Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
DUFF & PHELPS SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1996

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

DUFF & PHELPS, LLC

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

2b Employer Identification Number (EIN) 36-4090666

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

2d Business code (see instructions) 523900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2013	MARVIN ADLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1459
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**	1125
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	533
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1658
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1658
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1426
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
DUFF & PHELPS SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-4090666

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

WILMINGTON TRUST FIDUCIARY SERVICES

26-3523944

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72	NONE	330091	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UBS FINANCIAL SERVICES, INC

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 33 63 72	NONE	262945	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

NEWPORT RETIREMENT SERVICES, INC

62-1868111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 50 60 64	NONE	14645	Yes [X] No [ ]	Yes [X] No [ ]	17135	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEWPORT RETIREMENT SERVICES, INC	15 60	17135

(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.
WILMINGTON TRUST 51-0099033	REVENUE SHARING USED TO OFFSET PLAN EXPENSE

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTIO GLOBAL MANAGEMENT LLC 13-6174048	25 BASIS POINTS OF FUND VALUE

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ASTON ASSET MANAGEMENT LLC 20-4747475	25 BASIS POINTS OF FUND VALUE

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK INC 51-0318674	25 BASIS POINTS OF FUND VALUE

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIRST EAGLE FUNDS 13-3392291	25 BASIS POINTS OF FUND VALUE

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRED ALGER MANAGEMENT COMPANY 13-2665689	25 BASIS POINTS OF FUND VALUE

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO FINDS 76-0528004	25 BASIS POINTS OF FUND VALUE

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IVY INVESTMENT MANAGEMENT COMPANY 04-6006759	25 BASIS POINTS OF FUND VALUE

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RS INVESTMENT MANAGEMENT CO LLC 94-3321067	25 BASIS POINTS OF FUND VALUE

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VAN ECK ASSOCIATES CORPORATION 13-3210061	25 BASIS POINTS OF FUND VALUE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

a	Name: KPMG	**b** EIN:	13-5565207
c	Position: AUDITOR		
d	Address: 345 PARK AVENUE NEW YORK, NY 10154	**e** Telephone:	212-954-7870

Explanation: COST REDUCTION.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
DUFF & PHELPS SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-4090666

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

a Name of MTIA, CCT, PSA, or 103-12 IE: WT-FIXED INCOME INDEX PORT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-3783732-927	C	5191857

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE GROUP ANNUNITY CONTRACTS

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RET & INST SRVS CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0142858-094	C	10310865

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-3783703-921	C	12362187

a Name of MTIA, CCT, PSA, or 103-12 IE: WT-STRATEGIC BALANCED PORTFOLIO

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-3783639-913	C	501241

a Name of MTIA, CCT, PSA, or 103-12 IE: WT-LARGE COMPANY VALUE PORTFOLIO

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-3783371-907	C	7986229

a Name of MTIA, CCT, PSA, or 103-12 IE: WT-INTERNATIONAL VALUE PORTFOLIO

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-3783871-938	C	7362756

a Name of MTIA, CCT, PSA, or 103-12 IE: WT-INTERNATIONAL GROWTH PORTFOLIO

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-3783561-911	C	4451832

a Name of MTIA, CCT, PSA, or 103-12 IE: WT-INTER FIXED INCOME PORTFOLIO

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

c EIN-PN 26-3783383-908	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7669075

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

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

c EIN-PN 26-3783919-945	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4112161

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

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

c EIN-PN 26-3783748-929	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2437062

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

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

c EIN-PN 26-3783319-901	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5112210

a Name of MTIA, CCT, PSA, or 103-12 IE: WT-SMALL COMPANY VALUE PORTFOLIO

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

c EIN-PN 26-3783724-926	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5617903

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

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

c EIN-PN 26-3783868-937	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4341238

a Name of MTIA, CCT, PSA, or 103-12 IE: WT-AGGRESSIVE GROWTH PORTFOLIO

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

c EIN-PN 26-3783757-930	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6207992

a Name of MTIA, CCT, PSA, or 103-12 IE: WT-STRATEGIC GROWTH PORTFOLIO

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

c EIN-PN 26-3783632-912	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
DUFF & PHELPS SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-4090666

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	410550	559976
(2) Participant contributions	1b(2)	12034	246884
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1103260	1403794
(9) Value of interest in common/collective trusts	1c(9)	67224382	84265832
(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)	11026854	15270776
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	79777080	101747262
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	79777080	101747262

