

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/1996</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>02/01/1996</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>02/01/1996</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>EVERCORE PARTNERS SERVICES EAST, LLC</u> <u>55 E 52ND ST</u> <u>FLOOR 38</u> <u>NEW YORK, NY 10055</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>01-0552543</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>212-857-3100</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>523900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>01-0552543</u>	2c Sponsor's telephone number <u>212-857-3100</u>	2d Business code (see instructions) <u>523900</u>	
2b Employer Identification Number (EIN) <u>01-0552543</u>					
2c Sponsor's telephone number <u>212-857-3100</u>					
2d Business code (see instructions) <u>523900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	ANNEMARIE SPOTO
	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

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") EVERCORE PARTNERS SERVICES EAST, LLC 55 E 52ND ST FLOOR 38 NEW YORK, NY 10055	3b Administrator's EIN 01-0552543 3c Administrator's telephone number 212-857-3100
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	463
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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	476
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	86
d Subtotal. Add lines 6a , 6b , and 6c	6d	562
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	564
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	376
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	
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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 2R 2T 3D

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EVERCORE PARTNERS SERVICES EAST, LLC</u>	D Employer Identification Number (EIN) <u>01-0552543</u>

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
FID.INV.INST.OPS.CO.

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure 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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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 37 65 71 60	RECORDKEEPER	8611	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
ALLNZ NFJ DIV VAL AD - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.35%	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
AMCENT INFL-ADJBD IV - AMERICAN CEN 44-0619208	0.25%	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
ARTISAN MID CAP VAL - STATE STREET 04-0025081	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>COL/ACORN SELECT Z - COLUMBIA MGT I</p> <p>04-2838628</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>DWS GLBL THEMATIC S - DWS INVESTMEN</p> <p>02-0432775</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.35%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>LOOMIS BOND ADMIN - BOSTON FINANCIA 330 W. 9TH STREET KANSAS CITY, MO 66160</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.60%</p>		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
MFS VALUE R3 - MFS SERVICE CENTER I 04-2865649	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
NB PARTNERS TRUST - STATE STREET BA 04-0025081	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
NORTHERN SM CAP VAL - NORTHERN TRUS 36-2723087	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
PIMCO ALL ASSET ADM - BOSTON FINANC 330 W. 9TH STREET KANSAS CITY, MO 66160	0.26%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
PIMCO TOT RETURN ADM - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.26%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
ROYCE VALUE PLUS SER - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.45%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
RS EMERGING MKTS A - BOSTON FINANCI 330 W. 9TH STREET KANSAS CITY, MO 66160	0.55%	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
WALL STREET FUND - US BANCORP FUND 39-0281260	0.40%	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
WFA SM CAP VAL INV - BOSTON FINANCI 330 W. 9TH STREET KANSAS CITY, MO 66160	0.40%	

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
FIDELITY INVESTMENTS INSTITUT	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FIRST EAGLE FUNDS 1345 AVENUE OF THE AMERICAS 43RD FL NEW YORK, NY 10105</p> </div> <div style="width: 40%;"> <p style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>1.00% + 12.00</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUT</p> </div> <div style="width: 20%;"> <p style="text-align: center;">(b) Service Codes (see instructions)</p> <p style="text-align: center;">60</p> </div> <div style="width: 20%;"> <p style="text-align: center;">(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</p> <p>PIMCO FUNDS 1633 BROADWAY NEW YORK, NY 10019</p> </div> <div style="width: 40%;"> <p style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUT</p> </div> <div style="width: 20%;"> <p style="text-align: center;">(b) Service Codes (see instructions)</p> <p style="text-align: center;">60</p> </div> <div style="width: 20%;"> <p style="text-align: center;">(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</p> <p>PERMANENT PORTFOLIO FUND 600 MONTGOMERY ST. SUITE 4100 SAN FRANCISCO, CA 94111-2702</p> </div> <div style="width: 40%;"> <p style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.40%</p> </div> </div>		

