Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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
DUFF & PHELPS SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1996

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
DUFF & PHELPS, LLC

55 EAST 52ND STREET, 31ST FLOOR
NEW YORK, NY 10055

2b Employer Identification Number (EIN)
36-4090666

2c Sponsor's telephone number
212-871-2549

2d Business code (see instructions)
523900

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.	10/11/2010	MARVIN ADLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

DUFF & PHELPS, LLC

55 EAST 52ND STREET, 31ST FLOOR
NEW YORK, NY 10055

3b Administrator's EIN: 36-4090666

3c Administrator's telephone number: 212-871-2549

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**	1366
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**	996
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	361
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1357
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1357
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1211
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)		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)		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)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan	**B** Three-digit plan number (PN) ▶	
DUFF & PHELPS SAVINGS PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
DUFF & PHELPS, LLC	36-4090666

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)

NEWPORT RETIREMENT SERVICES, INC

62-1868111

(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?
12 15 37 50 60 64	NONE	13264	Yes [X] No [ ]	Yes [ ] No [X]	4316	Yes [ ] No [X]

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

UBS FINANCIAL SERVICES, INC

13-2638166

(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 72 33 63	NONE	153272	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

WILMINGTON TRUST FIDUCIARY SERVICES

26-3523944

(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 72	NONE	174949	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 ☐

(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
NEWPORT RETIREMENT SERVICES, INC	15 60	4316

(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.
RELIANCE TRUST COMPANY 1100 ABERNATHY ROAD, 500 NORTHPARK BUILDING, SUITE 400 ATLANTA, GA 30328 58-1428634	REVENUE SHARING USED TO OFFSET PLAN EXPENSES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
UBS FINANCIAL SERVICES, INC.	33 63	0

(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.
FRED ALGER MANAGEMENT INC 111 FIFTH AVENUE NEW YORK, NY 10003	25 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
UBS FINANCIAL SERVICES, INC.	33 63	0

(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.
DIAMOND HILL CAPITAL MANAGEMENT LLC 325 JOHN H. MCCONNELL BOULEVARD SUITE 200 COLUMBUS, OH 43215	25 BASIS POINTS OF FUND VALUE

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
UBS FINANCIAL SERVICES, INC.	33 63	0

(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.
INVESCO AIM 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	25 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
UBS FINANCIAL SERVICES, INC.	33 63	0

(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.
IVY INVESTMENT MANAGEMENT COMPANY 6300 LAMAR AVENUE SHAWNEE MISSION, KS 66202	25 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
UBS FINANCIAL SERVICES, INC.	33 63	0

(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.
COHEN & STEERS CAPITAL MGT, INC 280 PARK AVENUE NEW YORK, NY 10017	25 BASIS POINTS OF FUND VALUE

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
UBS FINANCIAL SERVICES, INC	33 63	0

(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.
ARTIO GLOBAL MANAGEMENT LLC 330 MADISON AVENUE NEW YORK, NY 10017	25 BASIS POINTS OF FUND VALUE

(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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(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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DUFF & PHELPS SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DUFF & PHELPS, LLC

D Employer Identification Number (EIN)
36-4090666

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: UBS-FTC- FIXED INCOME PORT

b Name of sponsor of entity listed in (a): UBS FIDUCIARY 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)
22-2824015-027	C	3708698

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS-FTS- GIC PORTFOLIO

b Name of sponsor of entity listed in (a): UBS FIDUCIARY 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)
22-2824105-004	C	5466529

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS-FTC- S&P 500 INDEX PORTFOLIO

b Name of sponsor of entity listed in (a): UBS FIDUCIARY 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)
22-2824105-021	C	7065493

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS-FTC- STRATEGIC BALANCED PORT

b Name of sponsor of entity listed in (a): UBS FIDUCIARY 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)
22-2824105-014	C	352119

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS-FTC LARGE COMPANY VALUE PORT

b Name of sponsor of entity listed in (a): UBS FIDUCIARY 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)
22-2824105-001	C	5452127

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS-FTC INTERNATIONAL VALUE PORT

b Name of sponsor of entity listed in (a): UBS FIDUCIARY 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)
22-2824105-038	C	6006863

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS-FTC- INTERNATIONAL GROWTH PORT

b Name of sponsor of entity listed in (a): UBS FIDUCIARY 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)
22-2824105-012	C	2445314

