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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

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. 401(K) PROFIT SHARING PLAN TRUST

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 10/01/1985

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

SAMUEL A. RAMIREZ & CO., INC.

61 BROADWAY
SUITE 2924
NEW YORK, NY 10006

2b Employer Identification Number (EIN)
13-2695511

2c Sponsor's telephone number
212-248-0533

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.	07/15/2014	JOHN KICK
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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**	125
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**	108
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**	117
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	117
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	93
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 Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2K 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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)** [X] **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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

A Name of plan
SAMUEL A. RAMIREZ & CO., INC. 401(K) PROFIT SHARING PLAN TRUST

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	09/30/2012	09/30/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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	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

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

(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**	
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**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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 line **9c(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, line 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.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

A Name of plan
SAMUEL A. RAMIREZ & CO., INC. 401(K) PROFIT SHARING PLAN TRUST

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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(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)

NEUBERGER BERMAN TRUST CO. NA

605 THIRD AVE.
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	27049	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	18669	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

QUALFIED 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	14041	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)

SENTINEL PENSION ADVISORS

04-3422848

(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?
27 60 61 63	INVESTMENT ADVISOR	12541	Yes [ ] No [X]	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
(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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

A Name of plan
SAMUEL A. RAMIREZ & CO., INC. 401(K) PROFIT SHARING PLAN TRUST

B Three-digit plan number (PN) ▶ 003

C Plan or DFE 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 on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE GAC SERIES 25157 II

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6625485-002	C	867987

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

A Name of plan
SAMUEL A. RAMIREZ & CO., INC. 401(K) PROFIT SHARING PLAN TRUST

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	15776	5678
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		4038
(3) Other	1b(3)	16058	19646
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	993131	497073
(2) U.S. Government securities	1c(2)	32210	26513
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1106626	1611554
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	105340	83795
(B) Common	1c(4)(B)	2984662	3559838
(5) Partnership/joint venture interests	1c(5)		315852
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	124576	85358
(9) Value of interest in common/collective trusts	1c(9)		867987
(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)	6450536	7269333
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4592	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	11833507	14351257
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		12540
i Acquisition indebtedness	1i		
j Other liabilities	1j		170601
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	183141
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11833507	14168116

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)	1267307	
(C) Others (including rollovers)	2a(1)(C)	2438	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1269745
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	28937	
(B) U.S. Government securities	2b(1)(B)	17	
(C) Corporate debt instruments	2b(1)(C)	67736	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	5002	
(F) Other	2b(1)(F)	2627	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		104319
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	7542	
(B) Common stock	2b(2)(B)	78944	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	115247	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		201733
(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
(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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9311
(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)		1330391
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2915499
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	459065	
(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)		459065
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)	53151	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	68674	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		121825
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		580890
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2334609
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 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	

			Yes	No	Amount
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)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

A Name of plan
SAMUEL A. RAMIREZ & CO., INC. 401(K) PROFIT SHARING PLAN TRUST

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

Financial Statements
September 30, 2013
(Together with Independent Auditors' Report)

MARKS PANETH
ACCOUNTANTS & ADVISORS

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

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Manhattan
Long Island
Westchester
Cayman Islands

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Samuel A. Ramirez & Co., Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of September 30, 2013 and 2012, and the related statements of changes in net assets available for benefits for the year ended September 30, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 trustee and custodian of the Plan, except for comparing the information with the related information included in the financial statements. 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 a certification from MG Trust, the custodian, as of September 30, 2013 and 2012, and for the year ended September 30, 2013, that the information provided to the plan administrator by the custodian is complete and accurate. The Plan also has investments as noted in Note 3, held by Neuberger Berman Trust Company, a custodian of the plan for which the Plan Administrator did not receive a certification as of September 30, 2012. We performed audit procedures related to these assets in accordance with requirements under a full scope audit. These investments represented 37% of Plan Assets. The Plan Administrator has obtained a certification from Neuberger Berman Trust Company as of and for the year ended September 30, 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule, Schedule H Item 4(i), Schedule of Assets (Held at End of Year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, 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.