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)	5224052	
	(B) Participants	2a(1)(B)	9122957	
	(C) Others (including rollovers)	2a(1)(C)	5124733	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		19471742
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	53650	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		53650
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	443830	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		443830
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		380171
(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)		9099139
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		29448532
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6869540	
(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)		6869540
f Corrective distributions (see instructions)	2f		881
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)	14645	
(3) Investment advisory and management fees	2i(3)	593035	
(4) Other	2i(4)	249	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		607929
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7478350
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		21970182
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: COHNREZNICK LLP **(2)** EIN: 22-1478099

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
DUFF & PHELPS SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-4090666

Part I Distributions

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

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

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

EIN(s): 27-1228437

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Duff & Phelps Savings Plan
Financial Statements
(With Supplementary Information)
and Independent Auditor's Report

December 31, 2012

Duff & Phelps Savings Plan

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Independent Auditor's Report

To the Plan Administrator
Duff & Phelps Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Duff & Phelps Savings Plan, which comprise the statement of net assets available for benefits as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 10, which was certified by Wilmington Trust Fiduciary Services Company, the trustee of the Plan, except for comparing such information with the related information included in the 2012 financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2012, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a

basis for an audit opinion on the 2012 financial statements. Accordingly, we do not express an opinion on the 2012 financial statements.

Other Matter —Supplemental Schedules

The supplemental Schedule H, line 4i-schedule of assets (held at end of year) as of December 31, 2012 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Other Matter—2011 Financial Statements

The financial statements of the Plan as of December 31, 2011, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the predecessor auditors not to perform and they did not perform any auditing procedures with respect to the information certified by the trustee. Their report, dated October 10, 2012, indicated that (*a*) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements (*b*) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the DOL's and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2012 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Cohn Reznick LLP

Jericho, New York
October 11, 2013

Duff & Phelps Savings Plan

Statements of Net Assets Available for Benefits

December 31, 2012 and 2011

	2012	2011
Assets:		
Investments:		
Investments, at fair value, as certified by the trustee:		
Common and collective trust funds	$ 84,265,832	$ 67,224,382
Mutual funds	15,270,776	11,026,854
Total investments at fair value	99,536,608	78,251,236
Receivables:		
Employer contributions	559,976	410,550
Participant contributions	246,884	12,034
Notes receivable from participants	1,403,794	1,103,260
Total receivables	2,210,654	1,525,844
Net assets reflecting investments, at fair value	101,747,262	79,777,080
Adjustment from fair value to contract value for interests in collective trusts relating to fully benefit-responsive investment contracts	(601,227)	(470,673)
Net assets available for benefits	$ 101,146,035	$ 79,306,407

See Notes to Financial Statements.

Duff & Phelps Savings Plan

Statement of Changes in Net Assets Available for Benefits
Year ended December 31, 2012

Additions:		
Investment income, as certified by the trustee:		
Net appreciation in fair value of investments	$	9,348,756
Dividends		443,830
Total investment income		9,792,586
Interest income on notes receivable from participants		53,650
Contributions:		
Employer		5,224,052
Participants		9,122,957
Rollovers		5,124,733
Total contributions		19,471,742
Total additions		29,317,978
Deductions:		
Benefits paid to participants		6,870,421
Administrative expenses		607,929
Total deductions		7,478,350
Net increase		21,839,628
Net assets available for benefits:		
Beginning of year		79,306,407
End of year	$	101,146,035

See Notes to Financial Statements.

Note 1 - Description of Plan

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

General:

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

Wilmington Trust Fiduciary Services Company ("Wilmington") and the Newport Group ("Newport") serve as the trustee and record keeper, respectively.

The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Company's Audit Committee.

Eligibility:

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

Contributions:

Eligible employees may contribute a percentage of their pretax annual compensation as determined by the participant, as defined by the Plan, and subject to the Internal Revenue Code ("IRC") limitations on maximum deferral contributions, which was $17,000 ($22,500 for eligible employees 50 or older) and $16,500 ($22,000 for eligible employees 50 or older) for 2012 and 2011, respectively. The annual compensation of each employee taken into account under the Plan may not exceed $250,000 and $245,000 for 2012 and 2011, respectively.

Matching Contributions:

At the election of the Plan Sponsor, the Company contributes an amount equal to 100% of salary deferrals up to 3% of each employee's compensation and 50% of salary deferrals up to the next 3% of each employee's compensation.

