

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <b>2012</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input checked="" type="checkbox"/> a multiple-employer plan; or <input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
<b>B</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).
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> 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)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information						
<b>1a</b> Name of plan <u>MILLER TABAK CO. , LLC SAVINGS INVESTMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>04/01/1986</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>	<b>1c</b> Effective date of plan <u>04/01/1986</u>			
<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>						
<b>1c</b> Effective date of plan <u>04/01/1986</u>							
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  <u>MILLER TABAK CO., LLC</u>  <u>331 MADISON AVE FL 12</u> <u>NEW YORK, NY 10017</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>2b</b> Employer Identification Number (EIN) <u>13-3086847</u></td> <td style="width: 20%;"></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number <u>212-370-0040</u></td> <td></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <u>523120</u></td> <td></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>13-3086847</u>		<b>2c</b> Sponsor's telephone number <u>212-370-0040</u>		<b>2d</b> Business code (see instructions) <u>523120</u>	
<b>2b</b> Employer Identification Number (EIN) <u>13-3086847</u>							
<b>2c</b> Sponsor's telephone number <u>212-370-0040</u>							
<b>2d</b> Business code (see instructions) <u>523120</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature. <b>Signature of plan administrator</b>	10/15/2013 Date	KAY PAPANTONIOU Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature. <b>Signature of employer/plan sponsor</b>	10/15/2013 Date	KAY PAPANTONIOU Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<b>Signature of DFE</b>	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)

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address  MILLER TABAK CO., LLC 331 MADISON AVE FL 12 NEW YORK, NY 10017		<b>3b</b> Administrator's EIN 13-3086847 <b>3c</b> Administrator's telephone number 212-370-0040
<b>4</b> 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: <b>a</b> Sponsor's name		<b>4b</b> EIN  <b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year		<b>5</b> 225
<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants.....	<b>6a</b>	140
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	35
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	175
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	175
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	83
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....		<b>7</b>
<b>8a</b> 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 2R 2T 3D  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

<b>A</b> Name of plan <u>MILLER TABAK CO. , LLC SAVINGS INVESTMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MILLER TABAK CO., LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>13-3086847</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	1953	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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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
<p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>AMCENT INFL-ADJBD IV - AMERICAN CEN</p> <p>44-0619208</p>		
<p><b>(e)</b> 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>0.25%</p>		
<p><b>(a)</b> Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p><b>(b)</b> Service Codes (see instructions)</p> <p>60</p>		
<p><b>(c)</b> Enter amount of indirect compensation</p> <p>0</p>		
<p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>COL/ACORN INTL Z - COLUMBIA MGT INV      P.O. BOX 8081 BOSTON, MA 02266-8081</p>		
<p><b>(e)</b> 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><b>(a)</b> Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
<p><b>(b)</b> Service Codes (see instructions)</p> <p>60</p>		
<p><b>(c)</b> Enter amount of indirect compensation</p> <p>0</p>		
<p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>HEARTLAND VAL PLS IV - ALPS FUND SE</p> <p>20-3247785</p>		
<p><b>(e)</b> 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>0.50%</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.
INVS INTL GROWTH R5 - INVESCO CANAD	P.O. BOX 4739 HOUSTON, TX 77210-4739	0.35%
(a) Enter service provider name as it appears on line 2		(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 MA INV TRUST R3 - MFS SERVICE C		0.50%
04-2865649		
(a) Enter service provider name as it appears on line 2		(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.
MSIF MID CAP GRTH P - MORGAN STANLE		0.40%
13-3799749		



**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.
OAKMARK EQ & INC I - BOSTON FINANCIAL P.O. BOX 8480 BOSTON, MA 02266	0.35%	
(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.
OPPHMR DEV MKTS A - OFI GLOBAL ASSETS TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	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.
PIMCO LOW DUR ADM - BOSTON FINANCIAL P.O. BOX 8480 BOSTON, MA 02266	0.27%	

**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 TOT RETURN ADM - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.27%	
(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.	
RDGWTH MID CAP VAL I - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	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.	
ROYCE PA MUTUAL SVC - BOSTON FINANC 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
(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.
TCW SM CAP GRTH I - U.S. BANCORP FU P.O. BOX 701 MILWAUKEE, WI 53201	0.35%	
(a) Enter service provider name as it appears on line 2		(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.
TMPL GLOBAL BOND A - FRANKLIN TEMPL  94-3167260	0.40%	
(a) Enter service provider name as it appears on line 2		(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.
TRP EQUITY INC ADV - T. ROWE PRICE  52-2269240	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
(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.	
DOUBLELINE FUNDS 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	12.00	
(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
(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.	
DOUBLELINE FUNDS 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	12.00	
(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
(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 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	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
(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.	
DOUBLELINE FUNDS 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	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 INSTITUT	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.	
ASTON ASSET MGMT 120 NORTH LASALLE STREET 25TH FL CHICAGO, IL 60602	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 INSTITUT	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.	
RIVERNORTH 325 NORTH LASALLE ST, SUITE 645 CHICAGO, IL 60654	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
(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.	
TOCQUEVILLE 40 W 57TH STREET 19TH FL NEW YORK, NY 10019	0.40%	
(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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2012</b>  <b>This Form is Open to Public Inspection</b>
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
<b>A</b> Name of plan <u>MILLER TABAK CO. , LLC SAVINGS INVESTMENT PLAN</u>		<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MILLER TABAK CO., LLC</u>		<b>D</b> Employer Identification Number (EIN) <u>13-3086847</u>

