Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LOEB & LOEB LLP PROFIT SHARING AND 401(K) PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/1985

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

LOEB & LOEB LLP

10100 SANTA MONICA BLVD
SUITE 2200
LOS ANGELES, CA 90067-4120

2b Employer Identification Number (EIN)
95-1780806

2c Sponsor's telephone number
310-282-2000

2d Business code (see instructions)
541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2014	SCOTT COTIE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	783
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	554
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	205
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	759
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	761
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	707
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan	**B** Three-digit plan number (PN) ▶	
LOEB & LOEB LLP PROFIT SHARING AND 401(K) PLAN		005
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
LOEB & LOEB LLP	95-1780806	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CITY NATIONAL BANK

95-1780067

(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?
15 19 21 25 37 38 59 60 62 63 64 65 68 71	TRUSTEE/RECORD KEEPER	231179	Yes [X] No [ ]	Yes [X] No [ ]	60705	Yes [X] No [ ]

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

UBS

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	14399	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

HIGHTOWER ADVISORS LLC

26-2270729

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	SUBCONTRACTOR OF CNB	11979	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

NATIONAL FINANCIAL SERVICES LLC

04-3523567

(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?
19 33 57 59 62 63 71	SUBCONTRACTOR OF CNB	4802	Yes [X] No [ ]	Yes [ ] No [X]	7643	Yes [X] No [ ]

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

US BANK

41-0255900

(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?
19 62	SUBCONTRACTOR OF CNB	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CITY NATIONAL BANK	62	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.
CITY NATIONAL BANK 95-1780067	INTEREST ON EXCESS BALANCES (I.E. FLOAT) HELD AT FED RESERVE BANKS ESTIMATED TO BE FED FUNDS TARGET RATE (0% TO 0.25%) LESS THE COST OF FDIC INSURANCE PREMIUMS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	62	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.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	MAY EARN INTEREST (FLOAT) FROM THE USE OF PENDING AMOUNTS SUCH AS ITEMS PENDING SETTLEMENT. FLOAT EARNINGS WILL BE REALIZED AT RATES APPROX THE FEDERAL FUNDS TARGET RATES.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
US BANK	62	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.
US BANK 41-0255900	US BANK MAY RETAIN INCOME ON THE "FLOAT" AS COMP FOR CUSTODY SERVICES. THE FLOAT RATE IS GENERALLY NO MORE THAN THE FEDERAL FUNDS TARGET RATES OF INTEREST.

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
CITY NATIONAL BANK	68	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.
BROKERS USED BY CITY NATIONAL BANK 95-1780067	SOFT DOLLARS GENERATED FROM EQUITY TRANSACTIONS RANGES FROM $0.015-$0.035 PER SHARE AS AN EQUITY COMMISSION GENERATED ON ACCOUNTS TO ASSIST MGR IN INV-DECISION PROCESS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTIO GLOBAL FDS ATTN JOHN TITUS GRAND CENTRAL STATION, PO BOX 4664 NEW YORK, NY 10163	.400% PER YEAR ON CUSIP 04315J878

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BERKSHIRE FUNDS 475 MILAN DRIVE SUITE 103 SAN JOSE, CA 95134	.400% PER YEAR ON CUSIP 084649102

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
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREYFUS ATTN ROB GALLINA / INSITUTIONAL SVS 144 GLENN CURTISS BLVD 8TH FLOOR UNIONDALE, NY 11556	.350% PER YEAR ON CUSIP 261978886

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREYFUS ATTN ROB GALLINA / INSITUTIONAL SVS 144 GLENN CURTISS BLVD 8TH FLOOR UNIONDALE, NY 11556	.300% PER YEAR ON CUSIP 26200Q105

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DWS INVESTMENTS DEUTSCHE INVEST MGMT AMERICAS INC. FINANCE-PCAM, 280 PARK AVE, 9TH FLR NEW YORK, NY 10026	.350% PER YEAR ON CUSIP 233379825

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
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FMI FUNDS ATTN DEBBIE DOMBROWSKI, US BANCORP 777 EAST WISCONSIN AVE MK-WI-T4MF MILWAUKEE, WI 53202	.400% PER YEAR ON CUSIP 302933205

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GUINNESS ATKINSON C/O RITA DAM 2220 E. ROUTE 66, SUITE 226 GLENDORA, CA 91740	.400% PER YEAR ON CUSIP 402031603

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INTREPID ATTN DON WHITE 1400 MARSH LANDING PKWY. SUITE 106 JACKSONVILLE, FL 32250	.400% PER YEAR ON CUSIP 461195109

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
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IVY IVY FUNDS 6300 LAMAR AVE OVERLAND PARK, KS 66202	.400% PER YEAR ON CUSIP 466000726, 465897122

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS NO LOAD ATTN KRISTEN RENDER 151 DETROIT ST. DENVER, CO 80206	.350% PER YEAR ON CUSIP 471023606

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MAINSTAY CL I & P ATTN LAUREN SCHULTZ 169 LACKAWANNA AVE PARSIPPANY, NJ 07454	.400% PER YEAR ON CUSIP 56064B852

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
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MANAGERS ATTN HENRY ORVIN 800 CONNECTICUT AVE. NORWALK, CT 06854	.400% PER YEAR ON CUSIP 561717679, 561709445

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MANNING & NAPIER ATTN KRIS GLAVIN 290 WOODCLIFF DR. FAIRPORT, NY 14450	.400% PER YEAR ON CUSIP 563821545

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MARSICO SUNSTONE FINANCIAL GROUP 803 WEST MICHIGAN STREET SUITE A MILWAUKEE, WI 53233	.400% PER YEAR ON CUSIP 573012507

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
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MATTHEW 25 FUND P.O. BOX 2479 JENKINTOWN, PA 19046	.400% PER YEAR ON CUSIP 577119100

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MATTHEWS ASIAN FDS ATTN STERLING TAI 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	.400% PER YEAR ON CUSIP 577130107

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MERGER FUND US BANCORP FUND SERV, LLC, MK-WI-T4 777 E. WISCONSIN AVE. MILWAUKEE, WI 53202	.400% PER YEAR ON CUSIP 589509108

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
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NORTHERN FUNDS ATTN NSCC BACK OFFICE SUPPORT GROUP 801 SOUTH CANAL, C-5S CHICAGO, IL 60675	.400% PER YEAR ON CUSIP 665162400

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK ATTN CHRIS WRIGHT TWO NORTH LASALLE STREET SUITE 500 CHICAGO, IL 60602	.350% PER YEAR ON CUSIP 413838509, 413838608

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PERMANENT PORTFOLIO PACIFIC HEIGHTS ASSET MANAGEMENT 600 MONTGOMERY ST. SUITE 4100 SAN FRANCISCO, CA 94111	.380% PER YEAR ON CUSIP 714199106

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
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO ATTN JOSEPH GULLACE FINANCE OPERATIONS NY 1633 BROADWAY NEW YORK, NY 10019	.375% PER YEAR ON CUSIP 72201F458

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO ATTN JOSEPH GULLACE FINANCE OPERATIONS NY 1633 BROADWAY NEW YORK, NY 10019	.400% PER YEAR ON CUSIP 693391682

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRO FUNDS ATTN ELAINE BUHTS 7501 WISCONSIN AVE STE 1000 E TOWER BETHESDA, MD 20814	.400% PER YEAR ON CUSIP 743185514

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
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SIERRA CORE FUNDS ATTN DAVID C. WRIGHT 3420 OCEAN PARK BLVD SANTA MONICA, CA 90405	.400% PER YEAR ON CUSIP 66537T562