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 EVERCORE PARTNERS SERVICES EAST, LLC	D Employer Identification Number (EIN) 01-0552543	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4059698	3751469
(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)	359918	871250
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2306086	2360629
(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)	149401	220296
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	12927496	15786439
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	2108

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	19802599	22992191

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	19802599	22992191
---	-----------	----------	----------

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)	4202560	
(C) Others (including rollovers)	2a(1)(C)	1757237	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5959797
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	385	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	88811	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6237	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		95433
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	63302	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	434362	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		497664
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1495602	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1522001	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-26399

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-327065	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-327065
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-839988
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5359442

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2161259	
(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)		2161259
f Corrective distributions (see instructions)	2f		938
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	7653	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		7653
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2169850

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3189592
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):
 (1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

c Enter the name and EIN of the accountant (or accounting firm) below:
 (1) Name: ROTHSTEIN KASS (2) EIN: 22-2131009

d The opinion of an independent qualified public accountant is **not attached** because:
 (1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EVERCORE PARTNERS SERVICES EAST, LLC</u>	D Employer Identification Number (EIN) <u>01-0552543</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**EVERCORE PARTNERS SERVICES EAST, LLC
RETIREMENT PLAN
FINANCIAL STATEMENTS FOR THE
YEARS ENDED DECEMBER 31, 2011 AND 2010**

Table of Contents

	<u>Page</u>
Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4-10
Additional Information	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	11

Certified
Public
Accountants

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
of the Evercore Partners Services East, LLC Retirement Plan

We were engaged to audit the statements of net assets available for benefits of Evercore Partners Services East, LLC Retirement Plan (the "Plan") as of December 31, 2011 and 2010 and the related statement of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental schedule of Schedule H, Line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. 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 the trustee as of December 31, 2011 and 2010 and for the year ended December 31, 2011, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Roseland, New Jersey
September 24, 2012

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31,</u>	
	<u>2011</u>	<u>2010</u>
ASSETS		
Investments, at fair value		
Self-directed brokerage accounts	\$ 4,151,379	\$ 4,109,363
Investment in mutual funds	<u>18,620,515</u>	<u>15,543,834</u>
Total Investments	22,771,894	19,653,197
 Receivables, notes receivable from participants	 <u>220,296</u>	 <u>149,401</u>
 Total net assets available for benefits	 <u><u>\$ 22,992,190</u></u>	 <u><u>\$ 19,802,598</u></u>

See accompanying notes to financial statements.

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>For The Year Ended</u> <u>December 31, 2011</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income (loss):	
Interest and dividends	\$ 586,860
Net appreciation (depreciation) in fair value of investments:	
Mutual funds	(846,294)
Self-directed brokerage accounts:	
Common Stock	(180,095)
Mutual Funds	6,306
Bonds	(168,258)
Other	(5,111)
Total	<u>(606,592)</u>
Contributions:	
Salary reduction contributions	4,202,560
Employee rollover contributions	1,757,237
Total	<u>5,959,797</u>
Interest on notes receivable from participants	6,237
TOTAL ADDITIONS	<u><u>5,359,442</u></u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	2,162,197
Other administrative expenses	7,653
TOTAL DEDUCTIONS	<u>2,169,850</u>
INCREASE IN NETS ASSETS AVAILABLE FOR BENEFITS	3,189,592
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	19,802,598
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	<u><u>\$ 22,992,190</u></u>

See accompanying notes to financial statements.

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 – Plan Description

The following description of the Evercore Partners Services East, LLC Retirement Plan (the “Plan”) 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 benefit plan covering all eligible employees of Evercore Partners Services East, LLC (the “Sponsor” or “Company”). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan was formed in 1996.

Eligibility

Employees are eligible to participate in the Plan upon hire and attaining age 21 and who are not members of another private pension plan to which the Company makes contributions.

Participant Contributions

Participants may contribute up to \$16,500 to the Plan for the year ended December 31, 2011. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. All contributions are subject to applicable legal limits.