Part I Asset and Liability Statement			
<b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other.....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2024546	1179582
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	1857	71807
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	459742	308738
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	18467125	9366279
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

**1d** Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	20953270	10926406

**Liabilities**

<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	5914	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	5914	0

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	20947356	10926406
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**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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	234868	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	1321272	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1556140

**b Earnings on investments:****(1) Interest:**

<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	21	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	5919	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		5940

(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	246	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	238424	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		238670

(3) Rents .....	<b>2b(3)</b>		
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(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		

(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	-3904	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-3904

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		1058075
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		2854921

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1979023	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1979023
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		710
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		-40110
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses: (1) Professional fees .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Investment advisory and management fees .....	<b>2i(3)</b>	2248	
(4) Other .....	<b>2i(4)</b>	1472	
(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		3720
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1943343

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		911578
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		10932528

**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: CITRIN COOPERMAN & COMPANY, LLP

(2) EIN: 22-2428965

**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:

**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.).....

**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.).....

	Yes	No	Amount
<b>4a</b>		X	
<b>4b</b>		X	

	Yes	No	Amount
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>n</b> 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)

GMP SECURITIES LLC INVEST SAVINGS PLAN

5b(2) EIN(s)	5b(3) PN(s)
13-4036836	001

## Part V Trust Information (optional)

**6a** Name of trust

**6b** Trust's EIN

<b>SCHEDULE R</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2012</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

<b>A</b> Name of plan <u>MILLER TABAK CO. , LLC SAVINGS INVESTMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MILLER TABAK CO., LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>13-3086847</u>

<b>Part I</b>	<b>Distributions</b>
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All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
<b>2</b> 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>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	<b>3</b>	

<b>Part II</b>	<b>Funding Information</b> (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)
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<b>4</b> 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
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> 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).....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> 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
<b>8</b> 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

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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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<b>Part IV</b>	<b>ESOPs</b> (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.
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<b>10</b> 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
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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
<b>12</b> 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 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:

<b>a</b> The current year .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	
<b>c</b> The second preceding plan year .....	<b>14c</b>	

- 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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

- 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): \_\_\_\_\_

**MILLER TABAK + CO., LLC  
SAVINGS INVESTMENT PLAN  
FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION  
YEAR ENDED DECEMBER 31, 2012**



**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN  
FOR THE YEAR ENDED DECEMBER 31, 2012**

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## INDEPENDENT AUDITORS' REPORT

To the Trustee  
Miller Tabak + Co., LLC Savings Investment Plan

### **Report on Financial Statements**

We were engaged to audit the accompanying financial statements of Miller Tabak + Co., LLC Savings Investment Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended 2012, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditors' Responsibility***

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

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the Plan administrator by the custodian is complete and accurate.

### ***Disclaimer of Opinion***

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

### ***Other Matter***

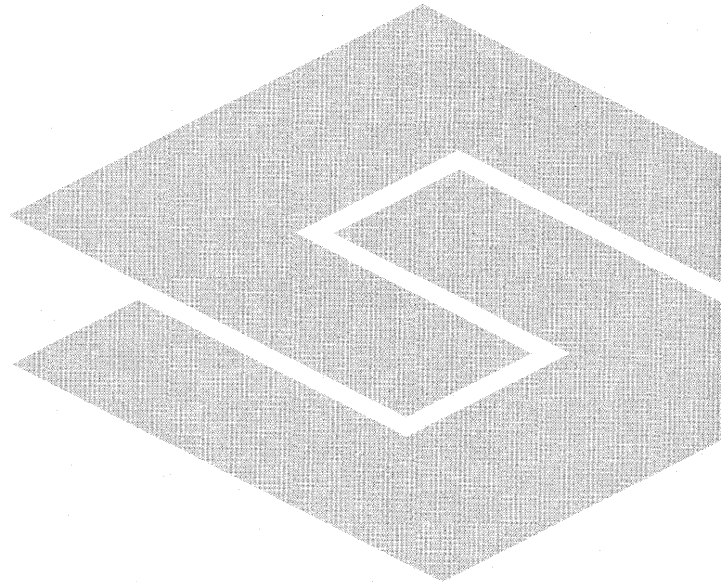
The supplemental schedule H, line 4i - assets (held at end of year) as of December 31, 2012, is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis 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 the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Citrin Cooperman & Company, LLP*  
CERTIFIED PUBLIC ACCOUNTANTS

New York, New York  
October 14, 2013



**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2012 AND 2011**

	<u>2012</u>	<u>2011</u>
Assets:		
Investments, at fair value:		
Money market funds	\$ 1,179,582	\$ 2,024,546
Mutual funds	<u>9,438,086</u>	<u>18,468,982</u>
Total investments, at fair value	10,617,668	20,493,528
Receivables:		
Employer contribution receivable	407	-
Employee contribution receivable	12,535	-
Notes receivable from participants	<u>269,311</u>	<u>459,742</u>
Total assets	10,899,921	20,953,270
Liabilities:		
Excess participant contribution payable	<u>-</u>	<u>5,914</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 10,899,921</u>	<u>\$ 20,947,356</u>

See accompanying notes to financial statements.