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SSGA DEBORAH FITZGERALD, ONE LINCOLN ST. STATE ST. FINANCIAL CENTER 30TH FLR BOSTON, MA 02111	.400% PER YEAR ON CUSIP 784924755, 784924789

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TCW FUNDS ATTN NABIL MADI 865 SOUTH FIGUERA STREET, 22ND FLR LOS ANGELES, CA 90017	.400% PER YEAR ON CUSIP 87234N351

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
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TOCQUEVILLE ATTN CLEO KOTIS 40 W 57TH STREET 19TH FLOOR NEW YORK, NY 10019	.400% PER YEAR ON CUSIP 888894847, 888894102, 888894862

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VILLERE ATTN ANN WEBB 601 POYDRAS STREET STE 1808 NEW ORLEANS, LA 70130	.400% PER YEAR ON CUSIP 742935539

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WASATCH ATTN DAVE CORBETT 150 SOCIAL HALL AVE SUITE 400 SALT LAKE CIT, UT 84111	.400% PER YEAR ON CUSIP 936793306

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
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WELLS FARGO ATTN A MOHAN, WELLS FARGO MGMT, LLC 525 MARKET ST., MAC #A0103-091 SAN FRANCISCO, CA 94105	.400% PER YEAR ON CUSIP 949915680

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WINTERGREEN WINTERGREEN ADVISERS, LLC 333 ROUTE 46 WEST, SUITE 204 MOUNTAIN LAKE, NJ 07046	.400% PER YEAR ON CUSIP 97607W102

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	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.
AMERICAN ATTN HOST CONTROL 3500 WISEMAN BLVD SAN ANTONIO, TX 78251	$18.00 PER YEAR ON CUSIP 298706102, 461308108

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
NATIONAL FINANCIAL SERVICES LLC	72	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.
FORWARD INSTL CL ATTN LOIRE WHITE 101 CALIFORNIA ST. SUITE 1600 SAN FRANCISCO, CA 94111	$16.00 PER YEAR ON CUSIP 349913822

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	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.
FRANKLIN TEMPLETON ATTN TOM JOHNSON 140/8 100 FOUNTAIN PARKWAY ST. PETERSBUR, FL 33716	$16.00 PER YEAR ON CUSIP 880208400

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	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.
GUGGENHEIM ATTN FINANCE DEPT. 9601 BLACKWELL RD., STE. 500 ROCKVILLE, MD 20850	$12.00 PER YEAR ON CUSIP 78356A459

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
NATIONAL FINANCIAL SERVICES LLC	72	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IVY IVY FUNDS 6300 LAMAR AVE OVERLAND PARK, KS 66202	$12.00 PER YEAR ON CUSIP 466000122

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	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.
KEELEY 111 WEST JACKSON BLVD. SUITE 810 CHICAGO, IL 60604	$6.00 PER YEAR ON CUSIP 487300501

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	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.
LONGLEAF PARTNERS 82 DEVONSHIRE STREET BOSTON, MA 02109	$16.00 PER YEAR ON CUSIP 543069108

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
NATIONAL FINANCIAL SERVICES LLC	72	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.
MANAGERS ATTN HENRY ORVIN 800 CONNECTICUT AVE. NORWALK, CT 06854	$16.00 PER YEAR ON CUSIP 561709478

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	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.
PARNASSUS ONE MARKET ST. STEUART TOWER STE 1600 SAN FRANCISCO, CA 94105	$16.00 PER YEAR ON CUSIP 701769408

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	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 745 FIFTH AVENUE SUITE 2400 NEW YORK, NY 10151	$16.00 PER YEAR ON CUSIP 780905600, 780905881

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
NATIONAL FINANCIAL SERVICES LLC	72	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.
THIRD AVENUE 622 THIRD AVENUE 32 FLOOR NEW YORK, NY 10017	$16.00 PER YEAR ON CUSIP 884116500

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	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.
TWEEDY BROWNE ATTN JANE CIAR ONE STATION PLACE, 5TH FLOOR STAMFORD, CT 06902	$14.00 PER YEAR ON CUSIP 901165100

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	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.
CNI CHARTER FUNDS ATTN PATTY REILLY 1 FREEDOM VALLEY DRIVE OAKS, PA 19456	.000% PER YEAR ON CUSIP 125977108

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
NATIONAL FINANCIAL SERVICES LLC	72	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.
COLUMBIA 225 FRANKLIN ST, BOX 25 10320 BOSTON, MA 02110	.100% PER YEAR ON CUSIP 19766F779, 19765Y829, 19765H362, 19765J814

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	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.
DIMENSIONAL ATTN GENIE SEYMOUR 6300 BEE CAVES ROAD, BUILDING ONE AUSTIN, TX 78746	.000% PER YEAR ON CUSIP 233203736, 233203603

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	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.
FAIRHOLME FAIRHOLME CAPITAL MANAGEMENT 4400 BISCAYNE BOULEVARD MIAMI, FL 33137	.000% PER YEAR ON CUSIP 304871106

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
NATIONAL FINANCIAL SERVICES LLC	72	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.
HARBOR ATTN DEALER SERVICES 111 S. WACKER DR, 34TH FLOOR CHICAGO, IL 60606	.050% PER YEAR ON CUSIP 411511108

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	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 ATTN JOSEPH GULLACE FINANCE OPERATIONS NY 1633 BROADWAY NEW YORK, NY 10019	.030% PER YEAR ON CUSIP 693390700

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	72	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.
T ROWE PRICE ATTN FRANK CLARKSON 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	.040% PER YEAR ON CUSIP 77954M105, 741478101, 779547108, 741480107, 77956H880, 77956H500, 779559103, 779919109

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
NATIONAL FINANCIAL SERVICES LLC	72	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.
VANGUARD 100 VANGUARD BLVD MALVERN, PA 19355	.000% PER YEAR ON CUSIP 921908208, 921908604, 921908802, 921908836, 921909602, 921937306, 921938106, 922042833, 922908207, 922908306, 922908843

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
LOEB & LOEB LLP PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LOEB & LOEB LLP

D Employer Identification Number (EIN)
95-1780806

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

a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE FUND

b Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274329-001	C	3921897

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
LOEB & LOEB LLP PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
LOEB & LOEB LLP

D Employer Identification Number (EIN)
95-1780806

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	214500	258517
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4437216	4326963
(2) Participant contributions	1b(2)		17500
(3) Other	1b(3)	9725	13467
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14198028	15405307
(2) U.S. Government securities	1c(2)	115245	57541
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	821888	763417
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		68947
(B) Common	1c(4)(B)	4337036	6127726
(5) Partnership/joint venture interests	1c(5)	63514	306369
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1680655	1754779
(9) Value of interest in common/collective trusts	1c(9)	3338451	3921897
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	124980670	150396631
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	10644	10436

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	154207572	183429497
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		23000
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	23000
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	154207572	183406497

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	4326963	
(B) Participants	2a(1)(B)	5706065	
(C) Others (including rollovers)	2a(1)(C)	2412982	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		12446010
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	72662	
(B) U.S. Government securities	2b(1)(B)	2412	
(C) Corporate debt instruments	2b(1)(C)	41640	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	82866	
(F) Other	2b(1)(F)	-1691	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		197889
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	1308	
(B) Common stock	2b(2)(B)	105062	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	6938454	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		7044824
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	12677530	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12761123	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-83593
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1186889	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1186889

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		37603
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		20737209
c Other income	2c		136043
d Total income. Add all **income** amounts in column (b) and enter total	2d		41702874
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12245350	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12245350
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	228959	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	26378	
(4) Other	2i(4)	3262	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		258599
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12503949
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		29198925
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DELOITTE & TOUCHE **(2)** EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
LOEB & LOEB LLP PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
LOEB & LOEB LLP