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS-FTC- INTER FIXED INCOME PORT

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

c EIN-PN 22-2824105-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4678986

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS-FTC- STRATEGIC GROWTH FUND

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

c EIN-PN 22-2824105-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3986623

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS-FTC- MID CAP FUNDAMENTAL VALUE

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

c EIN-PN 22-2824105-045	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3143300

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS-FTC- MID CAP GROWTH PORTFOLIO

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

c EIN-PN 22-2824105-029	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1026581

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS-FTC-SMALL COMPANY GROWTH

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

c EIN-PN 22-2824105-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2849454

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS-FTC- SMALL COMPANY VALUE PORT

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

c EIN-PN 22-2824105-026	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3632251

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS-FTC TOTAL RETURN REIT PORTFOLIO

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

c EIN-PN 22-2824105-037	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2034912

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

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

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

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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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DUFF & PHELPS SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DUFF & PHELPS, LLC

D Employer Identification Number (EIN)
36-4090666

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	67596	354789
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	490188	400083
(2) Participant contributions	1b(2)	10500	9095
(3) Other	1b(3)	18019	6174
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	882612	1149745
(9) Value of interest in common/collective trusts	1c(9)	31088594	51097602
(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)	2619639	6864636
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	35177148	59882124
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	107344	360958
k	Total liabilities (add all amounts in lines 1g through1j)	1k	107344	360958
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	35069804	59521166

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)	5029911	
	(B) Participants	2a(1)(B)	8911572	
	(C) Others (including rollovers)	2a(1)(C)	2700398	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		16641881
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	58017	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		58017
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	170667	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		170667
	(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)		8947270
(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)		1847072
c Other income	2c		6482
d Total income. Add all **income** amounts in column (b) and enter total	2d		27671389
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2889517	
(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)		2889517
f Corrective distributions (see instructions)	2f		8848
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	13264	
(3) Investment advisory and management fees	2i(3)	285040	
(4) Other	2i(4)	23358	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		321662
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3220027
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		24451362
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: KPMG (2) EIN: 13-5565207

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		2500000
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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DUFF & PHELPS SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DUFF & PHELPS, LLC

D Employer Identification Number (EIN)
36-4090666

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): 58-1428634

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 **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

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

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

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

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

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):

---

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):

DUFF & PHELPS SAVINGS PLAN

(Formerly, Duff & Phelps, LLC Savings Plan)

Financial Statements and Supplemental Schedule

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

DUFF & PHELPS SAVINGS PLAN

Financial Statements and Supplemental Schedule

December 31, 2009 and 2008

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Note: All other schedules are omitted since they are not applicable or are not required based upon the disclosure requirements of the Employee Retirement Income Security Act of 1974 and applicable regulations issued by the Department of Labor.

KPMG LLP
345 Park Avenue
New York, NY 10154

Independent Auditors' Report

Plan Administrator
Duff & Phelps Savings Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Duff and Phelps Savings Plan (the Plan) as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits for the years ended December 31, 2009 and 2008, and the supplemental schedule H, line 4i – schedule of assets held (held at end of year). These financial statements and supplemental schedule are the responsibility of Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (the DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended (ERISA), 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 Reliance Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the Plan's 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 certifications from the custodian as of December 31, 2009 and 2008 and for the years ended December 31, 2009 and 2008 that the information provided to the Plan Administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the Plan's financial statements, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

KPMG LLP

New York, New York
October 4, 2010

KPMG LLP is a Delaware limited liability partnership, the U.S. member firm of KPMG International Cooperative ("KPMG International"), a Swiss entity.

DUFF & PHELPS SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	2009	2008
Assets:		
Cash	$ 354,789	67,596
Investments:		
Investments, at fair value, as certified by the custodian (note 3):		
Common and collective trust funds	51,097,602	31,088,594
Mutual funds	6,864,636	2,619,639
	57,962,238	33,708,233
Participant loans	1,149,745	882,612
Total investments at fair value	59,111,983	34,590,845
Receivables:		
Employer contributions	400,083	490,188
Participant contributions	9,095	10,500
Due from broker for securities sold	6,174	18,019
Total receivables	415,352	518,707
Total assets	59,882,124	35,177,148
Liabilities:		
Accrued expenses	—	87,440
Due to broker for securities purchased	360,958	19,904
Total liabilities	360,958	107,344
Net assets available for benefits, at fair value	59,521,166	35,069,804
Adjustment from fair value to contract value for interests in collective trust relating to fully benefit-responsive investment contracts (note 2)	751,648	696,999
Net assets available for benefits	$ 60,272,814	35,766,803

See accompanying notes to financial statements.