**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2012**

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 1,065,806
Interest and dividends	<u>227,056</u>
Total investment income	<u>1,292,862</u>

Interest income:

Interest income - notes receivable from participants	<u>5,919</u>
--	--------------

Contributions:

Participant	1,333,807
Employer	<u>235,275</u>
Total contributions	<u>1,569,082</u>

Total additions	<u>2,867,863</u>
-----------------	------------------

Deductions from net assets attributed to:

Benefits paid to participants	1,979,733
Administrative expenses	<u>3,037</u>
Total deductions	<u>1,982,770</u>

Net increase	885,093
Transfer of assets from this plan	(10,932,528)
Net assets available for benefits - beginning	<u>20,947,356</u>
NET ASSETS AVAILABLE FOR BENEFITS - ENDING	<u>\$ 10,899,921</u>

See accompanying notes to financial statements.

**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

**1. DESCRIPTION OF PLAN**

The following description of the Miller Tabak + Co., LLC Savings Investment Plan (the "Plan") provides only general information. For a more complete description of the Plan's provisions, refer to the Plan document.

General

The Plan is a defined contribution plan sponsored by Miller Tabak + Co., LLC (the "Sponsor") established on January 1, 1986, and is based upon the Plan as amended through May 2, 2011. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

All employees of the Sponsor, MT Asset Management, LLC, and Jeffco Management, LLC (collectively, the "Company") are eligible to participate in the Plan after completing six months of service.

Contributions

Participants may contribute to the Plan either by deferred salary contributions, a Roth 401(k) plan or by transferring funds from another tax qualified plan. The deferred salary contribution may not exceed 80% of a participant's salary, up to the statutory limit as defined in the Internal Revenue Code ("IRC"). Participants who are age 50 or older before the close of the Plan year may elect to make a catch-up contribution, subject to certain limitations under the IRC. Contributions in any calendar year may not exceed the limits under IRC Sections 401k, 404 and 415.

The Company may make a discretionary matching contribution based on a percentage of a participant's deferred salary contribution and Roth 401(k) contribution. For all participants, the Company contributes an amount equal to 50% of each participant's elective deferral and Roth 401(k) contribution to the Plan through deferred salary contributions, up to a maximum of \$1,500. In addition, the Company contributes an amount equal to 100% of each participant's elective deferral and Roth 401(k) contribution to the Plan through deferred salary contributions, up to a maximum of \$3,000 for participants who have performed more than ten years of service, as defined.

The Company may make other discretionary profit-sharing contributions to the Plan based on a percentage of the participant's deferred salary contribution. A participant must complete at least 1,000 hours of service as of the last day of the Plan year to be eligible for profit-sharing contributions made for that Plan year.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's matching contribution, and an allocation of a) the Company's discretionary profit-sharing contribution, b) Plan earnings and/or losses, c) forfeitures, and d) administrative expenses. Allocations of the Company's discretionary profit-sharing contributions and of Plan earnings and/or losses on such contributions and forfeitures are based on participant compensation and account balance, as defined.

Participant Loans

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 vested account balance. The loans are secured by the balance in a participant's account. Generally, loans must be repaid within five years and bear interest at a reasonable rate of interest. However, loans used to acquire a principal residence may be repaid within a reasonable time (determined at the time the loan is made). Principal and interest are paid ratably through payroll deductions or another approved manner, with payments made at least quarterly.

**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

**1. DESCRIPTION OF PLAN (CONTINUED)**

Vesting

Participants are immediately vested in their salary deferral and employer matching contributions plus actual earnings thereon. Vesting in the Company's discretionary profit-sharing contribution portion of their accounts plus actual earnings thereon is based on years of continuous service as follows:

<u>Years of Service</u>	<u>Vested Interest</u>
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Participant Distributions

On termination of service due to death, disability or 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 payments of equal monthly, quarterly, semi annual, or annual installments.

Investments

Participants elect from several investment vehicles offered by the Plan to which contributions shall be directed on their behalf.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Recently Adopted Accounting Pronouncements

In May 2011, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. accounting principles generally accepted in the United States of America ("GAAP") and IFRSs* ("ASU 2011-04"). ASU 2011-04 amends FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, providing a consistent definition and measurement of fair value as well as similar disclosure requirements between U.S. GAAP and International Financial Reporting Standards. ASU 2011-04 changes certain fair value measurement principles, clarifies the application of existing fair value measurement, and expands the FASB ASC 820 disclosure requirements, particularly for Level 3 fair value measurements. ASU 2011-04 was effective for the year beginning January 1, 2012. The adoption of ASU 2011-04 did not have a material effect on the Plan's financial statements.

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity 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. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

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 exdividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurements

FASB ASC 820 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). Categorization within the valuation hierarchy is based upon the lowest level of 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. Under the new standard, fair value is defined as the exit price, or the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date.

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 assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and, 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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Other

Substantially all administrative expenses are paid by the Company.

Subsequent Events

In accordance with FASB ASC 855, *Subsequent Events*, the Company has evaluated subsequent events through October 14, 2013, the date on which these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.



**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

**3. 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

**4. PLAN TERMINATION**

Although it has not expressed an intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants are entitled to the entire amount of their employer contributions.

**5. TAX STATUS**

The Plan uses a prototype plan document sponsored by Fidelity Management Trust Company ("Fidelity"). Fidelity received an opinion letter from the Internal Revenue Service ("IRS") dated March 31, 2008, which states that the prototype document satisfied the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. Although the Plan has been amended since Fidelity received the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirement of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2012 and 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; however, there are currently no audits in progress for any tax periods. The Plan administrator believes it is no longer subject to income tax examinations by taxing authorities for years prior to 2009.

**6. FAIR VALUE MEASUREMENTS**

Assets and liabilities measured at fair value are based on one or more of three valuation techniques identified in the table below. The valuation techniques are as follows:

- (a) *Market approach.* Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities;
- (b) *Cost approach.* Amount that would be required to replace the service capacity of an asset (replacement cost); and
- (c) *Income approach.* Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing and excess earnings models).