New York, NY
July 14, 2014

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

STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2013 AND 2012

	2013	2012
ASSETS:		
Cash	$ 5,678	$ 15,776
Investments at fair value	14,236,537	11,677,097
Total Investments	14,242,215	11,692,873
RECEIVABLES:		
Contributions Receivable	4,038	-
Accrued Interest and Dividend Income	19,646	16,058
Notes Receivable from Participants	85,358	124,576
Total receivables	109,042	140,634
Total Assets	14,351,257	11,833,507
LIABILITIES:		
Due to Custodian	170,601	-
Accrued expenses	12,540	-
Total liabilities	183,141	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 14,168,116	$ 11,833,507

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, 2013

ADDITIONS TO NET ASSETS:	
Investment income:	
Net appreciation in fair value of investments	$ 1,476,922
Interest and dividends	134,893
12B1 Rebate Income	28,937
Total Investment Income	1,640,752
Less: investment expenses	68,674
Net Investment Income	1,572,078
Interest income on notes receivable from participants	5,002
Contributions:	
Employees	1,267,307
Rollovers	2,438
Total Contributions	1,269,745
Total additions	2,846,825
DEDUCTIONS FROM NET ASSETS:	
Benefits paid to participants	459,065
Administrative expenses	53,151
Total deductions	512,216
INCREASE IN NET ASSETS	2,334,609
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	11,833,507
End of year	$ 14,168,116

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 mix of bonds, stocks and mortgage-backed securities. 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 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 4.25 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.

NOTES TO FINANCIAL STATEMENTS

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 4 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)

Subsequent Events

The plan has evaluated subsequent events through July 14, 2014, the date the financial statements were available to be issued.

3. INVESTMENTS – INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIANS 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 be complete and accurate by MG Trust (Plan Trustee/Custodian). The following table presents investments that represent 5% or more of the Plan's net assets:

	2013	2012
Mutual Funds		
American Funds American Balanced R2	$ -	$ 720,960
American Funds Money Market R2	-	857,652
American Funds American Mutual R2	-	866,022
T. Rowe Price Blue Chip Growth	784,052	-
American Funds American Mutual R4	821,700	-
American Funds New World R4	742,807	-
American Funds American Balanced R4	1,327,232	-
Franklin Gold Metal	-	913,085
Mutual Funds Under 5%	3,434,884	3,950,469
Total Mutual Funds	7,110,675	7,308,188
Common Collective Trust		
MetLife GAC Series 25157 II	867,987	-
Total Investments at Fair Value	$ 7,978,662	$ 7,308,188

During 2013, the Plan's investments held by MG Trust Company (including gains and losses on investments bought and sold, as well as investments held during the year) appreciated in value by $605,358.

In addition to the above investments 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 Neuberger Berman (custodian) as of September 30, 2013. Investments held by Neuberger Berman were not certified as of September 30, 2012. Of the investments held by Neuberger Berman no investment is equivalent to 5% or more of the Plan's net assets. The total investments held by Neuberger Berman are $6,257,875 and $4,368,909 for the fiscal year ended September 30, 2013 and 2012, respectively.

NOTES TO FINANCIAL STATEMENTS

3. INVESTMENTS – INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIANS AS COMPLETE AND ACCURATE (continued)

During 2013, the Plan's investments held by Neuberger Berman (including gains and losses on investments bought and sold, as well as investments held during the year) appreciated in value by $871,564 as follows:

Corporate Bonds	$	(33,549)
Common Stocks		871,590
Investment Trust Equities		23,339
Master Limited Partnerships		14,882
Mortgage-Backed Securities		(1,390)
Preferred Stocks		(3,026)
US Gov't. & Agencies Bonds		(282)
	$	871,564

4. 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.

4. FAIR VALUE MEASUREMENTS (continued)

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, 2013 and 2012.

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

Bonds

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.

Common Collective Trust

Collective trust funds are valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

Master Limited Partnerships

Master limited partnerships are valued at the closing price reported on the active market on which the individual securities are traded.

Unit Investment Trust

Unit investment trusts are valued at the closing price reported on the active market.