DUFF & PHELPS SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2009 and 2008

	2009	2008
Additions:		
Additions to net assets attributed to:		
Investment income, as certified by the trustee and the custodian (note 3):		
Net appreciation/(depreciation) in fair value of investments	$ 10,848,991	(13,063,015)
Dividends	170,667	262,716
	11,019,658	(12,800,299)
Interest on participant loans	58,017	46,191
Other	6,482	(34,055)
Total investment income (loss)	11,084,157	(12,788,163)
Contributions:		
Employer	5,029,911	5,131,375
Participants	8,911,572	9,063,776
Rollover contributions	2,656,935	867,471
Other	43,463	—
Total contributions	16,641,881	15,062,622
Total additions	27,726,038	2,274,459
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	2,898,365	2,429,366
Administrative expenses	321,662	339,443
Total deductions	3,220,027	2,768,809
Net increase (decrease)	24,506,011	(494,350)
Net assets available for benefits:		
Beginning of year	35,766,803	36,261,153
End of year	$ 60,272,814	35,766,803

See accompanying notes to financial statements.

(1) Description of Plan

The following brief description of the Duff & Phelps Savings Plan (the Plan), formerly the Duff & Phelps, LLC Savings Plan, provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan, which became effective October 1, 1996, for the employees of Duff & Phelps, LLC and subsidiaries (collectively, the Company or the Plan Sponsor), and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In 2007, the Plan changed its name from the Duff & Phelps, LLC Savings Plan to the Duff & Phelps Savings Plan.

Wilmington Trust Fiduciary Services Company (formerly UBS Fiduciary Trust Company) (UBS), Reliance Trust Company (Reliance), and the Newport Group (Newport) serve as the trustee, custodian and recordkeeper, respectively.

(b) Eligibility

Employees will automatically become an eligible participant in the Plan on their date of hire. Union employees, certain nonresident aliens and leased employees are not eligible to participate.

(c) Contributions

Eligible employees may contribute a percentage of their pretax annual compensation as determined by the participant, as defined by the Plan, and subject to the Internal Revenue Code (IRC) limitations on maximum deferral contributions, which was $16,500 and $15,500 (or $22,000 and $20,500 for eligible employees 50 or older) for 2009 and 2008, respectively. The annual compensation of each employee taken into account under the Plan may not exceed $245,000 and $230,000 for 2009 and 2008, respectively.

(d) Matching Contributions

The Company contributes an amount equal to 100% of salary deferrals up to 3% of each employee's compensation and 50% of salary deferrals up to the next 3% of each employee's compensation.

(e) Vesting

Participants are immediately vested in both their voluntary and matching contributions plus actual earnings thereon.

(f) Participant Accounts

Each participant's account is credited with the participant's deferral contributions and allocations of the Company's matching contributions and Plan earnings. The benefit to which a participant is entitled is the benefit which can be provided from the participant's account.

(g) Rollover Contributions

Participants may transfer to their Plan accounts part or all of an eligible rollover distribution received from other qualified plans. Rollover contribution accounts will be subject to the terms of this Plan and will always be fully vested and nonforfeitable.

(h) Distributions from Plan

A participant's vested interest may be distributed only after the participant's disability, termination from employment, attainment of early retirement age of 55, attainment of normal retirement age of 65 or death. If one of the aforementioned conditions is met, participants may withdraw all or any part of their vested account at any time. Participants are required to start receiving benefits on April 1 following the later of the calendar year in which the participant reaches age 70½ or stops working for the Company.

For eligible rollover distributions to participants that are not transferred directly to the trustee of another qualified plan or to an IRA, the Plan administrator will typically withhold 20% of the distribution for taxes.

(i) Forfeitures

Forfeitures are used to reduce future contributions from the Plan Sponsor. Forfeited nonvested accounts amounted to $1,028 and $70,625 for the years ended December 31, 2009 and 2008, respectively. In 2009, the Plan utilized $69,120 of forfeited amounts to reduce contributions made by the Plan Sponsor.