Vesting:

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

Participant Accounts:

Each participant's account is credited with the participant's deferral contributions and allocations of the Company's matching contributions and Plan earnings. Participant accounts are charged investment fee expenses that are based on participant account balances. The benefit to which a participant is entitled is the benefit which can be provided from the participant's account.

Rollovers Contributions:

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

On December 31, 2011, Duff and Phelps LLC acquired Pagemill Partners, LLC ("the transaction"). Pagemill Partners, LLC profit sharing 401(k) Plan ("Pagemill") approved an amendment to terminate the Pagemill plan prior to closing the transaction. All participants in the Pagemill plan became 100 percent vested in that plan upon termination and were provided the option to have their account balance rolled into any qualified plan (including the Plan) or IRA, or receive a lump sum distribution. An aggregate of $1,781,736 was rolled into the Plan during the year ended December 31, 2012, and is included in rollovers on the statement of changes in net assets available for benefits.

Payments of benefits:

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

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

Forfeitures:

Forfeitures due to excess employer match paid out to participants are used to reduce future contributions from the Plan Sponsor. Forfeited non-vested accounts amounted to $2,178 and $3,415 for the years ended December 31, 2012 and 2011, respectively. In 2012 and 2011, the Plan utilized $0 and $8,575, respectively, of forfeited amounts to reduce contributions made by the Plan Sponsor.

Expenses:

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. All administrative expenses are included. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Notes receivable from participants:

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined quarterly, is set at 1% above the prime rate, as defined. Principal and interest is paid ratably through semi-monthly payroll deductions.

Hardship Withdrawals:

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

Note 2 - Summary of Significant Accounting Policies:

Basis of Accounting:

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles ("GAAP").

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through common and collective trusts. The statements of net assets available for benefits present the fair value of the investment in common and collective trusts as well as the adjustment of the investment in common and collective trusts from fair value to contract value. The statement of changes in net assets available for benefits is prepared using the contract value basis for fully benefit-responsive investment contracts.

Use of Estimates:

The preparation of financial statements in accordance with GAAP requires 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. These estimates and assumptions are based on the Plan administrator's best estimate and judgment. The Plan administrator evaluates its estimates and assumptions on an ongoing basis using historical experience and other factors, including consideration of the current economic environment. The Plan administrator adjusts these estimates when facts and circumstances dictate. As future events cannot be determined with precision, actual results could differ from those estimates and assumptions.

Investment Valuation and Income Recognition:

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

The Plan reports investment contracts at fair value. 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.

The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians.

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

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2012 or 2011. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payments of Benefits:

Benefits are recorded when paid.

Subsequent events:

The Plan has evaluated subsequent events through October 11, 2013 the date the financial statements were available to be issued.

Note 3 - Investments:

The following presents investments that represent 5% or more of the Plan's net assets:

	December 31, 2012	December 31, 2011
Common and collective trust funds:		
WT-FSC Aggressive Growth Fund	$ 6,207,992	$ —*
WT-FSC Small Company Growth Portfolio	5,112,209	4,098,887
WT-FSC Large Company Value Portfolio	7,986,229	6,218,183
WT-FSC S&P 500 Index Portfolio	12,362,186	9,577,405
WT-FSC Small Company Value Portfolio	5,617,903	4,640,136
WT-FSC Fixed Income Index Portfolio	5,191,856	4,176,413
WT-FSC Inter Fixed Income Portfolio	7,669,075	6,549,120
WT-FSC International Value Portfolio	7,362,756	5,844,216
Wilmington Trust Retirement and Institutional Services Company Collective Investment Trust III for MetLife Guaranteed Annuity Contract No. 25554	10,310,865	9,341,830

* Plan investment that was introduced in 2012.

During 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held, during the year) appreciated in value as follows:

Common and collective trusts	$ 249,617
Mutual funds	9,099,139
Total	$ 9,348,756

Note 4 - Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). 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.

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 were no changes in methodologies used at December 31, 2012 and 2011.