**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

**6. FAIR VALUE MEASUREMENTS (CONTINUED)**

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value, on a recurring basis, as of December 31, 2012 and 2011:

	Fair Value Measurement at December 31, 2012				Valuation
	Total	Level 1	Level 2	Level 3	Technique
Mutual funds:					
Growth funds	\$ 3,260,736	\$ 3,260,736	\$ -	\$ -	(a)
Bond funds	1,469,444	1,469,444	-	-	(a)
Industry Specific equity funds	1,230,461	1,230,461	-	-	(a)
Balanced funds	1,190,967	1,190,967	-	-	(a)
Large Cap equity funds	189,765	189,765	-	-	(a)
Small Cap equity funds	915,250	915,250	-	-	(a)
Mid Cap equity funds	186,049	186,049			(a)
International funds	593,328	593,328	-	-	(a)
U.S. Government Security Fund	76,744	76,744	-	-	(a)
Other funds	<u>325,342</u>	<u>325,342</u>	<u>-</u>	<u>-</u>	(a)
Total mutual funds	9,438,086	9,438,086	-	-	
Money market funds	<u>1,179,582</u>	<u>1,179,582</u>	<u>-</u>	<u>-</u>	(a)
Total investments, at fair value	<u>\$10,617,668</u>	<u>\$10,617,668</u>	<u>\$ -</u>	<u>\$ -</u>	

<u>Fair Value Measurement at December 31, 2011</u>					<u>Valuation</u>
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Technique</u>
Mutual funds:					
Growth funds	\$ 6,014,376	\$ 6,014,376	\$ -	\$ -	(a)
Bond funds	3,100,232	3,100,232	-	-	(a)
Industry Specific equity funds	2,550,838	2,550,838	-	-	(a)
Balanced funds	2,659,983	2,659,983	-	-	(a)
Large Cap equity funds	894,031	894,031	-	-	(a)
Small Cap equity funds	1,428,415	1,428,415	-	-	(a)
Mid Cap equity funds	482,427	482,427	-	-	(a)
International funds	957,213	957,213	-	-	(a)
U.S. Government Security Fund	204,531	204,531	-	-	(a)
Other funds	<u>176,936</u>	<u>176,936</u>	<u>-</u>	<u>-</u>	(a)
Total mutual funds	18,468,982	18,468,982	-	-	
Money market funds	<u>2,024,546</u>	<u>2,024,546</u>	<u>-</u>	<u>-</u>	(a)
Total investments, at fair value	<u>\$ 20,493,528</u>	<u>\$ 20,493,528</u>	<u>\$ -</u>	<u>\$ -</u>	

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, 2012 and 2011.

*Mutual Funds:* are valued at quoted market prices, which represent the net asset value of the securities held in such funds.

*Money Market Funds:* shares of the money market fund are valued at quoted market prices that represent the net asset value of shares held by the Plan at year end.

**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

**6. FAIR VALUE MEASUREMENTS (CONTINUED)**

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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**7. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN**

The following tables summarize investment and other asset information regarding the Plan as of December 31, 2012, and for the year ended December 31, 2012, included in the Plan's financial statements and supplemental schedule, that was prepared by, or derived from, information prepared by the trustee, and furnished to the Plan administrator. The Plan administrator has obtained a certification from the trustee that such information is complete and accurate.

	<u>2012</u>	<u>2011</u>
Mutual funds representing 5% or more of net assets:		
Fidelity Spartan 500 Index Fund	\$ 996,198	\$ 2,475,744
Fidelity Contrafund	1,073,500	2,233,025
Invesco International Growth I	960,571	1,522,248
T. Rowe Price Equity Income Adv	868,489	1,320,706
TCW Small Cap Growth I	857,432	1,284,081
Fidelity Select Natural Resources	559,359	1,109,421
All other investments (each less than 5% of net assets available for benefits)	<u>4,122,537</u>	<u>8,523,757</u>
Total mutual funds	<u>\$ 9,438,086</u>	<u>\$ 18,468,982</u>
Money market funds representing 5% or more of net assets:		
Fidelity U.S. Treasury MM	\$ 623,408	\$ 1,109,732
Other money market funds - less than 5% individually	<u>556,174</u>	<u>914,814</u>
Total money market funds	<u>\$ 1,179,582</u>	<u>\$ 2,024,546</u>
Notes receivable from participants	<u>\$ 269,311</u>	<u>\$ 459,742</u>
Investment income consisted of the following for the year ended December 31, 2012:		
Net appreciation in fair value of investments	<u>\$ 1,292,862</u>	
Interest on notes receivable from participants and cash	<u>\$ 5,919</u>	

**8. PARTIES IN INTEREST**

As of December 31, 2012, all of the Plan's investments are in mutual funds managed by Fidelity, the trustee of the Plan. Accordingly, these transactions qualify as party-in-interest transactions.

**9. TRANSFER OF PLAN ASSETS**

At June 1, 2012, one of the companies included in the Plan, established a separate defined contribution plan. All of the assets held by the employees of this company were transferred out of the Plan. As a result, the Plan is no longer a multi-employer plan. The transfer of assets from this Plan is noted on the statement of changes in net assets available for benefits.