(j) Administrative Expenses

Certain administrative expenses are paid by the Plan. All other administrative expenses are paid by the Company, including trustee and recordkeeping fees.

(k) Termination of Plan

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. The Company will instruct the trustee either (a) to continue to administer the Plan until all funds are depleted, or (b) to distribute the assets remaining in the funds. If the funds are to be distributed, the trustee will distribute to each participant the amount credited to his/her account on the distribution date.

(l) Loan Provisions

The Plan allows participants to borrow money from employee accounts only if such loans: (a) are available to participants on a reasonably equivalent basis; (b) are not available to highly compensated employees in an amount greater than the amount that is available to other participants; (c) bear a reasonable rate of interest of prime plus 1%; (d) provide for periodic repayment within a specified period of time not less frequently than quarterly; (e) be payable within a period not exceeding five years from the date the participant receives the loan from the Plan, unless the loan is

for the purchase of the participant's primary residence, in which case the loan must be payable within a reasonable time commensurate with the repayment period permitted by commercial lenders for similar loans but not exceed the participant's normal retirement date as outlined in the Summary Plan Description; (f) do not exceed, for any participant, the lesser of 50% of the participant's total vested interest in the Plan or $50,000; and (g) become due and payable in full immediately upon the participant's termination of employment. The loans are secured by the vested balance in the participant's account. As of December 31, 2009, there were 116 loans to 85 participants with interest rates ranging from 4.00% to 8.75% at various maturities through August 15, 2024.

(m) Hardship Withdrawals

Participants may withdraw their employee pretax contributions (but not the earnings on the pretax contributions) and rollover contributions, if applicable, to satisfy immediate and heavy financial needs. In accordance with IRS regulations, participants must first exhaust all other assets available before obtaining a hardship withdrawal. All hardship withdrawals must be approved by the Plan administrator. After a hardship withdrawal, a participant is not allowed to make a contribution to the Plan for six months.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements of the Plan were prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

Investments in mutual funds are valued at the net asset value of shares held by the Plan at year end, which are generally based on quoted market values. Investments in common and collective trust funds are stated at fair value as determined by the fund manager based on the unit value of the accounts or trusts. Unit value of the accounts or trusts is determined based on the fair value of the underlying assets of the funds divided by units outstanding at the valuation date.

The Plan reports investment contracts at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The accompanying statement of net assets available for benefits presents the fair value of the investment contracts, as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets

available for benefits reflects fair value which is then adjusted to contract value basis and is included in net appreciation in fair value of investments.

Participant loans are valued at their outstanding balances, which approximate fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

(d) Payments of Benefits

Benefits are recorded when paid.

(e) Recent Accounting Pronouncements

In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures* (Topic 820): *Improving Disclosures about Fair Value Measurements*. ASU No. 2010-06 outlines certain new disclosures and clarifies some existing disclosure requirements about fair value measurement as set forth in ASC Topic 820-10. ASU No. 2010-06 amends ASC Topic 820-10 to now require that (a) a reporting entity disclose separately the amounts of significant transfers in and out of Level 1 and Level 2 fair value measurements and describe the reasons for the transfers; and (b) in the reconciliation for fair value measurements using significant unobservable inputs, a reporting entity should present separately information about purchases, sales, issuances, and settlements. In addition, ASU No. 2010-06 clarifies existing disclosures on (a) how a reporting entity should provide fair value measurement disclosures for each class of assets and liabilities, and (b) how a reporting entity should provide disclosures about the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements. ASU No. 2010-06 is effective for the Plan in 2010, except for the disclosures about purchases, sales, issuances, and settlements in the roll forward of activity in Level 3 fair value measurements. These disclosures will be effective for the Plan in 2011. Early adoption is permitted.

In September 2010, the FASB issued EITF Issue No. 10-C, *Accounting for Participant Loans in Employee Benefit Plan Financial Statements*. This guidance requires that participant loans should be classified as notes receivable carried at amortized cost plus any accrued but unpaid interest. The Company will adopt this guidance for fiscal year ending December 31, 2010 but does not expect the provisions of the EITF to have a material effect on the Plan's financial statements.

(3) Information Certified by the Plan's Custodian (Unaudited)

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by Reliance Trust Company (the Custodian), except for comparing such information certified by the Custodian to information included in the Plan's financial statements and supplemental schedule.