D Employer Identification Number (EIN)
95-1780806

Part I Distributions

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

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

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

EIN(s): 95-1780067

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Loeb & Loeb LLP Profit Sharing and 401(k) Plan

Employer ID No.: 95-1780806
Plan Number: 005

Financial Statements as of December 31, 2013 and 2012, and for the Year Ended December 31, 2013, Supplemental Schedule as of December 31, 2013, and Independent Auditors' Report

LOEB & LOEB LLP PROFIT SHARING AND 401(k) PLAN

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1–2
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012	3
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2013	4
Notes to Financial Statements as of December 31, 2013 and 2012, and for the Year Ended December 31, 2013	5–13
SUPPLEMENTAL SCHEDULE —	14
Form 5500, Schedule H, Part IV, Line 4(i) — Schedule of Assets (Held at End of Year) as of December 31, 2013	15–27

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Deloitte & Touche LLP
Suite 200
350 South Grand Avenue
Los Angeles, CA 90071-3462
USA

Tel: +1 213 688 0800
Fax: +1 213 688 0100
www.deloitte.com

INDEPENDENT AUDITORS' REPORT

To the Trustee of and Participants in
Loeb & Loeb LLP Profit Sharing and 401(k) Plan
Los Angeles, California

We were engaged to audit the accompanying financial statements of the Loeb & Loeb LLP Profit Sharing and 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by City National Bank, 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee that the information as of December 31, 2013 and 2012, and for the year ended December 31, 2013, provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

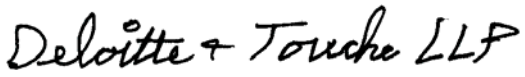
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2013, listed in the table of contents, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with Department of Labor's 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



September 29, 2014

LOEB & LOEB LLP PROFIT SHARING AND 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2013 AND 2012

	2013	2012
ASSETS:		
Investments (Notes 3, 4, and 5):		
Participant-directed investments — at fair value	$ 173,394,892	$ 144,741,524
Participant-directed investments — at estimated fair value	3,921,897	3,338,451
Total investments	177,316,789	148,079,975
Receivables:		
Notes receivable from participants	1,754,779	1,680,655
Employer contributions	4,326,963	4,437,216
Employee contributions	17,500	
Accrued investment income	13,467	9,726
Total receivables	6,112,709	6,127,597
LIABILITIES — Other liabilities	(23,000)	
NET ASSETS AVAILABLE FOR BENEFITS	$ 183,406,498	$ 154,207,572

See notes to financial statements.

LOEB & LOEB LLP PROFIT SHARING AND 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2013

INVESTMENT INCOME (Notes 3, 4 and 5):	
Interest and dividends	$ 7,159,847
Net appreciation in fair value of investments	21,824,948
Net appreciation in estimated fair value of investments	37,604
Net investment income	29,022,399
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	82,866
ADDITIONS — Contributions:	
Employer	4,326,963
Participant	5,706,066
Rollover	2,412,982
Total additions	12,446,011
DEDUCTIONS:	
Benefits paid to participants	(12,245,350)
Administrative expenses	(107,000)
Total deductions	(12,352,350)
INCREASE IN NET ASSETS	29,198,926
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	154,207,572
End of year	$ 183,406,498

See notes to financial statements.

1. PLAN DESCRIPTION AND RELATED INFORMATION

The following description of the Loeb & Loeb LLP Profit Sharing and 401(k) Plan (the "Plan") is provided for general purposes only. Participants should refer to the Plan document for more complete information.

General — The Plan is a defined contribution plan established by Loeb & Loeb LLP (the "Firm"), a limited liability partnership, in January 1985. The Plan covers substantially all employees of the Firm. The pension committee appointed by the Firm (the "Plan Administrator") controls and manages the operation and administration of the Plan. City National Bank (the "Trustee") has served as the trustee of the Plan since April 1, 2004. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions — The Firm may, in its discretion, make a profit-sharing contribution to the Plan, and such contribution, if made, will be allocated among the accounts of the participants in a manner intended to satisfy the nondiscrimination rules of the Internal Revenue Code (IRC or the "Code"). The Firm may, at its discretion, contribute an additional amount for any Plan year provided that the Firm's total profit-sharing contribution for the Plan year does not exceed 25% of the aggregate compensation of all participants for the Plan year. Participants may elect to defer up to 25% of their annual compensation subject to certain Code limitations. The Firm does not provide a matching contribution on elective contributions. Notwithstanding the foregoing, if participants are or will be age 50 on or before the last day of the calendar year, they may make additional 401(k) catch-up contributions subject to Code limitations.

The Plan also provides that a participant may designate all or a part of his or her elective contributions as Roth contributions. Roth contributions are treated by the Firm as included in the participant's income at the time the participant would have received the amount in cash if the participant had not made the cash or deferred election and is accounted for separately under the Plan. Roth contributions and pretax elective contributions may not be reclassified as another type of contribution.

Rollovers — With the consent of the Plan Administrator, Plan participants are permitted to deposit distributions received from other plans (rollovers) into the Plan.

Participant Accounts — Individual accounts are maintained for each of the Plan's participants. Each participant's account is credited with the participant's contribution; an allocation of the Firm's contribution, if any; and Plan earnings or losses and charged with withdrawals and administrative expenses. Such amounts are invested in several available investment funds or individual-directed accounts (IDAs) as directed by the participant. If a participant chooses to invest his or her contributions in the IDA, he or she is limited as to the types of investments in which he or she can choose to invest. Further, if a participant chooses to invest in the IDA, his or her entire account balance must be held in the IDA. Plan earnings or losses and administrative expenses are allocated to participants based on participant account balances.

Vesting — Participants are immediately vested in their voluntary contributions. In relation to the Firm's contributions, participants are 0% vested in the first two years and are 100% vested after completing third year of service.

Payment of Benefits — On termination of service, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Notes Receivable from Participants ("Participant Loans") — Participants may borrow from their accounts from a minimum of $1,000 to a maximum of 50% of their account balance or $50,000, whichever is less. The participant loans are secured by the vested balance in the participant's account and bear interest at a rate equal to the prime rate, plus 2% at the time funds are borrowed. Loan terms range from one to five years or up to 10 years for the purchase of a primary residence. However, one loan transferred in as a result of a plan merger has a maximum loan period greater than 10 years. As of December 31, 2013, interest rates range from 5.25% to 8.25%, with maturities ranging from 2014 to 2024.

Forfeited Accounts — When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. The Plan document permits the use of forfeitures to reduce profit-sharing contributions for the Plan year. As of December 31, 2013 and 2012, forfeited nonvested accounts totaled $42,060 and $39,018, respectively. All of the current-year forfeitures were used to reduce current-year employer contributions.

Investments — Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers 27 mutual funds, a stable value fund, and IDA as investment options for participants. Participants may change their investment options at any time. Effective August 8, 2012, the Pension Committee for the plan approved a revision of the investment menu offered in the Plan. The decision to make this change was made to better serve Plan participants in terms of types of investments offered, number of choices, and the cost of investing in core menu options. The SEI Stable Value Fund was replaced with the Morley Stable Value Fund (the "Morley Stable Value Fund" or the "Fund"), the American Growth Fund of America A3 was replaced with T. Rowe Price American Growth 4, and Royce Value Instl was replaced with Fidelity Small Cap Discovery. The following options were added to the plan: Ivy High Income I, Templeton Global Bond Adv, American Funds New World R6, T. Rowe Price Real Estate, Prudential Jennison Natural, and Mutual Hedge Frontier Legends I.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates — The preparation of financial statements in conformity with GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties — The Plan invests in various investment instruments, including mutual funds, U.S. government securities, corporate debt instruments, and corporate stocks. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Investment Valuation and Income Recognition — The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion on fair value measurements. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Common stock and the partnerships are valued at quoted market prices. The stable value fund is stated at estimated fair value as determined by the fair market value of the underlying investments. Cash and cash equivalents are recorded at cost, plus accrued interest. Corporate obligation and U.S. government securities traded in active markets on national securities exchanges are valued at closing prices on the last business day of each period presented. Securities traded in markets that are not considered active, including other assets, are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency.