**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

**10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits reflected in the financial statements to the Plan's Form 5500 at December 31, 2012:

	<u>2012</u>
Net assets available for benefits per the financial statements	\$ 10,899,921
Deemed distribution with post default payments	40,110
Contributions receivable	(12,535)
Employer contributions	(407)
Administrative expenses	<u>(683)</u>
Net assets available for benefits per Form 5500	<u>\$ 10,926,406</u>

The following is a reconciliation of changes in net assets available for benefits reflected in the financial statements to the Plan's Form 5500 for the year ended December 31, 2012:

	<u>2012</u>
Increase in net assets per the financial statements	\$ 885,093
Add: Deemed distribution with post default payments	40,110
Less: Current-year adjustment for contributions receivable	(12,535)
Less: Employer contributions	(407)
Less: Administrative expenses	<u>(683)</u>
Increase in net assets per Form 5500	<u>\$ 911,578</u>

## **SUPPLEMENTARY INFORMATION**

**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN**  
**SCHEDULE H, LINE 4i - ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2012**  
**EIN: 13-3086847**  
**PN: 001**

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Pimco Total Return Admin	Mutual Fund	**	\$ 261,332
	Columbia Acorn International Z	Mutual Fund	**	26,938
	PIMCO Low Duration Admin	Mutual Fund	**	492,821
	T. Rowe Price Equity Income Adv	Mutual Fund	**	868,489
	Invesco International Growth I	Mutual Fund	**	960,571
	TCW Small Cap Growth I	Mutual Fund	**	857,432
	Oakmark Equity & Income I	Mutual Fund	**	345,827
	Oppenheimer Developing Markets A	Mutual Fund	**	341,190
	Heartland Value Plus	Mutual Fund	**	24,523
	American Century Infl-Adj Bond Inv	Mutual Fund	**	148,613
	MFS Massachusetts Tr R3	Mutual Fund	**	189,765
*	Fidelity GNMA Fund	Mutual Fund	**	76,744
*	Fidelity Contrafund	Mutual Fund	**	1,073,500
*	Fidelity Select Technology	Mutual Fund	**	418,165
*	Fidelity New Markets Income	Mutual Fund	**	201,252
*	Fidelity Japan	Mutual Fund	**	252,137
*	Fidelity Freedom 2030	Mutual Fund	**	5,412
*	Fidelity U.S. Treasury MM	Money Market Fund	**	623,408
*	Fidelity High Income	Mutual Fund	**	211,239
*	Fidelity Select Multimedia	Mutual Fund	**	252,937
*	Fidelity Select Natural Resources	Mutual Fund	**	559,359
*	Fidelity Retirement Money Market	Money Market Fund	**	512,175
*	Fidelity Spartan 500 Index Adv	Mutual Fund	**	996,198
	Ridgeworth Mid-Cap Value Equity I	Mutual Fund	**	21,732
	Royce Pennsylvania Mutual Svc	Mutual Fund	**	6,357
	Templeton Global Bond A	Mutual Fund	**	154,188
	Morgan Stanley Inst Funds Mid Cap Growth	Mutual Fund	**	59,966
*	Fidelity Freedom 2035	Mutual Fund	**	12,348
	Sparten International Index Adv	Mutual Fund	**	59,346
*	Fidelity Freedom 2040	Mutual Fund	**	25,909
*	Fidelity Freedom 2025	Mutual Fund	**	159,879
*	BrokerageLink - External Fund	Mutual Fund	**	325,343
*	BrokerageLink - Money Market	Money Market Fund	**	43,999
*	Fidelity Spartan Extended Mkt Index Inv	Mutual Fund	**	45,006
*	Fidelity Freedom 2045	Mutual Fund	**	3,568
	Subtotal			10,617,668
		Interest rates ranging from		
*	Notes receivable from participants	1.25% to 6.25% per annum	\$0	269,311
	TOTAL			\$ 10,886,979

\* A party-in-interest as defined by ERISA.

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

See independent auditors' report.

**MILLER TABAK + CO., LLC  
SAVINGS INVESTMENT PLAN  
FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION  
YEAR ENDED DECEMBER 31, 2012**

**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN  
FOR THE YEAR ENDED DECEMBER 31, 2012**

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## INDEPENDENT AUDITORS' REPORT

To the Trustee  
Miller Tabak + Co., LLC Savings Investment Plan

### **Report on Financial Statements**

We were engaged to audit the accompanying financial statements of Miller Tabak + Co., LLC Savings Investment Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended 2012, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditors' Responsibility***

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

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the Plan administrator by the custodian is complete and accurate.

### ***Disclaimer of Opinion***

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

### ***Other Matter***

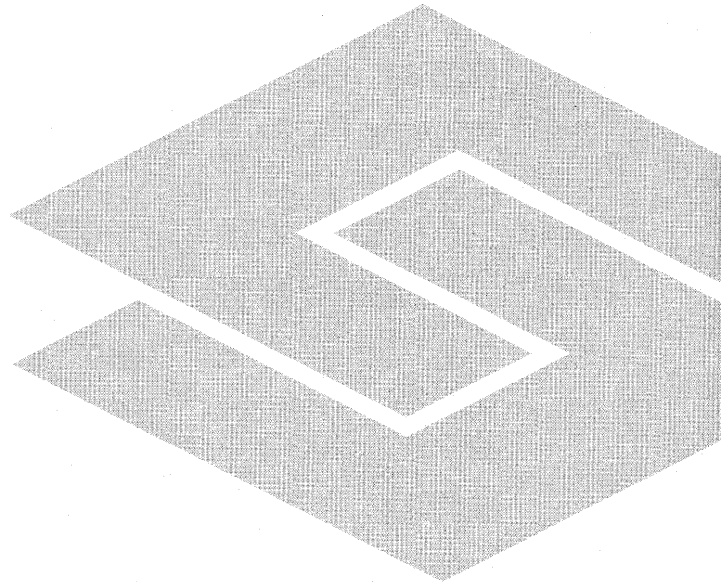
The supplemental schedule H, line 4i - assets (held at end of year) as of December 31, 2012, is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis 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 the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Citrin Cooperman & Company, LLP*  
CERTIFIED PUBLIC ACCOUNTANTS