Participant accounts

Each participant’s account is credited with the participant’s contribution and an allocation of (a) the Company’s contribution, (b) Plan earnings (losses) and (c) forfeitures and terminated participants’ nonvested accounts and charged with an allocation of administrative expenses (if applicable). 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 vested account.

Self-Directed Accounts

The Plan offers a self-directed program to participants. The self-directed program allows participants to invest their account balances in any investments desired that are offered by the Plan’s custodian. Each participant account is credited with the participant’s contributions, employer discretionary contributions and allocable investment income (losses). The benefit to which a participant is entitled is the benefit that can be provided from the participant’s account.

Vesting

Under the Plan, participants are 100% vested at all times in their voluntary contributions.

Termination

The Sponsor reserves the right to terminate the Plan at any time, subject to Plan provisions. Upon termination of the Plan, the interest of each participant will be distributed to such participant or to his or her beneficiary in accordance with the Plan’s terms and the Internal Revenue Code. In the event of the Plan termination, participants are entitled to the entire amount of their accounts.

Administrative Expenses

All of the Plan’s administrative expenses, such as accounting and legal fees, may be paid out of the Plan, unless paid by the Sponsor.

Investment Options

Upon enrollment in the Plan, participants may direct their contributions to any investment option offered by the Plan’s custodian. Participants are able to change their investment options at will. Investment options consist of (1) mutual funds, where the participant contributions are invested in shares of a registered

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

investment company that invests in corporate bonds, stocks and U.S. government securities and (2) self-directed accounts (described above).

Notes receivable from participants

Participants may obtain loans against the value of their accounts. The maximum amount of the loan shall not exceed \$50,000 or 50% of the present value of the vested portion of the participant's account. The loans generally must be fully repaid within five years. Loans for a primary residence may be repaid within a reasonable period of time based on the discretion of the Plan administrator. Interest and principal repayments are credited directly to the borrower's respective account and are repaid in monthly installments by payroll deductions. Interest rates on loans are 1% over the prime rate.

When a loan is granted, the employee's account is charged, thereby reducing the balance in the employee's account, which earns income.

The repayment of the loan, including interest, is credited to the specific employee account as received (that is, the interest paid on the loan is all credited to the account of the individual borrower).

Notes receivable from participants are valued at their unpaid principal balance plus any accrued but unpaid interest.

Payment of Benefits

On termination of service due to retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or partial distributions in installments. For termination of service due to death, disability or for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared in compliance with the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA and the accrual basis of accounting.

These financial statements were approved by management and available for issuance on September 24, 2012. Subsequent events have been evaluated through this date.

Benefit Payments

Benefits paid to participants are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investments 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 below for a discussion of fair value measurements.

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

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

Mutual Fund Fees

Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. 12b-1 fees, which are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940, are annual fees deducted to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity and thus not separately identifiable as an expense.

Note 3 – Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, establishes a 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 asset 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 measurement.

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 measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Self-Directed Accounts: The underlying investments in the Self-Directed Accounts include common stocks and U.S. government securities, which are valued at the closing price reported on the active market on which the individual securities are traded, and corporate bonds, which are valued based on quoted market prices provided by external pricing services.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

The following tables set forth by level within the fair value hierarchy, the plan's assets at fair value as of December 31, 2011 and 2010:

<i>Assets at Fair Value as of December 31, 2011</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Self-Directed Accounts:				
Common Stock	\$ 2,360,629	\$	\$	\$ 2,360,629
Mutual Funds	256,233			256,233
Bonds		871,250		871,250
Cash	661,159			661,159
Other		2,108		2,108
Mutual Funds:				
Large Blend	4,340,111			4,340,111
Mid-Cap Blend	783,806			783,806
Small Blend	99,631			99,631
Large Value	461,622			461,622
Mid-Cap Value	766,314			766,314
Small Value	354,306			354,306
Large Growth	348,185			348,185
Mid-Cap Growth	107,859			107,859
Small Growth	338,719			338,719
Money Market	3,090,309			3,090,309
Fixed Income	1,902,404			1,902,404
Target Date Balanced	4,331,603			4,331,603
World Stock	206,204			206,204
World Allocation	48,239			48,239
Moderate Allocation	789,174			789,174
Diversified Emerging Markets	652,029			652,029
	<u>\$ 21,898,536</u>	<u>\$ 873,358</u>	<u>\$ -</u>	<u>\$ 22,771,894</u>