Mortgage-Backed Securities

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

NOTES TO FINANCIAL STATEMENTS

4. FAIR VALUE MEASUREMENTS (continued)

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2013 and 2012:

	Investments at Fair Value as of September 30, 2013			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Large cap	$ 2,338,247	$ -	$ -	$ 2,338,247
Mid cap	414,128	-	-	414,128
International	1,194,292	-	-	1,194,292
Blended	3,005,251	-	-	3,005,251
Bonds	134,093	-	-	134,093
Specialty	20,072	-	-	20,072
Total mutual funds	7,106,083	-	-	7,106,083
Mortgage-Backed Securities	-	19,292	-	19,292
Bonds				
Corporate	-	1,592,260	-	1,592,260
US Gov't & Agencies	-	26,513	-	26,513
Common Stocks	3,559,840	-	-	3,559,840
Preferred Stocks	83,795	-	-	83,795
Master Limited Partnerships	315,852	-	-	315,852
Unit Investment Trust	163,250	-	-	163,250
Common Collective Trust	-	867,987	-	867,987
Money market fund & other	-	501,665	-	501,665
Total Investments at Fair Value	$ 11,228,820	$ 3,007,717	$ -	$ 14,236,537

	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
Bonds	139,500	-	-	139,500
Specialty	31,493	-	-	31,493
Total mutual funds	6,450,536	-	-	6,450,536
Mortgage-Backed Securities	-	32,210	-	32,210
Bonds	-	1,106,626	-	1,106,626
Common Stocks	2,984,662	-	-	2,984,662
Preferred Stocks	18,660	86,680	-	105,340
Money market fund & other	857,652	140,071	-	997,723
Total Investments at Fair Value	$ 10,311,510	$ 1,365,587	$ -	$ 11,677,097

4. FAIR VALUE MEASUREMENTS (continued)

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, 2013, there were no transfers in or out of levels 1, 2 or 3.

5. 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.

6. TAX STATUS

On May 19, 2009, the IRS stated that the prototype adopted by the plan, as then designed, qualifies under Internal Revenue Code (IRC) Section 401 (a). The plan has not received a determination letter specific to the plan itself; however, the plan administrators believe that the plan was designed and was being operated in compliance with the applicable requirements of the IRC, and therefore believes that the plan is qualified and the related trust is tax-exempt.

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 31, 2013, there are 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 taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

7. 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 to $68,674 for the year ended September 30, 2013. Included in administrative expenses are fees paid by the Plan to the prior Third Party Administrator, Actuarial Consulting Group, which amounted to $18,669 for the year ended September 30, 2013. Also included in administrative expenses are recordkeeping fees paid by the Plan to the prior recordkeeper, Qualified Plan Administrators, amounting to $14,041 for the year ended September 30, 2013. The new Third Party Administrator, Sentinel Benefits, received fees of $16,101 for the year ended September 30, 2013. In addition, Neuberger Berman is owed $170,601 for unsettled trades on behalf of the Plan as of September 30, 2013.

8. 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.

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, 2013

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment maturity date, rate of interest, collateral, par or maturity value (c)	Cost** (d)	Current Value (e)
	Assets held by MG TRUST:			
	CASH	Cash		$ 5,678
	AMERICAN FUNDS CAPITAL INCOME BUILDER	Mutual Fund		284,822
	AMERICAN BALANCED	Mutual Fund		1,327,232
	AMERICAN FUNDS MUTUAL R4	Mutual Fund		821,700
	AMERICAN FUNDS NEW WORLD R4	Mutual Fund		742,807
	ARTISAN MID CAP INV	Mutual Fund		3,488
	BLACKROCK HIGH YIELD BOND FUND	Mutual Fund		23,975
	DIREXION S&P 500	Mutual Fund		20,072
	GOLDMAN SACHS SMALL CAP VALUE	Mutual Fund		222,646
	GENWORTH INSURANCE	Surrender Value Insurance Policy		4,592
	JOHN HANCOCK DISCIPLINED VALUE MID CAP	Mutual Fund		140,490
	METLIFE GAC SERIES	Common Collective Trust		867,987
	OPPENHEIMER GLOBAL FUND	Mutual Fund		316,968
	OPPENHEIMER INTERNATIONAL GROWTH	Mutual Fund		166,663
	OPPENHEIMER MAIN STREET Y	Mutual Fund		367,862
	PIMCO TOTAL RETURN	Mutual Fund		39,657
	PRUDENTIAL GLOBAL REAL ESTATE	Mutual Fund		109,175
	T. ROWE PRICE BLUE CHIP GROWTH	Mutual Fund		784,052
	TOCQUEVILLE GOLD	Mutual Fund		270,150
	TOUCHSTONE SANDS CAPITAL SELECT GROWTH	Mutual Fund		306,352
	VANGUARD 500 INDEX	Mutual Fund		553,649
	VANGUARD INFLATION	Mutual Fund		70,461
	VANGUARD MID CAP INDEX SIGNAL	Mutual Fund		415,340
	VANGUARD SMALL CAP INDEX	Mutual Fund		118,522
	SUBTOTAL MG TRUST			$ 7,984,340