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

Management fees charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees are reflected as a reduction of investment return for such investments.

Net appreciation in fair value of investments in the statement of changes in net assets available for benefits includes realized and unrealized gains and losses on investments sold or held during the year.

Notes Receivable from Participants — Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document.

Administrative Expenses — The Firm pays a portion of the Plan's expenses as provided in the Plan document. The remaining portion of the recordkeeping costs is charged against participants' accounts and is reflected as administrative expenses in the statement of changes in net assets available for benefits.

Payment of Benefits — Benefit payments to participants are recorded upon distribution. There were no amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not yet been paid at December 31, 2013 and 2012.

Excess Contribution Payable — The Plan is required to return excess contributions received during the Plan year in excess of IRC limits.

Subsequent Events — Subsequent events were evaluated through September 29, 2014, the date the financial statements were available to be issued.

Recent Accounting Pronouncements — In December 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2011-11, "Disclosures about Offsetting Assets and Liabilities", as clarified with ASU 2013-01 "Clarifying the Scope of Disclosure about Offsetting Assets and Liabilities", issued in January 2013. This standard enhances disclosures required by U.S. GAAP by requiring improved information about financial instruments and derivative instruments that are either (1) offset or (2) subject to an enforceable master netting arrangement or similar agreement, irrespective of whether they are offset. This information enables users of the Plan's financial statements to evaluate the effect or potential effect of netting arrangements on the Plan's financial position, including the effect of right of offset associated with certain financial instruments and derivative instruments. ASU 2011-11 is effective for fiscal years beginning on or after January 1, 2013 and interim periods within those annual periods. The new disclosure requirement does not have any impact on the Plan's financial statements.

3. INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan as of December 31, 2013 and 2012, and for the year ended December 31, 2013, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from the information prepared by City National Bank, the Trustee of the Plan and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee that such information is complete and accurate.

	2013	2012
Statements of net assets available for benefits:		
Investments at fair value as determined by market price:		
Cash and cash equivalents	$ 14,309,078	$ 13,132,479
Common stocks	6,127,726	4,337,035
Mutual funds	150,396,631	124,980,670
Corporate obligations	763,417	821,888
U.S. government securities and agencies	57,541	115,245
Savings and certificates of deposit (CDs)	1,354,746	1,280,049
Preferred Stocks	68,947	
Partnerships	306,369	63,514
Other assets	10,437	10,644
Investments at fair value	173,394,892	144,741,524
Investments at estimated fair value — Morley Stable Value Fund	3,921,897	3,338,451
Total investments	$ 177,316,789	$ 148,079,975
Investment income receivable	$ 13,467	$ 9,726
Statement of changes in net assets available for benefits — investment income — interest and dividends	$ 7,159,847	$ 4,208,464
Appreciation (depreciation) in fair value of investments:		
Common stocks	$ 1,148,363	$ 221,670
Mutual funds	20,638,059	11,867,064
Corporate obligations	(16,617)	36,570
U.S. government securities and agencies	(1,675)	(1,914)
Savings and CDs	(37,426)	10,601
Preferred Stocks	(5,697)	
Partnerships	100,149	7,490
Other assets	(208)	53
Net appreciation in fair value of investments	$ 21,824,948	$ 12,141,534
Net appreciation in estimated fair value of investments	$ 37,604	$ 17,652

Notes 4 and 5: All investment balances and investment information, excluding the classification of investments by level in Note 4, are certified by the Trustee.

Supplemental schedule: All investment balances and information included in the supplemental schedule of assets (held at end of year) are certified by the Trustee.

4. FAIR VALUE MEASUREMENT

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's policy is to recognize transfers between levels based on the actual date of the event or change in circumstances that caused the transfer.

Asset Valuation Techniques — Valuation technologies maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Cash Equivalents — Cash equivalents are primarily short-term money market commingled funds that are categorized as Level 1. They are priced at par, which matches market data.

Common Stock and Partnerships — Common stock and partnerships are valued at the closing price reported on the active market on which the securities are traded on the last business day of the Plan year. Common stock and partnerships are categorized as Level 1.

Mutual Funds — Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Shares of mutual funds held are categorized as Level 1.

Stable Value Fund — Valued at the net asset value of units of a bank collective trust. The net asset value, as provided by the Trustee, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. In relation to the Morley Stable Value Fund, all investment contracts held by the Fund at December 31, 2013 and December 31, 2012, are fully benefit responsive. The net asset value of the Fund is determined each business day by the Trustee. Contributions to the Fund may be made daily at the current net asset value and are considered as made immediately after the daily valuation. Withdrawals from the Fund for benefit payments and participant transfers to noncompeting options to be paid to the Plan participants shall be made within 30 days after written notification has been received and are considered as made immediately after the next valuation date subsequent to the Trustee approval. Withdrawals, other than for benefit payments and participant transfers to noncompeting options, require a 12-month advance written notice. Included in this written advance notice requirement are full or partial withdrawals of assets invested in the Fund resulting from plan sponsor-directed actions, such as terminating the fund as an investment option of the Plan. Investments in stable value fund are categorized as Level 2.

Fixed-income separate accounts and securities traded in markets that are not considered active are categorized as Level 2. They are valued using third-party pricing services. These services may use, for example, model-based pricing methods that utilize observable market data as inputs. Broker-dealer bids or quotes of securities with similar characteristics may also be used. The following table provides examples of inputs that are commonly relevant for valuing particular classes of fixed-income securities in which the Plan invests. These classifications are not exclusive, and any of the inputs may be used to value any other class of fixed-income security.

Fixed-Income Class	Examples of Standard Inputs
Corporate obligations	Standard inputs and events affecting market sectors and individual issuer creditworthiness
Government and agencies	Standard inputs and Treasury curves and spreads, trade execution data, live trading levels, cash flows, bids, offers, quotes, spreads, indices, observed market movements, volatility, and specific terms and conditions (collectively, "standard inputs")
Savings and CDs	Priced at par

By level, the fair value hierarchy of the investments held by the Plan as of December 31, 2013 and 2012, is as follows:

As of December 31, 2013	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 14,309,078	$ -	$ -	$ 14,309,078
Common stocks:				
Consumer Discretionary (CD)	500,453			500,453
Consumer Staples (CS)	233,706			233,706
Energy (EG)	862,298			862,298
Financial (FN)	1,016,036			1,016,036
Health care (HC)	722,846			722,846
Industrial (IN)	447,708			447,708
Materials (MT)	416,293			416,293
Technology (TY)	1,485,506			1,485,506
Telecommunication (TS)	216,454			216,454
Utilities (UT)	226,426			226,426
Total common stocks	6,127,726	-	-	6,127,726
Mutual funds:				
Equity funds	123,571,938			123,571,938
Bond funds	26,824,693			26,824,693
Total mutual funds	150,396,631	-	-	150,396,631
Morley Stable Value Fund		3,921,897		3,921,897
Corporate obligations		763,417		763,417
U.S. government securities and agencies		57,541		57,541
Savings and CDs		1,354,746		1,354,746
Preferred Stocks	68,947			68,947
Partnerships	306,369			306,369
Other assets		10,437		10,437
Total	$171,208,751	$6,108,038	$ -	$177,316,789

For the year ended December 31, 2013, there were no transfers in or out of Level 1, 2, or 3.