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

<i>Assets at Fair Value as of December 31, 2010</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Self-Directed Accounts:				
Common Stock	\$ 2,306,087	\$	\$	\$ 2,306,087
Mutual Funds	918,521			918,521
Bonds		359,917		359,917
Cash	522,008			522,008
Other		2,830		2,830
Mutual Funds:				
Large Blend	2,621,020			2,621,020
Mid-Cap Blend	646,203			646,203
Large Value	144,286			144,286
Mid-Cap Value	484,083			484,083
Small Value	371,037			371,037
Large Growth	1,160,149			1,160,149
Mid-Cap Growth	90,898			90,898
Small Growth	258,554			258,554
Money Market	3,537,691			3,537,691
Fixed Income	1,236,596			1,236,596
Target Date Balanced	3,544,803			3,544,803
World Stock	247,606			247,606
Moderate Allocation	654,954			654,954
Diversified Emerging Markets	545,954			545,954
	<u>\$ 19,290,450</u>	<u>\$ 362,747</u>	<u>\$ -</u>	<u>\$ 19,653,197</u>

There were no transfers between fair value levels during the years ended December 31, 2011 or 2010.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 4 – Risks and Uncertainties

The Plan provides for various investment options available to self-directed accounts. Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits. Users of these financial statements should be aware that the financial markets' volatility may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2011 may not necessarily be indicative of amounts that could be realized in a current market exchange.

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5 – Tax Status

U.S. GAAP requires 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 Department of Labor or the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, 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 for years after 2008; however, there are currently no audits for any tax periods in progress.

The Plan obtained its latest determination letter on November 15, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code and that, therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter. The Plan administrator and the Plan's sponsor believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue code.

Note 6 – Party-In-Interest

Certain Plan investments are shares of mutual funds managed by Fidelity Management Trust Company as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions.

Note 7 – Information prepared and certified by the Trustee

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. Fidelity Management Trust Company, the trustee and custodian of the Plan, has certified to the completeness and accuracy of all investments and related activity in the accompanying financial statements and supplemental schedule.

Investments held at December 31, 2011 and 2010 are summarized as follows:

	December 31,	
	2011	2010
	Fair Value	Fair Value
Self-Directed Accounts	\$ 4,151,379	\$ 4,109,363
Mutual funds	18,620,515	15,543,834
Total investments	\$ 22,771,894	\$ 19,653,197
Participant Loans	\$ 220,296	\$ 149,401

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

The following presents investments that represent five percent or more of the plan's net assets at December 31, 2011 and 2010:

	<u>December 31, 2011</u>
Spartan 500 Index Fund	\$ 2,497,302
Fidelity Retirement Money Market Fund	3,090,309
	<u>December 31, 2010</u>
Spartan 500 Index Fund	\$ 1,929,290
Fidelity Retirement Money Market Fund	3,537,691
Fidelity Capital Appreciation Fund	1,073,029

The following information represents investment earnings (losses) for the year ended December 31, 2011:

Interest and dividends	\$ 586,860
Net depreciation in fair value	<u>(1,193,452)</u>
Total investment loss	<u><u>\$ (606,592)</u></u>

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN
SCHEDULE H, LINE 4i – ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011
EIN: 01-0552543
PLAN NUMBER: 001