See independent auditors' report.

SAMUEL A. RAMIREZ & CO., INC.
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SUPPLEMENTAL INFORMATION

FORM 5500 SCHEDULE H ITEM 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2013

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment maturity date, rate of interest, collateral, par or maturity value (c)	Cost** (d)	Current Value (e)
	Assets held by Neuberger Berman:			
	ALTRIA GRP 4.12% 09/15	Bond		$ 26,519
	AMAZON COM INC	Common Stock		156,320
	AMERICAN INTERNATIONAL GROUP INC.	Common Stock		145,890
	AMERICAN TOWER 5.05% 09/20	Bond		51,865
	AMERICAN TOWER CORP	Common Stock		222,390
	AMERICAN TOWER CORP 4.5% 01/15	Bond		68,649
	BANK OF NEW YORK .7%	Bond		24,972
	BLACKROCK INC CL A	Common Stock		135,310
	BOEING CO	Common Stock		188,000
	C R BARD INC	Common Stock		115,200
	CALPINE CORPORATION	Common Stock		189,443
	CAPITAL ONE 2.125% 07/14	Bond		25,277
	CAPITAL ONE 7.375% 05/14	Bond		26,064
	CELANESE US HLDGS	Bond		27,000
	CIT GROUP 5.25% 03/18	Bond		31,425
	CIT GROUP 5.00% 05/17	Bond		21,025
	CITIGROUP 1.2259% 07/16	Bond		25,222
	CITIGROUP 4.45% 01/17	Bond		16,242
	CITIGROUP 5.9% 02/23	Bond		23,500
	CMS ENERGY 5.05% 02/18	Bond		27,687
	COUSINS PROPERTY PFD 7.5%	Preferred Stock		18,867
	CROWN CASTLE INTERNATIONAL 7.125% 11/1/14	Bond		26,813
	DELPHI AUTOMOTICE PLC SHS US LISTED	Common Stock		116,840
	DENBURY RES INC SR SUB NT CALLABLE 4.625% 1/18	Bond		22,875
	DENBURY RES INC SR SUB NT CALLABLE 6.375% 8/16	Bond		26,563
	DENBURY RESOURCES INC NEW HOLDING COMPANY	Common Stock		138,075
	DISCOVER 10.25% 07/19	Bond		31,894
	DISCOVERY 3.7% 06/15	Bond		26,150
	DUKE RLTY 7.375% 02/15	Bond		26,984
	EBAY INC	Common Stock		181,334
	ENBRIDGE ENERGY MANAGEMENT LLC	Master Limited Partnership		149,052
	ENTERPRISE 1.25% 08/15	Bond		25,131
	EQUINIX INC 8.125% 03/18	Bond		24,250
	EXPRESS SCRIPTS HLDG CO	Common Stock		169,950
	FNMA 5.0% 06/38	Mortgage Backed Security		9,490
	FNMA 5.5% 03/23 3	Mortgage Backed Security		3,368
	FNMA 5.50% 09/17	Mortgage Backed Security		1,973
	FNMA 6.0% 11/17	Mortgage Backed Security		934
	FORD MOTOR CR 5.875% 8/21	Bond		83,372
	FORD MOTOR CR 7% 4/15	Bond		43,403
	FORD MOTOR CR 8.7% 10/14	Bond		16,114

See independent auditors' report.