New York, New York  
October 14, 2013



**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2012 AND 2011**

	<u>2012</u>	<u>2011</u>
Assets:		
Investments, at fair value:		
Money market funds	\$ 1,179,582	\$ 2,024,546
Mutual funds	<u>9,438,086</u>	<u>18,468,982</u>
Total investments, at fair value	10,617,668	20,493,528
Receivables:		
Employer contribution receivable	407	-
Employee contribution receivable	12,535	-
Notes receivable from participants	<u>269,311</u>	<u>459,742</u>
Total assets	10,899,921	20,953,270
Liabilities:		
Excess participant contribution payable	<u>-</u>	<u>5,914</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 10,899,921</u>	<u>\$ 20,947,356</u>

See accompanying notes to financial statements.

**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2012**

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 1,065,806
Interest and dividends	<u>227,056</u>
Total investment income	<u>1,292,862</u>

Interest income:

Interest income - notes receivable from participants	<u>5,919</u>
--	--------------

Contributions:

Participant	1,333,807
Employer	<u>235,275</u>
Total contributions	<u>1,569,082</u>

Total additions	<u>2,867,863</u>
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Deductions from net assets attributed to:

Benefits paid to participants	1,979,733
Administrative expenses	<u>3,037</u>
Total deductions	<u>1,982,770</u>

Net increase	885,093
Transfer of assets from this plan	(10,932,528)
Net assets available for benefits - beginning	<u>20,947,356</u>
NET ASSETS AVAILABLE FOR BENEFITS - ENDING	<u>\$ 10,899,921</u>

See accompanying notes to financial statements.

**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

**1. DESCRIPTION OF PLAN**

The following description of the Miller Tabak + Co., LLC Savings Investment Plan (the "Plan") provides only general information. For a more complete description of the Plan's provisions, refer to the Plan document.

General

The Plan is a defined contribution plan sponsored by Miller Tabak + Co., LLC (the "Sponsor") established on January 1, 1986, and is based upon the Plan as amended through May 2, 2011. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

All employees of the Sponsor, MT Asset Management, LLC, and Jeffco Management, LLC (collectively, the "Company") are eligible to participate in the Plan after completing six months of service.

Contributions

Participants may contribute to the Plan either by deferred salary contributions, a Roth 401(k) plan or by transferring funds from another tax qualified plan. The deferred salary contribution may not exceed 80% of a participant's salary, up to the statutory limit as defined in the Internal Revenue Code ("IRC"). Participants who are age 50 or older before the close of the Plan year may elect to make a catch-up contribution, subject to certain limitations under the IRC. Contributions in any calendar year may not exceed the limits under IRC Sections 401k, 404 and 415.

The Company may make a discretionary matching contribution based on a percentage of a participant's deferred salary contribution and Roth 401(k) contribution. For all participants, the Company contributes an amount equal to 50% of each participant's elective deferral and Roth 401(k) contribution to the Plan through deferred salary contributions, up to a maximum of \$1,500. In addition, the Company contributes an amount equal to 100% of each participant's elective deferral and Roth 401(k) contribution to the Plan through deferred salary contributions, up to a maximum of \$3,000 for participants who have performed more than ten years of service, as defined.

The Company may make other discretionary profit-sharing contributions to the Plan based on a percentage of the participant's deferred salary contribution. A participant must complete at least 1,000 hours of service as of the last day of the Plan year to be eligible for profit-sharing contributions made for that Plan year.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's matching contribution, and an allocation of a) the Company's discretionary profit-sharing contribution, b) Plan earnings and/or losses, c) forfeitures, and d) administrative expenses. Allocations of the Company's discretionary profit-sharing contributions and of Plan earnings and/or losses on such contributions and forfeitures are based on participant compensation and account balance, as defined.

Participant Loans

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 vested account balance. The loans are secured by the balance in a participant's account. Generally, loans must be repaid within five years and bear interest at a reasonable rate of interest. However, loans used to acquire a principal residence may be repaid within a reasonable time (determined at the time the loan is made). Principal and interest are paid ratably through payroll deductions or another approved manner, with payments made at least quarterly.

**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

**1. DESCRIPTION OF PLAN (CONTINUED)**

Vesting

Participants are immediately vested in their salary deferral and employer matching contributions plus actual earnings thereon. Vesting in the Company's discretionary profit-sharing contribution portion of their accounts plus actual earnings thereon is based on years of continuous service as follows:

<u>Years of Service</u>	<u>Vested Interest</u>
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Participant Distributions

On termination of service due to death, disability or 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 payments of equal monthly, quarterly, semi annual, or annual installments.

Investments

Participants elect from several investment vehicles offered by the Plan to which contributions shall be directed on their behalf.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Recently Adopted Accounting Pronouncements

In May 2011, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. accounting principles generally accepted in the United States of America ("GAAP") and IFRSs* ("ASU 2011-04"). ASU 2011-04 amends FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, providing a consistent definition and measurement of fair value as well as similar disclosure requirements between U.S. GAAP and International Financial Reporting Standards. ASU 2011-04 changes certain fair value measurement principles, clarifies the application of existing fair value measurement, and expands the FASB ASC 820 disclosure requirements, particularly for Level 3 fair value measurements. ASU 2011-04 was effective for the year beginning January 1, 2012. The adoption of ASU 2011-04 did not have a material effect on the Plan's financial statements.