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost**	(e) Current Value
	Self-Directed Accounts			\$ 4,151,379
	Pimco	Pimco Total Return Admin Fund	\$	141,323
	Neuberger Berman	NB Partners Trust Fund	\$	153,430
	DWS	DWS GBL Thematic Fund	\$	206,204
	Northern Trust	Northern Small Cap Value Fund	\$	354,306
	Allianz	Allianz NFJ Div Val Ad Fund	\$	289,890
	RS Investment Management	RS Emerging Markets A Fund	\$	652,029
	Loomis	Loomis Bond Admin Fund	\$	195,491
	Wells Fargo	WFA Special Small Cap Value Fund	\$	99,631
	Artisan	Artisan Mid Cap Value Fund	\$	766,314
	Pimco	Pimco All Asset Admin Fund	\$	48,239
	Columbia Acorn	Col/Acorn Select Z Fund	\$	107,859
	American Century	AMCENT INFL-ADJBD IV	\$	59,922
	The Royce Funds	Royce Value Plus Service Fund	\$	338,719
	MFS Investment Management	MFS Value R3	\$	18,302
*	Fidelity	Fidelity Contra Fund	\$	348,185
*	Fidelity	Fidelity Retirement Money Market Fund	\$	3,090,309
*	Fidelity	Capital & Income Fund	\$	509,704
*	Fidelity	Leveraged Co Stock Fund	\$	263,876
*	Fidelity	Balanced Fund	\$	789,174
*	Fidelity	International Discovery Fund	\$	344,315
*	Fidelity	Capital Appreciation Fund	\$	1,106,678
*	Fidelity	Freedom Income Fund	\$	290,285
*	Fidelity	Freedom 2000 Fund	\$	10,615
*	Fidelity	Freedom 2010 Fund	\$	196,916
*	Fidelity	Freedom 2020 Fund	\$	99,312
*	Fidelity	Freedom 2030 Fund	\$	548,024
*	Fidelity	Freedom 2040 Fund	\$	622,366
*	Fidelity	Freedom 2005 Fund	\$	27,306
*	Fidelity	Freedom 2015 Fund	\$	411,919
*	Fidelity	Freedom 2025 Fund	\$	384,041
*	Fidelity	Freedom 2035 Fund	\$	862,216
*	Fidelity	Freedom 2045 Fund	\$	396,873
*	Fidelity	Freedom 2050 Fund	\$	481,634
*	Fidelity	Freedom 2055 Fund	\$	96
*	Fidelity	Spartan Extended Market Index Fund	\$	519,930
*	Fidelity	Spartan International Index Fund	\$	391,816
*	Fidelity	Spartan 500 Index Fund	\$	2,497,302
*	Fidelity	Spartan US BD Index Fund	\$	995,964
	Participant Loans	Participant Loans***		\$ 220,296
				<u>\$ 22,992,190</u>

* Party-in interest

**Cost information has been omitted for participant-directed investments.

***Interest of 4.25% maturing from 2012 through 2020

**EVERCORE PARTNERS SERVICES EAST, LLC
RETIREMENT PLAN
FINANCIAL STATEMENTS FOR THE
YEARS ENDED DECEMBER 31, 2011 AND 2010**

Table of Contents

	<u>Page</u>
Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4-10
Additional Information	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	11

Certified
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Rothstein Kass

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
of the Evercore Partners Services East, LLC Retirement Plan

We were engaged to audit the statements of net assets available for benefits of Evercore Partners Services East, LLC Retirement Plan (the "Plan") as of December 31, 2011 and 2010 and the related statement of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental schedule of Schedule H, Line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. 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 the trustee as of December 31, 2011 and 2010 and for the year ended December 31, 2011, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Roseland, New Jersey
September 24, 2012

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31,</u>	
	<u>2011</u>	<u>2010</u>
ASSETS		
Investments, at fair value		
Self-directed brokerage accounts	\$ 4,151,379	\$ 4,109,363
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Total net assets available for benefits	<u><u>\$ 22,992,190</u></u>	<u><u>\$ 19,802,598</u></u>

See accompanying notes to financial statements.