The following is a summary of investments as of December 31, 2009 and 2008, which has been certified as accurate and complete by the custodian:

	2009	2008
Common and collective trust funds:		
UBS-FTC Small Company Growth Portfolio	$ 2,849,454*	1,465,348
UBS-FTC GIC Portfolio	4,714,881*	3,245,304*
UBS-FTC Large Company Value Portfolio	5,452,127*	4,197,985*
UBS-FTC International Growth Portfolio	2,445,314	998,452
UBS-FTC Strategic Balanced Portfolio	352,119	123,164
UBS-FTC Strategic Growth Fund	3,986,623*	2,298,891*
UBS-FTC S&P 500 Index Portfolio	7,065,493*	4,295,773*
UBS-FTC Small Company Value Portfolio	3,632,251*	2,279,994*
UBS-FTC Fixed Income Index Portfolio	3,708,698*	1,640,244*
UBS-FTC Inter Fixed Income Portfolio	4,678,986*	3,014,733*
UBS-FTC Mid Cap Growth Portfolio	1,026,581	570,848
UBS-FTC Total Return REIT Portfolio	2,034,912	1,085,840
UBS-FTC International Value Portfolio	6,006,863*	4,007,890*
UBS-FTC Mid Cap Fundamental Value	3,143,300*	1,864,128*
Total common and collective trust funds	51,097,602	31,088,594
Mutual funds:		
AIM Developing Markets Fund A	1,172,368	317,155
Alger Health Sciences Fund A	314,271	176,709
Artio Global High Income Fund A	2,237,908	975,132
Cohen & Steers International Realty Fund A	388,251	303,148
Diamond Hill Financial Long-Short Fund	456,402	182,001
Ivy Global Natural Resources Fund A	1,782,332	446,382
Ivy Science and Technology Fund A	513,104	219,112
Total mutual funds	6,864,636	2,619,639
Participant loans	— A	— A
Total investments at fair value	$ 57,962,238	33,708,233

* Individual investments that represent 5% or more of the Plan's net assets.

A The fair value of participant loans as of December 31, 2009 and 2008 was not certified by UBS or Reliance.

The contract value and fair market value of the Plan's investment in the GIC Portfolio of the UBS Fiduciary Trust Company Collective Investment Trust for Employee Benefit Plans (UBS-FTC GIC Portfolio Fund) amounted to $5,466,529 and $4,714,881 as of December 31, 2009, respectively, and $3,942,303 and $3,245,304 as of December 31, 2008, respectively, both amounts of which have been certified as accurate and complete by the custodian.

(Continued)

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held, during the year) appreciated/(depreciated) in value as follows:

		2009	2008
Common and collective trusts	$	9,001,919	(11,670,164)
Mutual funds		1,847,072	(1,392,851)
Total	$	10,848,991	(13,063,015)

As stated on the statements of changes in net assets available for benefits for the years ended December 31, 2009 and 2008, dividends amounted to $170,667 and $262,716, respectively; and interest income on participant loans amounted to $58,017 and $46,191, respectively.

(4) Fair Value of Financial Instruments

The Plan's financial instruments consist of cash, investments in common and collective trust funds, investments in mutual funds, participant loans, receivables and liabilities. The fair value of the Plan's cash, participant loans, receivables and liabilities approximated their carrying value at December 31, 2009. The following table presents investments in common and collective trust funds and investments in mutual funds which are measured at fair value on a recurring basis as of December 31, 2009:

Description		Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Total
Investments in common collective trust funds	$	—	51,097,602	—	51,097,602
Investments in mutual funds		—	6,864,636	—	6,864,636
Total assets	$	—	57,962,238	—	57,962,238

The Plan does not have any material financial assets in a market that is not active.

(Continued)

The following table presents investments in common and collective trust funds and investments in mutual funds which are measured at fair value on a recurring basis as of December 31, 2008:

Description	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Total
Investments in common collective trust funds	$ —	31,088,594	—	31,088,594
Investments in mutual funds	—	2,619,639	—	2,619,639
Total assets	$ —	33,708,233	—	33,708,233

(5) Investments in Fully Benefit-Responsive Investment Contracts

UBS-FTC GIC Portfolio Fund (the Fund) is a collective trust fund. The Funds' primary investment objective is to preserve invested principal while providing a competitive current rate of return. To accomplish the primary objective, the Fund invests primarily in investment contracts such as traditional guaranteed investment contracts (GICs) and enter into wrapper contracts (synthetic GICs). The Fund also invests in separate account GICs. In a traditional GIC, the issuer of guaranteed investment contracts takes a deposit from the Fund and purchases investments that are held in the issuer's general account. The issuer is contractually obligated to repay the principal and a specified rate of interest guaranteed to the Fund.