As of December 31, 2012	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 13,132,479	$ -	$ -	$ 13,132,479
Common stocks:				
Consumer Discretionary (CD)	186,604			186,604
Consumer Staples (CS)	234,105			234,105
Energy (EG)	754,379			754,379
Financial (FN)	613,983			613,983
Health care (HC)	387,799			387,799
Industrial (IN)	422,519			422,519
Materials (MT)	357,235			357,235
Technology (TY)	1,023,086			1,023,086
Telecommunication (TS)	159,275			159,275
Utilities (UT)	198,050			198,050
Total common stocks	4,337,035	-	-	4,337,035
Mutual funds:				
Equity funds	97,441,228			97,441,228
Bond funds	27,539,442			27,539,442
Total mutual funds	124,980,670	-	-	124,980,670
Morley Stable Value Fund		3,338,451		3,338,451
Corporate obligations		821,888		821,888
U.S. government securities and agencies		115,245		115,245
Savings and CDs		1,280,049		1,280,049
Partnerships	63,514			63,514
Other assets		10,644		10,644
Total	$ 142,513,698	$ 5,566,277	$ -	$ 148,079,975

For the year ended December 31, 2012, there were no transfers in or out of Level 1, 2, or 3.

5. INVESTMENTS

The Plan's investments that represented 5% or more of the Plan's net assets available for benefits as of December 31, 2013 and 2012, are as follows:

	2013	2012
Pimco Total Return FD INSTL-35	$ 16,780,244	$ 18,988,956
T. Rowe Price New America Growth Fund	15,141,718	11,254,845
Vanguard Prime Money Market Fund INSTL 066	12,183,963	11,022,313
America Europacific Growth-R6	12,093,730	10,643,757
Fidelity Small Cap Discovery Fund	11,081,275	
Vanguard Windsor II Fund - Admiral #573	9,496,002	
Fidelity Contrafund #22	12,641,956	9,984,092

During the year ended December 31, 2013, the Plan's investments, including gains and losses on investments bought and sold as well as held during the year, appreciated (depreciated) in value as follows:

Appreciation (depreciation) in fair value of investments whose fair value was determined by quoted market price:	
Common stocks:	
Consumer Discretionary (CD)	$ 113,349
Consumer Staples (CS)	34,060
Energy (EG)	140,246
Financial (FN)	217,532
Healthcare (HC)	196,327
Industrial (IN)	86,374
Materials (MT)	32,226
Technology (TY)	255,871
Telecommunication (TS)	30,417
Utilities (UT)	41,961
Total common stocks	1,148,363
Mutual funds:	
Equity funds	21,724,301
Bond funds	(1,086,242)
Total mutual funds	20,638,059
Corporate obligations	(16,617)
U.S. government securities and agencies	(1,675)
Savings and CDs	(37,426)
Preferred Stocks	(5,697)
Partnerships	100,149
Other assets	(208)
Net appreciation in fair value of investments whose fair value was determined by quoted market price	$ 21,824,948
Net appreciation in fair value of investments whose fair value was estimated	$ 37,604

6. MORLEY STABLE VALUE FUND

The Morley Stable Value Fund is a collective trust fund sponsored by the Union Bond & Trust Company. The Fund was formed to provide preservation of capital, relatively stable returns consistent with its comparatively low risk profile, and liquidity for benefit-responsive payments. The Fund seeks to achieve this objective by investing primarily in a variety of high-quality stable value investment contracts, as well as cash and cash equivalents. It is intended that the Fund's stable value investment contracts will maintain a minimum weighted-average credit quality rating of A or better. The underlying fixed-income securities must be rated investment grade and meet issuer diversification guidelines. The duration of the Fund will not exceed four years. The Fund is typically appropriate for investors who desire low volatility, stable principal value, and returns commensurate with a capital preservation objective for a component of their retirement savings.

At December 31, 2013, the Plan's interest in the net assets of the Fund was approximately .05% of the total Fund value.

Investments held by a collective investment trust are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets of a collective investment trust attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the underlying defined contribution plans.

Investments in contracts are presented in the portfolio of investments at contract value, which represents invested principal plus accrued interest thereon. The contracts are nontransferable but provide for benefit-responsive withdrawals and participant transfers to noncompeting options by Plan participants at contract value. In the event facts and circumstances provide evidence that contract value is impaired, the contracts would be presented at fair value. In determining contract value, the Trustee considers such factors as the benefit responsiveness of the contracts, the ability of the parties to the contracts to perform in accordance with the terms of the contracts, and the likelihood of default by the issuer of an investment security.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Firm has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

8. FEDERAL INCOME TAX STATUS

The Plan uses a volume submitter Plan document sponsored by Louis Kravitz & Associates, Inc. ("Kravitz"). Kravitz received a determination letter from the Internal Revenue Service dated September 21, 2010, which states that the volume submitter Plan document satisfies the applicable provisions of the Code. The Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code, and the Plan continues to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2011.

9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments, such as mutual funds, cash equivalents, and CDs, are managed by the Trustee. These investments and investment transactions qualify as exempt party-in-interest transactions.

* * * * * *

SUPPLEMENTAL SCHEDULE

LOEB & LOEB LLP PROFIT SHARING AND 401(k) PLAN

EIN: 95-1780806
PN: 005

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest. Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	CASH EQUIVALENTS:			
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	$ 522
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	4,258
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	3,165
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	11,231
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	61,752
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	1,074
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	360,076
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	204,736
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	102,465
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	27,785
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	9,840
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	125,104
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	16,225
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	24,943
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	3,082
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	3,578
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	48,749
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	128,346
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	46
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	43,452
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	77,963
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	6,695
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	841
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	55,897
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	22,594
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	14,470
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	3,522
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	88,858
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	75,666
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	152,163
*	CITY NATIONAL ROCHDALE	CNR PRIME MM FD SERV #2631	^	187,500
	VANGUARD PRIME MNY MKT FD	VANGUARD PRIME MNY MKT FD-INSTL 066	^	12,183,962
		TOTAL CASH EQUIVALENTS		14,050,560
	SAVINGS AND CD'S:			
	ALLY BK MIDVALE C/D 1.75	ALLY BK MIDVALE C/D 1.750% 10/08/14	^	83,830
	AMERICAN EXPRESS C/D 3.80	AMERICAN EXPRESS C/D 3.800% 10/28/19	^	9,701
	BARCLAYS BNK DE C/D 3.15	BARCLAYS BNK DE C/D 3.150% 8/05/14	^	36,543
	CIT BANK C/D 3.05	CIT BANK C/D 3.050% 7/31/23	^	68,647
	CIT BK SALT LAKE C/D 1.70	CIT BK SALT LAKE C/D 1.700% 3/06/20	^	26,772
	CIT BK SALT LAKE C/D 2.30	CIT BK SALT LAKE C/D 2.300% 5/08/23	^	138,231
	COMPASS BANK C/D 2.90	COMPASS BANK C/D 2.900% 7/31/23	^	71,283
	FIRST BANK OF PUERTO 3.25	FIRST BANK OF PUERTO 3.250% 5/20/14	^	100,941
	FSGBANK N A C/D 3.21	FSGBANK N A C/D 3.210% 7/29/15	^	62,164
	GE CAP BK INC C/D 2.85	GE CAP BK INC C/D 2.850% 10/28/21	^	4,916
	GE CAP RETAIL BK C/D 2.80	GE CAP RETAIL BK C/D 2.800% 5/25/22	^	24,361
	GE CAP RETAIL BK C/D 2.85	GE CAP RETAIL BK C/D 2.850% 10/07/21	^	44,270