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>For The Year Ended</u> <u>December 31, 2011</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income (loss):	
Interest and dividends	\$ 586,860
Net appreciation (depreciation) in fair value of investments:	
Mutual funds	(846,294)
Self-directed brokerage accounts:	
Common Stock	(180,095)
Mutual Funds	6,306
Bonds	(168,258)
Other	(5,111)
Total	<u>(606,592)</u>
Contributions:	
Salary reduction contributions	4,202,560
Employee rollover contributions	1,757,237
Total	<u>5,959,797</u>
Interest on notes receivable from participants	6,237
TOTAL ADDITIONS	<u><u>5,359,442</u></u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	2,162,197
Other administrative expenses	7,653
TOTAL DEDUCTIONS	<u>2,169,850</u>
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NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	19,802,598
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	<u><u>\$ 22,992,190</u></u>

See accompanying notes to financial statements.

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NOTES TO FINANCIAL STATEMENTS

Note 1 – Plan Description

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The Plan is a defined contribution benefit plan covering all eligible employees of Evercore Partners Services East, LLC (the “Sponsor” or “Company”). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan was formed in 1996.

Eligibility

Employees are eligible to participate in the Plan upon hire and attaining age 21 and who are not members of another private pension plan to which the Company makes contributions.

Participant Contributions

Participants may contribute up to \$16,500 to the Plan for the year ended December 31, 2011. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. All contributions are subject to applicable legal limits.

Participant accounts

Each participant’s account is credited with the participant’s contribution and an allocation of (a) the Company’s contribution, (b) Plan earnings (losses) and (c) forfeitures and terminated participants’ nonvested accounts and charged with an allocation of administrative expenses (if applicable). 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 vested account.

Self-Directed Accounts

The Plan offers a self-directed program to participants. The self-directed program allows participants to invest their account balances in any investments desired that are offered by the Plan’s custodian. Each participant account is credited with the participant’s contributions, employer discretionary contributions and allocable investment income (losses). The benefit to which a participant is entitled is the benefit that can be provided from the participant’s account.

Vesting

Under the Plan, participants are 100% vested at all times in their voluntary contributions.

Termination

The Sponsor reserves the right to terminate the Plan at any time, subject to Plan provisions. Upon termination of the Plan, the interest of each participant will be distributed to such participant or to his or her beneficiary in accordance with the Plan’s terms and the Internal Revenue Code. In the event of the Plan termination, participants are entitled to the entire amount of their accounts.

Administrative Expenses

All of the Plan’s administrative expenses, such as accounting and legal fees, may be paid out of the Plan, unless paid by the Sponsor.

Investment Options

Upon enrollment in the Plan, participants may direct their contributions to any investment option offered by the Plan’s custodian. Participants are able to change their investment options at will. Investment options consist of (1) mutual funds, where the participant contributions are invested in shares of a registered

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

investment company that invests in corporate bonds, stocks and U.S. government securities and (2) self-directed accounts (described above).

Notes receivable from participants

Participants may obtain loans against the value of their accounts. The maximum amount of the loan shall not exceed \$50,000 or 50% of the present value of the vested portion of the participant's account. The loans generally must be fully repaid within five years. Loans for a primary residence may be repaid within a reasonable period of time based on the discretion of the Plan administrator. Interest and principal repayments are credited directly to the borrower's respective account and are repaid in monthly installments by payroll deductions. Interest rates on loans are 1% over the prime rate.

When a loan is granted, the employee's account is charged, thereby reducing the balance in the employee's account, which earns income.

The repayment of the loan, including interest, is credited to the specific employee account as received (that is, the interest paid on the loan is all credited to the account of the individual borrower).

Notes receivable from participants are valued at their unpaid principal balance plus any accrued but unpaid interest.

Payment of Benefits

On termination of service due to retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or partial distributions in installments. For termination of service due to death, disability or for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared in compliance with the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA and the accrual basis of accounting.

These financial statements were approved by management and available for issuance on September 24, 2012. Subsequent events have been evaluated through this date.

Benefit Payments

Benefits paid to participants are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investments 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 below for a discussion of fair value measurements.