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity 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. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

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 exdividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurements

FASB ASC 820 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). Categorization within the valuation hierarchy is based upon the lowest level of 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. Under the new standard, fair value is defined as the exit price, or the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date.

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 assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and, 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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Other

Substantially all administrative expenses are paid by the Company.

Subsequent Events

In accordance with FASB ASC 855, *Subsequent Events*, the Company has evaluated subsequent events through October 14, 2013, the date on which these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

**3. 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

**4. PLAN TERMINATION**

Although it has not expressed an intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants are entitled to the entire amount of their employer contributions.

**5. TAX STATUS**

The Plan uses a prototype plan document sponsored by Fidelity Management Trust Company ("Fidelity"). Fidelity received an opinion letter from the Internal Revenue Service ("IRS") dated March 31, 2008, which states that the prototype document satisfied the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. Although the Plan has been amended since Fidelity received the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirement of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2012 and 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; however, there are currently no audits in progress for any tax periods. The Plan administrator believes it is no longer subject to income tax examinations by taxing authorities for years prior to 2009.

**6. FAIR VALUE MEASUREMENTS**

Assets and liabilities measured at fair value are based on one or more of three valuation techniques identified in the table below. The valuation techniques are as follows:

- (a) *Market approach.* Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities;
- (b) *Cost approach.* Amount that would be required to replace the service capacity of an asset (replacement cost); and
- (c) *Income approach.* Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing and excess earnings models).



**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

**6. FAIR VALUE MEASUREMENTS (CONTINUED)**

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value, on a recurring basis, as of December 31, 2012 and 2011:

	Fair Value Measurement at December 31, 2012				Valuation
	Total	Level 1	Level 2	Level 3	Technique
Mutual funds:					
Growth funds	\$ 3,260,736	\$ 3,260,736	\$ -	\$ -	(a)
Bond funds	1,469,444	1,469,444	-	-	(a)
Industry Specific equity funds	1,230,461	1,230,461	-	-	(a)
Balanced funds	1,190,967	1,190,967	-	-	(a)
Large Cap equity funds	189,765	189,765	-	-	(a)
Small Cap equity funds	915,250	915,250	-	-	(a)
Mid Cap equity funds	186,049	186,049			(a)
International funds	593,328	593,328	-	-	(a)
U.S. Government Security Fund	76,744	76,744	-	-	(a)
Other funds	<u>325,342</u>	<u>325,342</u>	<u>-</u>	<u>-</u>	(a)
Total mutual funds	9,438,086	9,438,086	-	-	
Money market funds	<u>1,179,582</u>	<u>1,179,582</u>	<u>-</u>	<u>-</u>	(a)
Total investments, at fair value	<u>\$10,617,668</u>	<u>\$10,617,668</u>	<u>\$ -</u>	<u>\$ -</u>	

Fair Value Measurement at December 31, 2011					Valuation
	Total	Level 1	Level 2	Level 3	Technique
Mutual funds:					
Growth funds	\$ 6,014,376	\$ 6,014,376	\$ -	\$ -	(a)
Bond funds	3,100,232	3,100,232	-	-	(a)
Industry Specific equity funds	2,550,838	2,550,838	-	-	(a)
Balanced funds	2,659,983	2,659,983	-	-	(a)
Large Cap equity funds	894,031	894,031	-	-	(a)
Small Cap equity funds	1,428,415	1,428,415	-	-	(a)
Mid Cap equity funds	482,427	482,427	-	-	(a)
International funds	957,213	957,213	-	-	(a)
U.S. Government Security Fund	204,531	204,531	-	-	(a)
Other funds	<u>176,936</u>	<u>176,936</u>	<u>-</u>	<u>-</u>	(a)
Total mutual funds	18,468,982	18,468,982	-	-	
Money market funds	<u>2,024,546</u>	<u>2,024,546</u>	<u>-</u>	<u>-</u>	(a)
Total investments, at fair value	<u>\$ 20,493,528</u>	<u>\$ 20,493,528</u>	<u>\$ -</u>	<u>\$ -</u>	

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, 2012 and 2011.

*Mutual Funds:* are valued at quoted market prices, which represent the net asset value of the securities held in such funds.

*Money Market Funds:* shares of the money market fund are valued at quoted market prices that represent the net asset value of shares held by the Plan at year end.

**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

**6. FAIR VALUE MEASUREMENTS (CONTINUED)**

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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**7. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN**

The following tables summarize investment and other asset information regarding the Plan as of December 31, 2012, and for the year ended December 31, 2012, included in the Plan's financial statements and supplemental schedule, that was prepared by, or derived from, information prepared by the trustee, and furnished to the Plan administrator. The Plan administrator has obtained a certification from the trustee that such information is complete and accurate.

