CORP.	Common Stock		41,181
	TJX COMPANIES INC. NEW	Common Stock		62,706
	UNIVERSAL DISPLAY	Common Stock		51,495
	VERISK 4.125% 09/22	Bond		20,323
	VERISK ANALYTICS	Common Stock		47,610
	VERISK ANALYTICS 4.875% 1/15	Bond		27,015
	VISA INC CLASS A	Common Stock		80,568
	VORNADO 4.25% 04/15	Bond		26,420

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(a)	**(b)**	**(c)**	**(d)**	**(e)**
	XEROX CORP.	Common Stock		$ 24,222
	SUBTOTAL NEUBERGER BERMAN			4,368,909
	TOTAL INVESTMENTS			$ 11,692,873
*	Notes Receivable from Participants	4.25 – 9.25% interest rates, Due dates 10-2014 – 09-2016	-	$ 124,576

*Party-in-Interest
**Cost information omitted, as all investments are participant directed

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	Assets held by MG TRUST:			
	CASH	Cash		$ 15,776
	INVESCO CORPORATE BOND	Mutual Fund		51,673
	INVESCO A INTERNATIONAL GROWTH	Mutual Fund		139,793
	INVESCO A MID CAP CORE	Mutual Fund		425,554
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	ALLIANCE BERNSTEIN	Mutual Fund		450
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	DAVIS A GROWTH OPPORTUNITY FUND	Mutual Fund		183,515
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	OPPENHEIMER MAIN ST GROWTH	Mutual Fund		16,537
	VANGUARD INFLATION	Mutual Fund		47,694
	VANGUARD 500 INDEX	Mutual Fund		356,642
	SUBTOTAL MG TRUST			$ 7,323,964

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	Assets held by Neuberger Berman:			
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	ABB LTD SPONS ADR	Common Stock		39,270
	ACTIVISION INC NEW	Common Stock		43,973
	ALLSTATE CORP	Common Stock		47,532
	ALTRIA GROUP 4.12% 09/15	Bond		27,365
	AMAZON.COM INC	Common Stock		50,864
	AMERICAN TOWER 5.05% 09/20	Bond		55,801
	ANSYS INC	Common Stock		73,400
	APPLE COMPUTER INC	Common Stock		66,711
	ARES CAPITAL CORPORATION	Common Stock		44,564
	AUTOMATIC DATA PROCESSING	Common Stock		52,794
	BAC CAPITAL PFD 6%	Preferred Stock		18,660
	BED BATH & BEYOND	Common Stock		50,400
	BOEING CO	Common Stock		100,913
	BURLINGTON 3.6% 09/20	Bond		27,118
	CAPITAL ONE 2.125% 07/14	Bond		25,509
	CAPITAL ONE 7.375% 05/14	Bond		27,515
	CELANESE US HOLDINGS	Bond		27,375
	CENOVUS ENERGY	Common Stock		48,841
	CITI GROUP 5.25% 03/18	Bond		32,175
	CITI GRP 5.00% 05/17	Bond		21,350
	CITI GROUP 4.45% 01/17	Bond		16,476
	CMS ENERGY 5.05% 02/18	Bond		28,100
	COCA COLA CO	Common Stock		53,102
	CONAGRA INC	Common Stock		49,662
	COSTCO WHOLESALE CORP	Common Stock		50,080
	COUSINS PROPERTY PFD 7.5%	Preferred Stock		18,900
	COVANTA HOLDING CORP	Common Stock		41,184
	CSX CORP	Common Stock		49,800
	DARDEN RESTAURANTS INC	Common Stock		44,600
	DECKERS OUTDOOR CORP	Common Stock		31,144
	DISCOVER 10.25% 07/19	Bond		32,457
	DISCOVERY 3.7% 06/15	Bond		26,742
	DONALDSON CO INC	Common Stock		41,652
	DREYFUS TREASURY MONEY MARKET	Money Market		14,409
	DUKE REALTY 7.375% 02/15	Bond		28,085

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SAMUEL A. RAMIREZ & CO., INC.
401(k) PROFIT SHARING PLAN
EIN # 13-2695511
Plan No.: 003

SUPPLEMENTAL INFORMATION

FORM 5500 SCHEDULE H ITEM 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2012