(Continued)

LOEB & LOEB LLP PROFIT SHARING AND 401(k) PLAN

EIN: 95-1780806
PN: 005

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest. Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	GE CAP RETAIL BK C/D 2.85	GE CAP RETAIL BK C/D 2.850% 10/21/21	^	$ 4,917
	GE CAPITAL BANK C/D 2.85	GE CAPITAL BANK C/D 2.850% 10/07/21	^	11,804
	GE MONEY BANK C/D 2.85	GE MONEY BANK C/D 2.850% 9/23/21	^	63,967
	GE MONEY BANK C/D 2.85	GE MONEY BANK C/D 2.850% 9/23/21	^	7,873
	GE MONEY BK C/D 2.40	GE MONEY BK C/D 2.400% 8/06/15	^	81,974
	GOLDMAN SACHS BK C/D 2.80	GOLDMAN SACHS BK C/D 2.800% 2/08/22	^	73,648
	GOLDMAN SACHS BK C/D 2.80	GOLDMAN SACHS BK C/D 2.800% 2/22/22	^	58,694
	GOLDMAN SACHS BK C/D 2.85	GOLDMAN SACHS BK C/D 2.850% 10/12/21	^	71,268
	ISRAEL DISC BK C/D 2.30	ISRAEL DISC BK C/D 2.300% 2/16/16	^	233,932
	PARKWAY B&T C/D 2.75	PARKWAY B&T C/D 2.750% 5/19/15	^	28,787
	STATE BK INDIA C/D 2.40	STATE BK INDIA C/D 2.400% 3/24/16	^	46,223
		TOTAL SAVINGS AND CD'S		1,354,746
	GOVERNMENT & AGENCIES:			
	FHLMC 2.50	FHLMC 2.500% 1/07/14	^	25,007
	FHLMC POOL #G12484 4.50	FHLMC POOL #G12484 4.500% 6/01/21	^	1,261
	US TREASURY NOTES 4.00	US TREASURY NOTES 4.000% 2/15/15	^	31,273
		TOTAL GOVERNMENT & AGENCIES		57,541
	CORPORATE OBLIGATIONS:			
	ALPHA APPALACHIA COV 3.25	ALPHA APPALACHIA COV 3.250% 8/01/15	^	49,813
	AT&T INC 2.50	AT&T INC 2.500% 8/15/15	^	10,267
	AUTOZONE INC 6.95	AUTOZONE INC 6.950% 6/15/16	^	28,224
	BANK AMER CORP 5.35	BANK AMER CORP 5.350% 3/15/18	^	26,714
	BLACKROCK INC 3.50	BLACKROCK INC 3.500% 12/10/14	^	10,292
	CATERPILLAR FINL SVC 4.75	CATERPILLAR FINL SVC 4.750% 2/17/15	^	10,476
	CELGENE CORP 3.95	CELGENE CORP 3.950% 10/15/20	^	25,894
	CINCINNATI BELL INC 8.75	CINCINNATI BELL INC 8.750% 3/15/18	^	52,500
	COLGATE PALMOLIVE MT 5.20	COLGATE PALMOLIVE MT 5.200% 11/07/16	^	5,541
	FIRST DATA CORP 11.25	FIRST DATA CORP 11.250% 3/31/16	^	7,017
	GE CAPITAL CORP 4.50	GE CAPITAL CORP 4.500% 11/15/17	^	26,503
	GEN ELEC CAP CORP 5.10	GEN ELEC CAP CORP 5.100% 11/15/20	^	26,427
	GOLDMAN SACHS GRP 4.00	GOLDMAN SACHS GRP 4.000% 11/15/15	^	26,098
	GOLDMAN SACHS GRP 4.80	GOLDMAN SACHS GRP 4.800% 11/15/19	^	26,254
	GTE CORP DEB 6.84	GTE CORP DEB 6.840% 4/15/18	^	29,119
	HSBC FIN CORP 4.00	HSBC FIN CORP 4.000% 10/15/14	^	35,688
	INTL PAPER COMPANY 7.50	INTL PAPER COMPANY 7.500% 8/15/21	^	61,295
	LILLY ELI & CO 4.20	LILLY ELI & CO 4.200% 3/06/14	^	10,066
	MAGELLAN MIDSTREAM 5.65	MAGELLAN MIDSTREAM 5.650% 10/15/16	^	55,905
	MEDTRONIC INC 3.00	MEDTRONIC INC 3.000% 3/15/15	^	5,159
	MERCK & CO INC 4.00	MERCK & CO INC 4.000% 6/30/15	^	10,507
	OCCIDENTAL PETE CORP 2.50	OCCIDENTAL PETE CORP 2.500% 2/01/16	^	5,182

(Continued)

LOEB & LOEB LLP PROFIT SHARING AND 401(k) PLAN

EIN: 95-1780806
PN: 005

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest. Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	PITNEY BOWES INC 4.75	PITNEY BOWES INC 4.750% 5/15/18	^	$ 26,114
	RPM INTL INC 6.50	RPM INTL INC 6.500% 2/15/18	^	45,321
	SHELL INTL FIN 3.25	SHELL INTL FIN 3.250% 9/22/15	^	10,465
	VALERO ENERGY CORP 6.12	VALERO ENERGY CORP 6.125% 2/01/20	^	57,111
	VERIZON COMMUNICATIO 5.15	VERIZON COMMUNICATIO 5.150% 9/15/23	^	53,684
	VORNADO RLTY L P 4.25	VORNADO RLTY L P 4.250% 4/01/15	^	25,781
		TOTAL CORPORATE OBLIGATIONS		763,417
	PREFERRED STOCKS:			
	KAYNE ANDERSON MLP 3.5% S	KAYNE ANDERSON MLP 3.5% SER F PFD F	^	68,947
		TOTAL PREFERRED STOCKS		68,947
	COMMON STOCKS:			
	ACADIA REALTY TRUST REIT	ACADIA REALTY TRUST REIT	^	25,898
	AEGERION PHARMACEUTICALS	AEGERION PHARMACEUTICALS INC COM	^	70,960
	ALCATEL-LUCENT SP ADR	ALCATEL-LUCENT SP ADR	^	150
	ALTRIA GROUP INC COM	ALTRIA GROUP INC COM	^	7,678
	ALVARION LTD COM	ALVARION LTD COM	^	195
	AMAZON.COM INC COM	AMAZON.COM INC COM	^	79,758
	AMERICAN BUSINESS BK COM	AMERICAN BUSINESS BK COM	^	99,924
	AMERICAN GREEN GROUP INC	AMERICAN GREEN GROUP INC COM	^	209
	AMERICAN WTR WKS CO INC N	AMERICAN WTR WKS CO INC NEW COM	^	59,164
	AMERICAN WTR WKS CO INC N	AMERICAN WTR WKS CO INC NEW COM	^	16,904
	ANADARKO PETROLEUM CORP C	ANADARKO PETROLEUM CORP COM	^	47,592
	APPLE INC COM	APPLE INC COM	^	56,102
	APPLE INC COM	APPLE INC COM	^	75,738
	APPLE INC COM	APPLE INC COM	^	56,102
	APPLE INC COM	APPLE INC COM	^	112,204
	APPLE INC COM	APPLE INC COM	^	31,977
	APPLE INC COM	APPLE INC COM	^	39,271
	APPLE INC COM	APPLE INC COM	^	22,441
	APPLE INC COM	APPLE INC COM	^	44,321
	APPLE INC COM	APPLE INC COM	^	56,102
	APPLE INC COM	APPLE INC COM	^	28,051
	AT & T INC COM	AT & T INC COM	^	58,014
	AVALONBAY COMMUNITIES INC	AVALONBAY COMMUNITIES INC COM	^	12,178
	AVNET INC COM	AVNET INC COM	^	22,055
	BANK NEW YORK MELLON CORP	BANK NEW YORK MELLON CORP COM	^	52,410
	BANK OF AMERICA CORP COM	BANK OF AMERICA CORP COM	^	7,785
	BANK OF AMERICA CORP COM	BANK OF AMERICA CORP COM	^	15,570