In a synthetic GIC structure, the underlying investments are owned by the Fund and held in trust for plan participants. The Fund enters into wrapper contracts from high-quality insurance companies or banks that serve to substantially offset the price fluctuations in the underlying investments caused by movements in interest rates. Each wrapper contract obligates the wrapper provider to maintain the "contract value" of the underlying investments. The contract value is generally equal to the principal amounts invested in the underlying investments, plus interest accrued at a crediting rate established under the contract, less any adjustments for withdrawals (as specified in the wrapper agreement). Under the terms of the wrapper contract, the realized and unrealized gains and losses on the underlying investments are, in effect, amortized over the duration of the underlying investments, through adjustments to the future contract interest crediting rate (which is the rate earned by participants in the Fund for the underlying investments). The wrapper contract provides that the adjustments to the interest crediting rate will not result in a future interest crediting rate that is less than zero. This ensures that participants' principal and accrued interest will be protected.

In general, if the contract value of the wrapper agreement exceeds the market value of the underlying investments (including accrued interest), the wrapper provider becomes obligated to pay that difference to the Fund in the event that shareholder redemptions result in a total contract liquidation. In the event that there are partial shareholder redemptions that would otherwise cause the contract's crediting rate to fall below zero percent, the wrapper provider is obligated to contribute to the Fund an amount necessary to maintain the contract's crediting rate at least zero percent. The circumstances under which payments are

made and the timing of payments between the Fund and the wrapper provider may vary based on the terms of the wrapper contract.

Wrapper contracts' crediting interest rates are typically reset on a monthly or quarterly basis according to each contract. While there may be slight variations from one contract to another, most wrapper contracts use a formula that is based on the characteristics of the underlying fixed income portfolio. The crediting interest rate for a wrapper contract is determined by the issuer considering factors, including:

- the level of market interest rates
- the amount and timing of participant contributions, transfers, and withdrawals into/out of the wrapper contract
- the investment returns generated by the fixed income investments that back the wrapper contract
- the duration of the underlying fixed income investments backing the wrapper contract

Because changes in market interest rates affect the yield to maturity and the market value of the underlying investments, they can have a material impact on the wrapper contract's interest crediting rate. In addition, participant withdrawals and transfers from the Fund are paid at contract value but funded through the market value liquidation of the underlying investments, which also impacts the interest crediting rate. The resulting difference between the market value of the underlying investments relative to the wrapper contract value is presented as the "adjustment from fair value to contract value." If the adjustment from fair value to contract value is positive for a given contract, this indicates that the wrapper contract value is greater than the market value of the underlying investments. The embedded market value losses will be amortized in the future through a lower interest crediting rate than would otherwise be the case. If the adjustment from fair value to contract value is negative, this indicates that the wrapper contract value is less than the market value of the underlying investments. The amortization of the embedded market value gains will cause the future interest crediting rate to be higher than it otherwise would have been.

The average yield earned by the Plan from the Fund was 0.62% and 4.01% at August 31, 2009 and 2008, respectively. The average yield earned by the Plan with an adjustment to reflect the actual interest rate credited to participants in the Plan was 0.57% and 3.94% at August 31, 2009 and 2008, respectively.

(6) Income Tax Status

The Plan Sponsor previously adopted a prototype nonstandardized profit sharing plan with a cash or deferral arrangement, which received a favorable opinion letter from the Internal Revenue Service (IRS) on September 16, 2003, which stated that the Plan is acceptable under Section 401(a) of the IRC. Effective October 1, 2007 with the appointment of UBS as trustee, the Plan adopted a new volume submitter cross-tested profit sharing 401(k) plan, which received a favorable opinion from the IRS on October 15, 2004, which stated that the Plan is acceptable under Section 401(a) of the IRC. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

(7) Party-In-Interest Transactions

Certain Plan investments as of December 31, 2009 and 2008 are shares of common and collective trust funds managed by UBS. UBS is the trustee as defined by the Plan at December 31, 2009 and 2008, and, therefore, these transactions qualify as party-in-interest. The Plan Sponsor paid UBS administrative expenses of $328,221 and $308,153 for 2009 and 2008, respectively.