Mutual funds:

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trust fund:

Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012:

	Assets at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Common and collective trust funds:				
Intermediate Investment Grade Debt Funds	$ —	$ 12,860,931	$ —	$ 12,860,931
International Funds	—	11,814,588	—	11,814,588
Growth Funds	—	13,757,263	—	13,757,263
Value Funds	—	17,716,293	—	17,716,293
Index Funds	—	12,362,186	—	12,362,186
Stable Value Funds	—	10,912,092	—	10,912,092
Other Funds	—	4,842,479	—	4,842,479
Total Common and collective trusts	—	84,265,832	—	84,265,832
Mutual Funds:				
Emerging Markets Funds	3,642,777	—	—	3,642,777
Global Funds	2,861,510	—	—	2,861,510
High Yield Funds	2,958,015	—	—	2,958,015
Other Funds	1,774,492	—	—	1,774,492
Bond Funds	1,969,198	—	—	1,969,198
Equity Funds	2,014,778	—	—	2,014,778
Growth Funds	50,006	—	—	50,006
Total mutual funds	15,270,776	—	—	15,270,776
Total assets	$ 15,270,776	$ 84,265,832	$ —	$ 99,536,608

The following table presents investments in common and collective trust funds and investments in mutual funds which are measured at fair value on a recurring basis as of December 31, 2011:

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Common and collective trust funds:				
Intermediate Investment Grade Debt Funds	$ —	$ 10,725,533	$ —	$ 10,725,533
International Funds	—	8,914,623	—	8,914,623
Growth Funds	—	10,968,394	—	10,968,394
Value Funds	—	14,284,515	—	14,284,515
Index Funds	—	9,577,405	—	9,577,405
Stable Value Funds	—	9,341,830	—	9,341,830
Other Funds	—	3,412,082	—	3,412,082
Total common and collective trusts	—	67,224,382	—	67,224,382
Mutual Funds:				
Emerging Markets Funds	2,272,337	—	—	2,272,337
Global Funds	2,040,759	—	—	2,040,759
High Yield Funds	2,490,396	—	—	2,490,396
Other Funds	1,092,869	—	—	1,092,869
Bond Funds	1,695,661	—	—	1,695,661
Equity Funds	1,434,832	—	—	1,434,832
Total mutual funds	11,026,854	—	—	11,026,854
Total assets	$ 11,026,854	$ 67,224,382	$ —	$ 78,251,236

The Plan does not have any material financial assets in a market that is not active.
The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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. There were no changes in methodologies used at December 31, 2012 and 2011.

Fair value of investments in entities that use NAV:

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2012 and 2011, respectively.

December 31, 2012	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice period
WT-FSC Aggressive Growth Fund	$ 6,207,992	n/a	Daily	Same business day
WT-FSC Small Company Growth Portfolio	5,112,209	n/a	Daily	Same business day
WT-FSC Large Company Value Portfolio	7,986,229	n/a	Daily	Same business day
WT-FSC International Growth Portfolio	4,451,832	n/a	Daily	Same business day
WT-FSC Strategic Balanced Portfolio	501,241	n/a	Daily	Same business day
WT-FSC S&P 500 Index Portfolio	12,362,186	n/a	Daily	Same business day
WT-FSC Small Company Value Portfolio	5,617,903	n/a	Daily	Same business day
WT-FSC Fixed Income Index Portfolio	5,191,856	n/a	Daily	Same business day
WT-FSC Inter Fixed Income Portfolio	7,669,075	n/a	Daily	Same business day
WT-FSC Mid Cap Growth Portfolio	2,437,062	n/a	Daily	Same business day
WT-FSC Mid Cap Fundamental Value	4,112,161	n/a	Daily	Same business day
WT-FSC Total Return REIT Portfolio	4,341,238	n/a	Daily	Same business day
WT-FSC International Value Portfolio	7,362,756	n/a	Daily	Same business day
Wilmington Trust Retirement and Institutional Services Company Collective Investment Trust III for MetLife Guaranteed Annuity Contract No. 25554	10,912,092	n/a	Daily	Same business day
Total investment NAV	$ 84,265,832			