(Continued)

LOEB & LOEB LLP PROFIT SHARING AND 401(k) PLAN

EIN: 95-1780806
PN: 005

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest. Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	BANK OF AMERICA CORP COM	BANK OF AMERICA CORP COM	^	$ 23,355
	BARRICK GOLD CORP COM	BARRICK GOLD CORP COM	^	1,763
	BB & T CORP COM	BB & T CORP COM	^	37,320
	BERKSHIRE HATHAWAY INC CL	BERKSHIRE HATHAWAY INC CL A	^	177,900
	BERKSHIRE HATHAWAY INC CL	BERKSHIRE HATHAWAY INC CL B	^	26,082
	BLACKROCK KELSO CAPITAL C	BLACKROCK KELSO CAPITAL CORP COM	^	55,980
	BOEING COMPANY COM	BOEING COMPANY COM	^	6,825
	BP PLC SPONS ADR	BP PLC SPONS ADR	^	19,444
	BRISTOL MYERS SQUIBB CO C	BRISTOL MYERS SQUIBB CO COM	^	38,800
	BROADCOM CORP CL A	BROADCOM CORP CL A	^	29,645
	BUNGE LIMITED COM	BUNGE LIMITED COM	^	3,284
	CALIFORNIA WATER SERVICE	CALIFORNIA WATER SERVICE GROUP COM	^	23,070
	CANADIAN NATURAL RESOURCE	CANADIAN NATURAL RESOURCES LTD COM	^	101,520
	CAPSTONE TURBINE CORP COM	CAPSTONE TURBINE CORP COM	^	51,600
	CATERPILLAR INC COM	CATERPILLAR INC COM	^	51,762
	CBS CORP CL B	CBS CORP CL B	^	6,374
	CELLCOM ISRAEL LTD COM	CELLCOM ISRAEL LTD COM	^	16,704
	CENTERPOINT ENERGY INC CO	CENTERPOINT ENERGY INC COM	^	56,096
	CERNER CORP COM	CERNER CORP COM	^	44,592
	CF INDUSTRIES HOLDINGS IN	CF INDUSTRIES HOLDINGS INC COM	^	68,747
	CHESAPEAKE ENERGY CORP CO	CHESAPEAKE ENERGY CORP COM	^	54,280
	CHEVRON CORP COM	CHEVRON CORP COM	^	24,982
	CHEVRON CORP COM	CHEVRON CORP COM	^	60,581
	CHEVRON CORP COM	CHEVRON CORP COM	^	24,982
	CISCO SYSTEMS INC COM	CISCO SYSTEMS INC COM	^	33,645
	CITIGROUP INC COM	CITIGROUP INC COM	^	18,239
	CLIFFS NATURAL RESOURCES	CLIFFS NATURAL RESOURCES INC COM	^	13,105
	COCA-COLA CO COM	COCA-COLA CO COM	^	9,914
	COMMAND SEC CORP COM	COMMAND SEC CORP COM	^	8,240
	COMMVAULT SYSTEMS INC COM	COMMVAULT SYSTEMS INC COM	^	7,485
	CONOCOPHILLIPS COM	CONOCOPHILLIPS COM	^	5,652
	COSTCO WHOLESALE CORP NEW	COSTCO WHOLESALE CORP NEW COM	^	7,141
	COVIDIEN PLC COM	COVIDIEN PLC COM	^	17,025
	CSX CORP COM	CSX CORP COM	^	3,452
	CYTOKINETICS INC COM	CYTOKINETICS INC COM	^	7,443
	DAKTRONICS INCCOM	DAKTRONICS INCCOM	^	31,360
	DIGITAL GENERATION INC CO	DIGITAL GENERATION INC COM	^	2,548
	ECOLAB INC COM	ECOLAB INC COM	^	52,135
	EMC CORP MASS COM	EMC CORP MASS COM	^	5,533
	EXPO HOLDING INC COM	EXPO HOLDING INC COM	^	37
	EXPRESS SCRIPTS HLDG COM	EXPRESS SCRIPTS HLDG COM	^	25,427

(Continued)

LOEB & LOEB LLP PROFIT SHARING AND 401(k) PLAN

EIN: 95-1780806
PN: 005

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest. Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	EXXON MOBIL CORP COM	EXXON MOBIL CORP COM	^	$ 76,912
	EXXON MOBIL CORP COM	EXXON MOBIL CORP COM	^	61,732
	EXXON MOBIL CORP COM	EXXON MOBIL CORP COM	^	30,360
	FACEBOOK INC COM	FACEBOOK INC COM	^	27,325
	FEDEX CORP COM	FEDEX CORP COM	^	5,751
	FIDELITY NATIONAL FINANCI	FIDELITY NATIONAL FINANCIAL INC COM	^	64,900
	FRONTIER COMMUNICATIONS C	FRONTIER COMMUNICATIONS CORP COM	^	49,638
	GDT TEK INC *DLSTD*	GDT TEK INC *DLSTD*	^	5
	GENERAL ELECTRIC CO COM	GENERAL ELECTRIC CO COM	^	42,045
	GENERAL ELECTRIC CO COM	GENERAL ELECTRIC CO COM	^	22,424
	GENERAL ELECTRIC CO COM	GENERAL ELECTRIC CO COM	^	42,045
	GENERAL MILLS INC COM	GENERAL MILLS INC COM	^	5,989
	GENERAL MOTORS CO COM	GENERAL MOTORS CO COM	^	81,740
	GERON CORP COM	GERON CORP COM	^	1,185
	GOLDMAN SACHS GROUP INC C	GOLDMAN SACHS GROUP INC COM	^	44,315
	GOOGLE INC CL A	GOOGLE INC CL A	^	5,604
	GOOGLE INC CL A	GOOGLE INC CL A	^	134,485
	GRAINGER W W INC COM	GRAINGER W W INC COM	^	30,650
	HALLIBURTON COMPANY COM	HALLIBURTON COMPANY COM	^	31,973
	HALOZYME THERAPEUTICS INC	HALOZYME THERAPEUTICS INC COM	^	46,319
	HARTFORD FINANCIAL SERVIC	HARTFORD FINANCIAL SERVICES GRP COM	^	27,173
	HEALTH CARE REIT INC REIT	HEALTH CARE REIT INC REIT	^	21,428
	HECLA MNG CO COM	HECLA MNG CO COM	^	1,540
	HESS CORP COM	HESS CORP COM	^	60,174
	HESS CORP COM	HESS CORP COM	^	41,500
	HILTON WORLDWIDE HLDGS IN	HILTON WORLDWIDE HLDGS INC COM	^	2,225
	HOME DEPOT INC COM	HOME DEPOT INC COM	^	41,170
	HONDA MOTOR LTD SPONS ADR	HONDA MOTOR LTD SPONS ADR	^	20,675
	HONDA MOTOR LTD SPONS ADR	HONDA MOTOR LTD SPONS ADR	^	56,236
	HSBC HLDGS PLC SPONS ADR	HSBC HLDGS PLC SPONS ADR	^	5,513
	IAC/INTERACTIVECORP COM	IAC/INTERACTIVECORP COM	^	20,595
	INTEL CORP COM	INTEL CORP COM	^	25,306
	INTEL CORP COM	INTEL CORP COM	^	25,955
	INTEL CORP COM	INTEL CORP COM	^	12,978
	INTL BUSINESS MACHINES CO	INTL BUSINESS MACHINES CORP COM	^	187,570
	INTL BUSINESS MACHINES CO	INTL BUSINESS MACHINES CORP COM	^	7,503
	INTUITIVE SURGICAL INC CO	INTUITIVE SURGICAL INC COM	^	9,986
	J C PENNEY INC COM	J C PENNEY INC COM	^	2,288
	JOHNSON & JOHNSON COM	JOHNSON & JOHNSON COM	^	9,159
	JOHNSON & JOHNSON COM	JOHNSON & JOHNSON COM	^	36,178
	JOHNSON & JOHNSON COM	JOHNSON & JOHNSON COM	^	56,786
	JPMORGAN CHASE & CO COM N	JPMORGAN CHASE & CO COM NEW	^	29,240
	JPMORGAN CHASE & CO COM N	JPMORGAN CHASE & CO COM NEW	^	36,258