(8) Concentrations of Risks and Uncertainties

The Plan may invest in various types of 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 amounts reported in the statements of net assets available for benefits.

The Plan's exposure to a concentration of credit risk is limited by diversification of investments across all participant-directed fund elections. Additionally, the investments within each participant-directed fund election are further diversified into various financial instruments.

The Plan's investment in the UBS-FTC GIC Portfolio Fund, by its nature, is subject to credit risk. If the contract issuers are unable to perform according to the provisions of the contracts, the value of the accounts could be substantially impaired. The Plan does not expect nonperformance by the contract issuers.

A portion of the underlying assets of the common and collective trust funds in which the Plan has invested may include derivative financial instruments. The Plan does not own any of these instruments directly. These instruments are used primarily to hedge exposures associated with currency exchange rates, interest rates, and other factors which may affect the value of securities.

The Plan may indirectly invest in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

(Continued)

(9) Reconciliation to Form 5500

Certain financial information in the accompanying financial statements differs from the financial information on Form 5500 as of and for the years ended December 31, 2009 and 2008. The differences arise from the fact that the fully benefit-responsive investment contracts are reported at contract value on the Plan's financial statements, while the Form 5500 reports such contracts at fair value. The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2009 and 2008:

		2009	2008
Net assets available for benefits per the financial statements	$	60,272,814	35,766,803
Adjustment from fair value to contract value for fully benefit-responsive investment contract		(751,648)	(696,999)
Net assets available for benefits per Form 5500	$	59,521,166	35,069,804

The following is a reconciliation of investment income per the financial statements to the Form 5500 for the years ended December 31, 2009 and 2008:

		2009	2008
Total investment income per the financial statements	$	11,084,157	(12,788,163)
Adjustment from fair value to contract value for fully benefit-responsive investment contract – current year		(751,648)	(696,999)
Adjustment from fair value to contract value for fully benefit-responsive investment contract – prior year		696,999	48,511
Total investment income per Form 5500	$	11,029,508	(13,436,651)

(10) Subsequent Events

Recent market conditions have resulted in an unusually high degree of volatility and increased the risks and short-term liquidity associated with certain investments held by the Plan which could impact the value of the investments after the date of these financial statements. Subsequent to December 31, 2009 and through October 4, 2010, the date through which management evaluated subsequent events and on which the financial statements were available for issuance, management has concluded that there were no subsequent events to be disclosed.

Supplemental Schedule I

DUFF & PHELPS SAVINGS PLAN

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

December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment			(e) Current value
	Common and collective trust funds:				
*	UBS-FTC Small Company Growth Portfolio	Collective trust fund	30,852.267 units	$	2,849,454
*	UBS-FTC GIC Portfolio	Collective trust fund	158385.835 units		4,714,881
*	UBS-FTC Large Company Value Portfolio	Collective trust fund	78,030.206 units		5,452,127
*	UBS-FTC International Growth Portfolio	Collective trust fund	140,108.544 units		2,445,314
*	UBS-FTC Strategic Balanced Portfolio	Collective trust fund	8,105.134 units		352,119
*	UBS-FTC Strategic Growth Fund	Collective trust fund	247,155.777 units		3,986,623
*	UBS-FTC S&P 500 Index Portfolio	Collective trust fund	461,344.659 units		7,065,493
*	UBS-FTC Small Company Value Portfolio	Collective trust fund	107,568.067 units		3,632,251
*	UBS-FTC Fixed Income Index Portfolio	Collective trust fund	198,943.149 units		3,708,698
*	UBS-FTC Inter Fixed Income Portfolio	Collective trust fund	121,110.577 units		4,678,986
*	UBS-FTC Mid Cap Growth Portfolio	Collective trust fund	92,936.859 units		1,026,581
*	UBS-FTC Total Return REIT Portfolio	Collective trust fund	97,822.921 units		2,034,912
*	UBS-FTC International Value Portfolio	Collective trust fund	284,874.468 units		6,006,863
*	UBS-FTC Mid Cap Fundamental Value	Collective trust fund	302,618.697 units		3,143,300
	Total common and collective trust funds				51,097,602
	Mutual funds:				
	AIM Developing Markets Fund A	Mutual fund	42,631.565 units		1,172,368
	Alger Health Sciences Fund A	Mutual fund	18,061.553 units		314,271
	Artio Global High Income Fund A	Mutual fund	212,325.21 units		2,237,908
	Cohen & Steers International Realty Fund A	Mutual fund	37,046.839 units		388,251
	Diamond Hill Financial Long-Short Fund	Mutual fund	27,982.985 units		456,402
	Ivy Global Natural Resources Fund A	Mutual fund	96,394.355 units		1,782,332
	Ivy Science and Technology Fund A	Mutual fund	17,816.107 units		513,104
	Total mutual funds				6,864,636
*	Participant loans	116 loans to 85 participants at various maturities with interest rates ranging from 4.00% to 8.75%			1,149,745
	Total investments at fair value			$	59,111,983