	<u>2012</u>	<u>2011</u>
Mutual funds representing 5% or more of net assets:		
Fidelity Spartan 500 Index Fund	\$ 996,198	\$ 2,475,744
Fidelity Contrafund	1,073,500	2,233,025
Invesco International Growth I	960,571	1,522,248
T. Rowe Price Equity Income Adv	868,489	1,320,706
TCW Small Cap Growth I	857,432	1,284,081
Fidelity Select Natural Resources	559,359	1,109,421
All other investments (each less than 5% of net assets available for benefits)	<u>4,122,537</u>	<u>8,523,757</u>
Total mutual funds	<u>\$ 9,438,086</u>	<u>\$ 18,468,982</u>
Money market funds representing 5% or more of net assets:		
Fidelity U.S. Treasury MM	\$ 623,408	\$ 1,109,732
Other money market funds - less than 5% individually	<u>556,174</u>	<u>914,814</u>
Total money market funds	<u>\$ 1,179,582</u>	<u>\$ 2,024,546</u>
Notes receivable from participants	<u>\$ 269,311</u>	<u>\$ 459,742</u>
Investment income consisted of the following for the year ended December 31, 2012:		
Net appreciation in fair value of investments	<u>\$ 1,292,862</u>	
Interest on notes receivable from participants and cash	<u>\$ 5,919</u>	

**8. PARTIES IN INTEREST**

As of December 31, 2012, all of the Plan's investments are in mutual funds managed by Fidelity, the trustee of the Plan. Accordingly, these transactions qualify as party-in-interest transactions.

**9. TRANSFER OF PLAN ASSETS**

At June 1, 2012, one of the companies included in the Plan, established a separate defined contribution plan. All of the assets held by the employees of this company were transferred out of the Plan. As a result, the Plan is no longer a multi-employer plan. The transfer of assets from this Plan is noted on the statement of changes in net assets available for benefits.

**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2012 AND 2011**

**10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits reflected in the financial statements to the Plan's Form 5500 at December 31, 2012:

	<u>2012</u>
Net assets available for benefits per the financial statements	\$ 10,899,921
Deemed distribution with post default payments	40,110
Contributions receivable	(12,535)
Employer contributions	(407)
Administrative expenses	<u>(683)</u>
Net assets available for benefits per Form 5500	\$ <u>10,926,406</u>

The following is a reconciliation of changes in net assets available for benefits reflected in the financial statements to the Plan's Form 5500 for the year ended December 31, 2012:

	<u>2012</u>
Increase in net assets per the financial statements	\$ 885,093
Add: Deemed distribution with post default payments	40,110
Less: Current-year adjustment for contributions receivable	(12,535)
Less: Employer contributions	(407)
Less: Administrative expenses	<u>(683)</u>
Increase in net assets per Form 5500	\$ <u>911,578</u>

## **SUPPLEMENTARY INFORMATION**

**MILLER TABAK + CO., LLC SAVINGS INVESTMENT PLAN**  
**SCHEDULE H, LINE 4i - ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2012**  
**EIN: 13-3086847**  
**PN: 001**

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Pimco Total Return Admin	Mutual Fund	**	\$ 261,332
	Columbia Acorn International Z	Mutual Fund	**	26,938
	PIMCO Low Duration Admin	Mutual Fund	**	492,821
	T. Rowe Price Equity Income Adv	Mutual Fund	**	868,489
	Invesco International Growth I	Mutual Fund	**	960,571
	TCW Small Cap Growth I	Mutual Fund	**	857,432
	Oakmark Equity & Income I	Mutual Fund	**	345,827
	Oppenheimer Developing Markets A	Mutual Fund	**	341,190
	Heartland Value Plus	Mutual Fund	**	24,523
	American Century Infl-Adj Bond Inv	Mutual Fund	**	148,613
	MFS Massachusetts Tr R3	Mutual Fund	**	189,765
*	Fidelity GNMA Fund	Mutual Fund	**	76,744
*	Fidelity Contrafund	Mutual Fund	**	1,073,500
*	Fidelity Select Technology	Mutual Fund	**	418,165
*	Fidelity New Markets Income	Mutual Fund	**	201,252
*	Fidelity Japan	Mutual Fund	**	252,137
*	Fidelity Freedom 2030	Mutual Fund	**	5,412
*	Fidelity U.S. Treasury MM	Money Market Fund	**	623,408
*	Fidelity High Income	Mutual Fund	**	211,239
*	Fidelity Select Multimedia	Mutual Fund	**	252,937
*	Fidelity Select Natural Resources	Mutual Fund	**	559,359
*	Fidelity Retirement Money Market	Money Market Fund	**	512,175
*	Fidelity Spartan 500 Index Adv	Mutual Fund	**	996,198
	Ridgeworth Mid-Cap Value Equity I	Mutual Fund	**	21,732
	Royce Pennsylvania Mutual Svc	Mutual Fund	**	6,357
	Templeton Global Bond A	Mutual Fund	**	154,188
	Morgan Stanley Inst Funds Mid Cap Growth	Mutual Fund	**	59,966
*	Fidelity Freedom 2035	Mutual Fund	**	12,348
	Sparten International Index Adv	Mutual Fund	**	59,346
*	Fidelity Freedom 2040	Mutual Fund	**	25,909
*	Fidelity Freedom 2025	Mutual Fund	**	159,879
*	BrokerageLink - External Fund	Mutual Fund	**	325,343
*	BrokerageLink - Money Market	Money Market Fund	**	43,999
*	Fidelity Spartan Extended Mkt Index Inv	Mutual Fund	**	45,006
*	Fidelity Freedom 2045	Mutual Fund	**	3,568
	Subtotal			10,617,668
		Interest rates ranging from		
*	Notes receivable from participants	1.25% to 6.25% per annum	\$0	269,311
	TOTAL			\$ 10,886,979

\* A party-in-interest as defined by ERISA.

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

See independent auditors' report.