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment including maturity date, rate of interest, collateral, par or maturity value (c)	Cost** (d)	Current Value (e)
	DUNKIN BRANDS INC	Common Stock		$ 49,632
	EBAY INC	Common Stock		33,859
	ECOLAB INC	Common Stock		29,165
	ENTERPRISE 1.25% 08/15	Bond		40,397
	EQUINIX INC 8.125% 03/18	Bond		27,750
	FANNIE MAE 5.0% 06/38	Mortgage Backed Security		16,519
	FANNIE MAE 5.5% 03/23 3	Mortgage Backed Security		5,375
	FANNIE MAE 5.50% 09/17	Mortgage Backed Security		3,314
	FANNIE MAE 6.0% 11/17	Mortgage Backed Security		1,589
	FORD MOTOR CREDIT 8.7% 10/14	Bond		17,027
	FPL GROUP CAP 2.55% 11/13	Bond		25,432
	GENESIS 7.875% 12/18	Bond		53,000
	GNMA 6.0% 01/32	Mortgage Backed Security		5,413
	HANESBRAND INC	Common Stock		38,256
	HASBRO INC	Common Stock		57,248
	HCA HOLDINGS INC	Common Stock		59,850
	HENRY SCHEIN INC	Common Stock		39,610
	HILL-ROM HOLDINGS	Common Stock		31,966
	HOME DEPOT INC	Common Stock		60,370
	HUNT J B TRANS 3.75% 09/15	Bond		25,793
	GENWORTH INSURANCE	Surrender Value Insurance Policy		4,592
	INTERNATIONAL 2.125% 09/15	Bond		25,773
	IRON MOUNTAIN 7.7 5% 10/19	Bond		28,125
	JOHNSON & JOHNSON	Common Stock		55,128
	JP MORGAN 3.15% 07/16	Bond		26,442
	JP MORGAN CHASE & Co.	Common Stock		52,624
	JPMORGAN US TRUST	Money Market		121,070
	KRAFT FOODS INC. Cl A	Common Stock		45,485
	LAZARD 7.125% 05/15	Bond		16,542
	MACYS INC	Common Stock		37,620
	MARKWEST 6.75% 11/20	Bond		27,063
	MATTEL INC	Common Stock		49,658
	MCDERMOTT INTERNATIONAL INC	Common Stock		24,440
	MEDCO HEALTH 2.75% 09/15	Bond		26,151
	MICROSOFT CORP.	Common Stock		29,760
	NATIONAL FUEL	Common Stock		51,338
	NEW YORK COMMUNITY	Common Stock		59,472

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	NEWS CORP CLASS A	Common Stock		$ 49,010
	NIELSEN HOLDINGS	Common Stock		53,964
	NIELSON 11.5% 5/16	Bond		16,763
	NISOURCE 5.25% 09/17	Bond		57,847
	OCCIDENTAL PETE CORP	Common Stock		51,636
	OMNICOM GROUP INC.	Common Stock		46,404
	PARTNERRE LTD 6.5% PFD	Preferred Stock		18,908
	PENTAIR INC	Common Stock		62,314
	PEPSICO INC	Common Stock		77,847
	PFIZER INC	Common Stock		101,885
	PLAINS 3.95% 09/15	Bond		27,163
	PRAXAIR 2.45% 02/22	Bond		35,208
	PROCTER & GAMBLE	Common Stock		27,744
	RANGE RESOURCES CORPORATION	Common Stock		118,779
	RAYTHEON COMPANY	Common Stock		51,444
	REGAL CINEMAS 8.625% 12/18	Bond		27,750
	REGENCY 6.875% 12/18	Bond		16,013
	REGENERON PHARMACEUTICALS	Common Stock		91,596
	SBC 5.625% 06/16	Bond		29,277
	SCHLUMBERGER LTD	Common Stock		50,631
	SCOTTS MIRACLE GROW	Common Stock		17,388
	SEALED AIR CORP	Common Stock		44,061
	SEASPAN CORP	Preferred Stock		48,872
	SALLIE MAE 6.25% 01/16	Bond		27,125
	STAPLES INC 9.75% 01/14	Bond		27,659
	TEEKAY CORP 8.5% 1/20	Bond		52,500
	THERMO ELECTRON CORP.	Common Stock		41,181
	TJX COMPANIES INC. NEW	Common Stock		62,706
	UNIVERSAL DISPLAY	Common Stock		51,495
	VERISK 4.125% 09/22	Bond		20,323
	VERISK ANALYTICS	Common Stock		47,610
	VERISK ANALYTICS 4.875% 1/15	Bond		27,015
	VISA INC CLASS A	Common Stock		80,568
	VORNADO 4.25% 04/15	Bond		26,420

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SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2012

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(a)	**(b)**	**(c)**	**(d)**	**(e)**
	XEROX CORP.	Common Stock		$ 24,222
	SUBTOTAL NEUBERGER BERMAN			4,368,909
	TOTAL INVESTMENTS			$ 11,692,873
*	Notes Receivable from Participants	4.25 – 9.25% interest rates, Due dates 10-2014 – 09-2016	-	$ 124,576

*Party-in-Interest
**Cost information omitted, as all investments are participant directed

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