* A party-in-interest as defined by ERISA. UBS-FTC is the UBS Fiduciary Trust Company.

See accompanying independent auditors' report.

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DUFF & PHELPS SAVINGS PLAN **EIN:** 36-4090666
Plan Sponsor's Name DUFF & PHELPS, LLC **PN:** 001

(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
	UBS-FTC-FIXED INCOME PORTFOLIO	COLLECTIVE TRUST FUND		3,708,698
	UBS-FTC-GIC PORTFOLIO	COLLECTIVE TRUST FUND		5,466,529
	UBS-FTC-S&P 500 INDEX PORTFOLIO	COLLECTIVE TRUST FUND		7,065,493
	UBS-FTC-STRATEGIC BALANCED PORT	COLLECTIVE TRUST FUND		352,119
	UBS-FTC-LARGE COMPANY VALUE PORT	COLLECTIVE TRUST FUND		5,452,127
	UBS-FTC-INTERNATIONAL VALUE PORT	COLLECTIVE TRUST FUND		6,006,863
	UBS-FTC-INTERNATIONAL GROWTH PORT	COLLECTIVE TRUST FUND		2,445,314

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DUFF & PHELPS SAVINGS PLAN **EIN:** 36-4090666
Plan Sponsor's Name DUFF & PHELPS, LLC **PN:** 001

(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
	UBS-FTC-INTER FIXED INCOME PORT	COLLECTIVE TRUST FUND		4,678,986
	UBS-FTC-STRATEGIC GROWTH FUND	COLLECTIVE TRUST FUND		3,986,623
	UBS-FTC-MID CAP FUNDAMENTAL VALUE	COLLECTIVE TRUST FUND		3,143,300
	UBS-FTC-MID CAP GROWTH PORTFOLIO	COLLECTIVE TRUST FUND		1,026,581
	UBS-FTC-SMALL COMPANY GROWTH	COLLECTIVE TRUST FUND		2,849,454
	UBS-FTC-SMALL COMPANY VALUE PORT	COLLECTIVE TRUST FUND		3,632,251
	UBS-FTC-TOTAL RETURN RETI PORTFOLIO	COLLECTIVE TRUST FUND		2,034,912

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DUFF & PHELPS SAVINGS PLAN **EIN:** 36-4090666
Plan Sponsor's Name DUFF & PHELPS, LLC **PN:** 001

(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
	INVESCO DEVELOPING MARKETS FUND A	MUTUAL FUND		1,172,368
	IVY GLOBAL NATURAL RESOURCES FUND A	MUTUAL FUND		1,782,332
	IVY SCIENCE & TECHNOLOGY FUND A	MUTUAL FUND		513,104
	ALGER HEALTH SCIENCES FUND A	MUTUAL FUND		314,271
	COHEN & STREET INTL REALTY FUND A	MUTUAL FUND		388,251
	ARTIO GLOBAL HIGH INCOME	MUTUAL FUND		2,237,908
	LOAN FUND	PARTICPANT LOANS VARIOUS INTERST RATES & MATURITY RATES		1,149,745

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name DUFF & PHELPS SAVINGS PLAN **EIN:** 36-4090666
Plan Sponsor's Name DUFF & PHELPS, LLC **PN:** 001

(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
	DIAMOND HILL LONG SHORT	MUTUAL FUND		456,402