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

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

Mutual Fund Fees

Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. 12b-1 fees, which are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940, are annual fees deducted to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity and thus not separately identifiable as an expense.

Note 3 – Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, establishes a 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 asset 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 measurement.

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 measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Self-Directed Accounts: The underlying investments in the Self-Directed Accounts include common stocks and U.S. government securities, which are valued at the closing price reported on the active market on which the individual securities are traded, and corporate bonds, which are valued based on quoted market prices provided by external pricing services.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

The following tables set forth by level within the fair value hierarchy, the plan's assets at fair value as of December 31, 2011 and 2010:

<i>Assets at Fair Value as of December 31, 2011</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Self-Directed Accounts:				
Common Stock	\$ 2,360,629	\$	\$	\$ 2,360,629
Mutual Funds	256,233			256,233
Bonds		871,250		871,250
Cash	661,159			661,159
Other		2,108		2,108
Mutual Funds:				
Large Blend	4,340,111			4,340,111
Mid-Cap Blend	783,806			783,806
Small Blend	99,631			99,631
Large Value	461,622			461,622
Mid-Cap Value	766,314			766,314
Small Value	354,306			354,306
Large Growth	348,185			348,185
Mid-Cap Growth	107,859			107,859
Small Growth	338,719			338,719
Money Market	3,090,309			3,090,309
Fixed Income	1,902,404			1,902,404
Target Date Balanced	4,331,603			4,331,603
World Stock	206,204			206,204
World Allocation	48,239			48,239
Moderate Allocation	789,174			789,174
Diversified Emerging Markets	652,029			652,029
	<u>\$ 21,898,536</u>	<u>\$ 873,358</u>	<u>\$ -</u>	<u>\$ 22,771,894</u>

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

<i>Assets at Fair Value as of December 31, 2010</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Self-Directed Accounts:				
Common Stock	\$ 2,306,087	\$	\$	\$ 2,306,087
Mutual Funds	918,521			918,521
Bonds		359,917		359,917
Cash	522,008			522,008
Other		2,830		2,830
Mutual Funds:				
Large Blend	2,621,020			2,621,020
Mid-Cap Blend	646,203			646,203
Large Value	144,286			144,286
Mid-Cap Value	484,083			484,083
Small Value	371,037			371,037
Large Growth	1,160,149			1,160,149
Mid-Cap Growth	90,898			90,898
Small Growth	258,554			258,554
Money Market	3,537,691			3,537,691
Fixed Income	1,236,596			1,236,596
Target Date Balanced	3,544,803			3,544,803
World Stock	247,606			247,606
Moderate Allocation	654,954			654,954
Diversified Emerging Markets	545,954			545,954
	<u>\$ 19,290,450</u>	<u>\$ 362,747</u>	<u>\$ -</u>	<u>\$ 19,653,197</u>

There were no transfers between fair value levels during the years ended December 31, 2011 or 2010.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 4 – Risks and Uncertainties

The Plan provides for various investment options available to self-directed accounts. Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits. Users of these financial statements should be aware that the financial markets' volatility may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2011 may not necessarily be indicative of amounts that could be realized in a current market exchange.

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5 – Tax Status

U.S. GAAP requires 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 Department of Labor or the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, 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 for years after 2008; however, there are currently no audits for any tax periods in progress.

The Plan obtained its latest determination letter on November 15, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code and that, therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter. The Plan administrator and the Plan's sponsor believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue code.

Note 6 – Party-In-Interest

Certain Plan investments are shares of mutual funds managed by Fidelity Management Trust Company as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions.

Note 7 – Information prepared and certified by the Trustee

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. Fidelity Management Trust Company, the trustee and custodian of the Plan, has certified to the completeness and accuracy of all investments and related activity in the accompanying financial statements and supplemental schedule.