December 31, 2011	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice period
WT-FSC Small Company Growth Portfolio	$ 4,098,887	n/a	Daily	Same business day
WT-FSC Large Company Value Portfolio	6,218,183	n/a	Daily	Same business day
WT-FSC International Growth Portfolio	3,070,408	n/a	Daily	Same business day
WT-FSC Strategic Balanced Portfolio	291,721	n/a	Daily	Same business day
WT-FSC Strategic Growth Fund	5,042,280	n/a	Daily	Same business day
WT-FSC S&P 500 Index Portfolio	9,577,405	n/a	Daily	Same business day
WT-FSC Small Company Value Portfolio	4,640,136	n/a	Daily	Same business day
WT-FSC Fixed Income Index Portfolio	4,176,413	n/a	Daily	Same business day
WT-FSC Inter Fixed Income Portfolio	6,549,120	n/a	Daily	Same business day
WT-FSC Mid Cap Growth Portfolio	1,827,227	n/a	Daily	Same business day
WT-FSC Mid Cap Fundamental Value	3,426,196	n/a	Daily	Same business day
WT-FSC Total Return REIT Portfolio	3,120,360	n/a	Daily	Same business day
WT-FSC International Value Portfolio	5,844,216	n/a	Daily	Same business day
Wilmington Trust Retirement and Institutional Services Company Collective Investment Trust III for MetLife Guaranteed Annuity Contract No. 25554	9,341,830	n/a	Daily	Same business day
Total investment NAV	$ 67,224,382			

Note 5 - Tax Status:

The IRS has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2009.

Note 6 - Party-In-Interest Transactions:

Certain Plan investments as of December 31, 2012 and 2011 are shares of common and collective trust funds managed by Wilmington. Wilmington is the trustee as defined by the Plan at December 31, 2012 and 2011, and, therefore, these transactions qualify as party-in-interest. The Plan Sponsor paid administrative expenses of $607,929 and $562,886 for 2012 and 2011, respectively, which included trustee and investment management costs for the collective trust payable to Wilmington and a UBS Financial Services portion that included institutional consulting services, participant education and communication services. These expenses are paid by the Plan Sponsor and reimbursed by the Plan.

Note 7 - Risks and Uncertainties:

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

Note 8 - Reconciliation of Financial Statements to Form 5500:

Certain financial information in the accompanying financial statements differs from the financial information on Form 5500 as of and for the years ended December 31, 2012 and 2011. The differences arise from the fact that the fully benefit-responsive investment contracts are reported at contract value on the Plan's financial statements, while the Form 5500 reports such contracts at fair value. The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2012 and 2011:

	2012	2011
Net assets available for benefits per the financial statement	$ 101,146,035	$ 79,306,407
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	601,227	470,673
Net assets available for benefits per Form 5500	$ 101,747,262	$ 79,777,080

The following is a reconciliation of investment income per the financial statements to the Form 5500 for the year ended December 31, 2012:

Total investment income per the financial statements	$ 9,792,586
Participant loan interest	53,650
Adjustment from fair value to contract value for fully benefit-responsive investment contracts – current year	601,227
Adjustment from fair value to contract value for fully benefit-responsive investment contract – prior year	(470,673)
Total investment income per Form 5500	$ 9,976,790

Note 9 - Termination of Plan:

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

Note 10 - Certified Investments:

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. Investments and notes receivable from participants held at December 31, 2012 and 2011, and investment income and interest income on notes receivable from participants for the year ended December 31, 2012, that is disclosed in the accompanying financial statements and supplemental schedule, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustee of the Plan.

DUFF & PHELPS SAVINGS PLAN
EIN: 36-4090666 ; Plan No.: 001
Schedule of Assets (Held at End of Year) (Schedule H, line 4i)
December 31, 2012