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, 2013

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment maturity date, rate of interest, collateral, par or maturity value (c)	Cost** (d)	Current Value (e)
	FPL GROUP CAP 2.55% 11/13	Bond		$ 25,055
	GENERAL ELECTRIC CORP .9831% 4/18	Bond		25,143
	GENERAL ELECTRIC CORP 1.6%	Bond		29,810
	GENESIS 7.875% 12/14	Bond		53,375
	GNMA 6.0% 01/32	Mortgage Backed Security		3,527
	GOOGLE INC - CL A	Common Stock		87,591
	HUNT J B TRANS 3.75% 09/15	Bond		25,861
	IHS INC CL A	Common Stock		142,725
	INTERNATIONAL 2.125% 09/15	Bond		25,554
	INTUIT INC	Common Stock		82,888
	IRON MOUNTAIN 7.7 5% 10/19	Bond		27,469
	ITC HOLDINGS CORP	Common Stock		211,185
	JOHNSON & JOHNSON	Common Stock		130,035
	JP MORGAN 3.15% 07/16	Bond		26,231
	JP MORGAN CHASE & CO QTRLY US LIBOR	Bond		25,159
	JPMORGAN US TRUST	Money Market		497,073
	LAZARD 7.125% 05/15	Bond		16,235
	MARKWEST 5.5% 8/17	Bond		25,063
	MARKWEST 6.75% 11/20	Bond		27,000
	MCDONALDS CORP	Common Stock		120,263
	MEDCO HEALTH	Bond		25,831
	MICROSOFT CORP .875%	Bond		24,566
	NETAPP INC 2% 12/15/17	Bond		24,613
	NEXTERA ENERGY INC	Common Stock		120,240
	NISOURCE 5.25% 09/17	Bond		55,680
	NORTHEAST UTILITIES UNSECURED	Bond		97,435
	OGE ENERGY CORP	Common Stock		144,360
	PARTNERRE LTD 6.5% PFD	Preferred Stock		17,828
	PIONEER NATURAL RESOURCES CO	Common Stock		141,600
	PLAINS 3.95% 09/15	Bond		26,463
	QEP RESOURCES INC	Common Stock		110,760
	RANGE RES CORP	Common Stock		144,191
	REGAL CINEMAS 8.625% 12/18	Bond		27,125
	REGENCY 6.875% 12/14	Bond		16,125
	SBA TELECOMMUNICATIONS INC 8/14	Bond		27,000
	SBC 5.625% 06/16	Bond		27,821
	SEADRILL PARTNERS LLC	Unit Investment Trust		163,250
	SEASPAN CORP	Preferred Stock		47,100
	SLM 6.25% 01/16	Bond		26,625
	STAPLES INC 9.75% 01/14	Bond		25,624
	TEEKAY CORP 8.5% 1/20	Bond		53,500
	TEEKAY OFFSHORE PARTNERS	Master Limited Partnership		166,800

See independent auditors' report.

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, 2013

(a)	Identity of issue, borrower, lessor or similar party (b)	Description of investment maturity date, rate of interest, collateral, par or maturity value (c)	Cost** (d)	Current Value (e)
	TEEKAY SHIPPING CORP MARSHALL ISLAND	Common Stock		$ 171,000
	UNION PACIFIC CORP	Common Stock		77,670
	UNITED RENTALS INC	Common Stock		116,580
	UNITED STATES TREASURY NOTE .125% 4/17	Government Bond		26,513
	VERISK ANALYTICS 4.875%	Bond		26,951
	VORNADO 4.25% 04/15	Bond		25,950
	SUBTOTAL NEUBERGER BERMAN			6,257,875
	TOTAL INVESTMENTS			$ 14,242,215
*	Notes Receivable from Participants	4.25 – 9.25% interest rates, Due dates 10-2014 – 10-2016	-	$ 85,358

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

See independent auditors' report.

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name SAMUEL A. RAMIREZ & CO., INC. 401(K) PROFIT SHARING PLAN TRUST **EIN:** 13-2695511
Plan Sponsor's Name SAMUEL A. RAMIREZ & CO., INC. **PN:** 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	See attached audit report	See attached audit report	0	0