Investments held at December 31, 2011 and 2010 are summarized as follows:

	December 31,	
	2011	2010
	Fair Value	Fair Value
Self-Directed Accounts	\$ 4,151,379	\$ 4,109,363
Mutual funds	18,620,515	15,543,834
Total investments	\$ 22,771,894	\$ 19,653,197
Participant Loans	\$ 220,296	\$ 149,401

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

The following presents investments that represent five percent or more of the plan's net assets at December 31, 2011 and 2010:

	<u>December 31, 2011</u>
Spartan 500 Index Fund	\$ 2,497,302
Fidelity Retirement Money Market Fund	3,090,309
	<u>December 31, 2010</u>
Spartan 500 Index Fund	\$ 1,929,290
Fidelity Retirement Money Market Fund	3,537,691
Fidelity Capital Appreciation Fund	1,073,029

The following information represents investment earnings (losses) for the year ended December 31, 2011:

Interest and dividends	\$ 586,860
Net depreciation in fair value	<u>(1,193,452)</u>
Total investment loss	<u><u>\$ (606,592)</u></u>

EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN
SCHEDULE H, LINE 4i – ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011
EIN: 01-0552543
PLAN NUMBER: 001

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost**	(e) Current Value
	Self-Directed Accounts			\$ 4,151,379
	Pimco	Pimco Total Return Admin Fund	\$	141,323
	Neuberger Berman	NB Partners Trust Fund	\$	153,430
	DWS	DWS GBL Thematic Fund	\$	206,204
	Northern Trust	Northern Small Cap Value Fund	\$	354,306
	Allianz	Allianz NFJ Div Val Ad Fund	\$	289,890
	RS Investment Management	RS Emerging Markets A Fund	\$	652,029
	Loomis	Loomis Bond Admin Fund	\$	195,491
	Wells Fargo	WFA Special Small Cap Value Fund	\$	99,631
	Artisan	Artisan Mid Cap Value Fund	\$	766,314
	Pimco	Pimco All Asset Admin Fund	\$	48,239
	Columbia Acorn	Col/Acorn Select Z Fund	\$	107,859
	American Century	AMCENT INFL-ADJBD IV	\$	59,922
	The Royce Funds	Royce Value Plus Service Fund	\$	338,719
	MFS Investment Management	MFS Value R3	\$	18,302
*	Fidelity	Fidelity Contra Fund	\$	348,185
*	Fidelity	Fidelity Retirement Money Market Fund	\$	3,090,309
*	Fidelity	Capital & Income Fund	\$	509,704
*	Fidelity	Leveraged Co Stock Fund	\$	263,876
*	Fidelity	Balanced Fund	\$	789,174
*	Fidelity	International Discovery Fund	\$	344,315
*	Fidelity	Capital Appreciation Fund	\$	1,106,678
*	Fidelity	Freedom Income Fund	\$	290,285
*	Fidelity	Freedom 2000 Fund	\$	10,615
*	Fidelity	Freedom 2010 Fund	\$	196,916
*	Fidelity	Freedom 2020 Fund	\$	99,312
*	Fidelity	Freedom 2030 Fund	\$	548,024
*	Fidelity	Freedom 2040 Fund	\$	622,366
*	Fidelity	Freedom 2005 Fund	\$	27,306
*	Fidelity	Freedom 2015 Fund	\$	411,919
*	Fidelity	Freedom 2025 Fund	\$	384,041
*	Fidelity	Freedom 2035 Fund	\$	862,216
*	Fidelity	Freedom 2045 Fund	\$	396,873
*	Fidelity	Freedom 2050 Fund	\$	481,634
*	Fidelity	Freedom 2055 Fund	\$	96
*	Fidelity	Spartan Extended Market Index Fund	\$	519,930
*	Fidelity	Spartan International Index Fund	\$	391,816
*	Fidelity	Spartan 500 Index Fund	\$	2,497,302
*	Fidelity	Spartan US BD Index Fund	\$	995,964
	Participant Loans	Participant Loans***		\$ 220,296
				<u>\$ 22,992,190</u>

* Party-in interest

**Cost information has been omitted for participant-directed investments.

***Interest of 4.25% maturing from 2012 through 2020