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(e) Current value
	Common and collective trust funds:		
	WT-FSC Aggressive Growth Fund	Common and collective trust fund	$ 6,207,992
*	WT-FSC Small Company Growth Portfolio	Common and collective trust fund	5,112,209
*	WT-FSC Large Company Value Portfolio	Common and collective trust fund	7,986,229
	WT-FSC International Growth Portfolio	Common and collective trust fund	4,451,832
	WT-FSC Strategic Balanced Portfolio	Common and collective trust fund	501,241
*	WT-FSC S&P 500 Index Portfolio	Common and collective trust fund	12,362,186
*	WT-FSC Small Company Value Portfolio	Common and collective trust fund	5,617,903
*	WT-FSC Fixed Income Index Portfolio	Common and collective trust fund	5,191,856
*	WT-FSC Inter Fixed Income Portfolio	Common and collective trust fund	7,669,075
	WT-FSC Mid Cap Growth Portfolio	Common and collective trust fund	2,437,062
	WT-FSC Total Return REIT Portfolio	Common and collective trust fund	4,341,238
*	WT-FSC International Value Portfolio	Common and collective trust fund	7,362,756
*	Wilmington Trust Retirement and Institutional	Common and collective trust fund	
	Services Company Collective Investment	Common and collective trust fund	
	Trust III for MetLife Guaranteed Annuity	Common and collective trust fund	
*	Contract No. 25554	Common and collective trust fund	10,912,092
	WT-FSC Mid Cap Fundamental Portfolio	Common and collective trust fund	4,112,161
	Total common and collective trust funds		84,265,832
	Mutual funds:		
	Alger Health Sciences Fund A	Mutual fund	756,152
	Artio Global High Income Fund A	Mutual fund	2,958,015
	Aston/Lake Partners Lasso Alt	Mutual fund	711,655
	BlackRock Inflation Protected Bond Fund A	Mutual fund	1,969,198
	Emerging Markets ETF	Mutual fund	1,733,881
	First Eagle Global	Mutual fund	396,781
	Invesco Developing Markets Fund A	Mutual fund	1,908,896
	Ivy Science and Technology Fund A	Mutual fund	1,018,340
	Prudential Global Real Estate	Mutual fund	763,097
	RS Global Natural Resources	Mutual fund	1,701,632
	Blackrock Mid Cap Equity Index	Mutual fund	16,892
	Blackrock EAFE Equity Index	Mutual fund	16,162
	Blackrock Russell 2000 Index Fund	Mutual fund	33,114
	Van Eck International Investors Gold Fund A	Mutual fund	1,286,961
	Total mutual funds		15,270,776
*	Participant loans	210 loans to 116 participants at various maturities with interest rates ranging from 4.25% to 8.75%, secured by participant account balances.	1,403,794
	Total		$ 100,940,402

* A party-in-interest as defined by ERISA. WTFSC is the Wilmington Trust Fiduciary Services Company.

(A) Cost not required

See Independent Auditor's Report.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan: DUFF & PHELPS, LLC SAVINGS PLAN

►

Employer Identification Number:► 36-4090666
For plan year (beginning/ending):► 01/01/2012 - 12/31/2012 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	WT-FSC-FIXED INCOME INDEX	Common Collective Trust		5,191,856
	WT-FSC-S&P 500 INDEX	Common Collective Trust		12,362,186
	WT-FSC-INTERNATIONAL GROWTH	Common Collective Trust		4,451,832
	WT-FSC-INTERNATIONAL VALUE	Common Collective Trust		7,362,756
	WT-FSC-MID CAP FUNDAMENTAL	Common Collective Trust		4,112,161
	WT-FSC-MID CAP GROWTH	Common Collective Trust		2,437,062
	WT-FSC-SMALL COMPANY GROWTH	Common Collective Trust		5,112,209
	WT-FSC-SMALL COMPANY VALUE	Common Collective Trust		5,617,903
	WT-FSC-STRATEGIC BALANCED	Common Collective Trust		501,241
	WT-FSC-LARGE COMPANY VALUE	Common Collective Trust		7,986,229
	WT-FSC-INTERM FIXED INCOME	Common Collective Trust		7,669,075
	WTRISC CIT III METLIFE GR ANN	Common Collective Trust		10,912,092
	WT-FSC AGGRESSIVE GROWTH FUND	Common Collective Trust		6,207,992
	WT-FSC-TOTAL RETURN REIT	Common Collective Trust		4,341,238
	BLACKROCK EMERGING MKTS EQ IDX	Mutual Fund		1,733,881
	INVESCO DEVELOPING MARKETS	Mutual Fund		1,908,896
	IVY SCIENCE & TECHNOLOGY FUND	Mutual Fund		1,018,340
	ALGER HEALTH SCIENCES	Mutual Fund		756,152
	ABERDEEN GLOBAL HIGH INCOME	Mutual Fund		2,958,015
	LOAN FUND	Various Maturity Dates not more than 30 years. Various Rates		1,403,794
	BLACKROCK INFLATION PROTECTED	Mutual Fund		1,969,198
	VAN ECK INTL INVESTORS GOLD A	Mutual Fund		1,286,961
	FIRST EAGLE GLOBAL	Mutual Fund		396,781
	ASTON/LAKE PRTNRS LASSO ALT	Mutual Fund		711,655
	RS GLOBAL NATURAL RESOURCES	Mutual Fund		1,701,632
	PRUDENTIAL GLOBAL REAL ESTATE	Mutual Fund		763,097
	BLACKROCK EAFE EQUITY INDEX	Mutual Fund		16,162
	BLACKROCK MID CAP EQUITY INDEX	Mutual Fund		16,892
	BLACKROCK RUSSELL 2000 INDEX	Mutual Fund		33,114