(Continued)

LOEB & LOEB LLP PROFIT SHARING AND 401(k) PLAN

EIN: 95-1780806
PN: 005

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest. Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	KENNEDY-WILSON HLDGS INC	KENNEDY-WILSON HLDGS INC COM	^	$ 66,750
	KEYCORP COM	KEYCORP COM	^	13,420
	KONGZHONG CORP SPON ADR	KONGZHONG CORP SPON ADR	^	7,220
	KRAFT FOODS GROUP INC COM	KRAFT FOODS GROUP INC COM	^	2,480
	L-3 COMMUNICATIONS HLDGS	L-3 COMMUNICATIONS HLDGS INC COM	^	10,685
	LABORATORY CORP AMER HLDG	LABORATORY CORP AMER HLDGS COM NEW	^	3,655
	LIBERTY STAR URANIUM & ME	LIBERTY STAR URANIUM & METAL COM	^	52
	LINKEDIN CORP CL A COM	LINKEDIN CORP CL A COM	^	21,683
	LINKWELL CORP COM	LINKWELL CORP COM	^	5
	MAGELLAN ENERGY LTD COM	MAGELLAN ENERGY LTD COM	^	1,500
	MALLINCKRODT PUB LTD CO C	MALLINCKRODT PUB LTD CO COM	^	6,846
	MCDERMOTT INTL INC COM	MCDERMOTT INTL INC COM	^	11,496
	MCDONALDS CORP COM	MCDONALDS CORP COM	^	19,406
	MCKESSON CORP COM	MCKESSON CORP COM	^	64,560
	MERCK & CO INC NEW COM	MERCK & CO INC NEW COM	^	15,015
	MICROSOFT CORP COM	MICROSOFT CORP COM	^	66,029
	MICROSOFT CORP COM	MICROSOFT CORP COM	^	5,986
	MODUSLINK GLOBAL SOLUTION	MODUSLINK GLOBAL SOLUTIONS I COM	^	29
	MONDELEZ INTERNATIONAL IN	MONDELEZ INTERNATIONAL INC-A COM	^	14,120
	MONSANTO CO NEW COM	MONSANTO CO NEW COM	^	174,825
	NESTLE S A SPONS ADR	NESTLE S A SPONS ADR	^	22,077
	NIKE INC CL B	NIKE INC CL B	^	5,112
	NIKE INC CL B	NIKE INC CL B	^	9,437
	NISOURCE INC COM	NISOURCE INC COM	^	32,551
	NOBLE CORP PLC COM	NOBLE CORP PLC COM	^	18,735
	NORTECH SYS INC COM	NORTECH SYS INC COM	^	164,700
	NQ MOBILE INC ADR	NQ MOBILE INC ADR	^	50,714
	OCCIDENTAL PETROLEUM CORP	OCCIDENTAL PETROLEUM CORP COM	^	38,040
	ONEOK INC NEW COM	ONEOK INC NEW COM	^	38,552
	PEPSICO INC COM	PEPSICO INC COM	^	29,858
	PEPSICO INC COM	PEPSICO INC COM	^	8,294
	PHILIP MORRIS INTL INC CO	PHILIP MORRIS INTL INC COM	^	17,426
	PHILIP MORRIS INTL INC CO	PHILIP MORRIS INTL INC COM	^	8,713
	POTASH CORP SASK INC COM	POTASH CORP SASK INC COM	^	4,944
	POTASH CORP SASK INC COM	POTASH CORP SASK INC COM	^	2,472
	POTASH CORP SASK INC COM	POTASH CORP SASK INC COM	^	49,440
	PRICE T ROWE GROUP INC CO	PRICE T ROWE GROUP INC COM	^	39,372
	PROCTER & GAMBLE CO COM	PROCTER & GAMBLE CO COM	^	32,564
	PROCTER & GAMBLE CO COM	PROCTER & GAMBLE CO COM	^	24,423
	QIHOO 360 TECHNOLOGY CO L	QIHOO 360 TECHNOLOGY CO LTD ADR	^	16,410
	QUASAR AEROSPACE INDUSTRI	QUASAR AEROSPACE INDUSTRIES COM	^	0
	QUICKSILVER RESOURCES INC	QUICKSILVER RESOURCES INC COM	^	3,070

(Continued)

LOEB & LOEB LLP PROFIT SHARING AND 401(k) PLAN

EIN: 95-1780806
PN: 005

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest. Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	RADIOSHACK CORP COM	RADIOSHACK CORP COM	^	$ 2,600
	RAYTHEON CO COM NEW	RAYTHEON CO COM NEW	^	9,070
	REGENERON PHARMACEUTICALS	REGENERON PHARMACEUTICALS INC COM	^	165,144
	ROCHE HOLDINGS LTD SPONS	ROCHE HOLDINGS LTD SPONS ADR	^	44,226
	ROSS STORES INC COM	ROSS STORES INC COM	^	14,986
	SALAMON GROUP INC COM	SALAMON GROUP INC COM	^	62
	SAREPTA THERAPEUTICS INC	SAREPTA THERAPEUTICS INC COM	^	18,435
	SCHWAB CHARLES CORP COM	SCHWAB CHARLES CORP COM	^	69,576
	SEADRILL LTD COM	SEADRILL LTD COM	^	65,728
	SPLUNK INC COM	SPLUNK INC COM	^	34,335
	STARBUCKS CORP COM	STARBUCKS CORP COM	^	11,758
	STARBUCKS CORP COM	STARBUCKS CORP COM	^	6,271
	SYSCO CORP COM	SYSCO CORP COM	^	28,880
	TAPISTRON INTL INC COM *D	TAPISTRON INTL INC COM *DLSTD*	^	0
	TELEF BRASIL - SPON ADR	TELEF BRASIL - SPON ADR	^	6,727
	TESLA MTRS INC COM	TESLA MTRS INC COM	^	15,043
	TEVA PHARMACEUTICAL IND L	TEVA PHARMACEUTICAL IND LTD SPON ADR	^	18,036
	TEVA PHARMACEUTICAL IND L	TEVA PHARMACEUTICAL IND LTD SPON ADR	^	20,040
	TEXAS INSTRUMENTS INC COM	TEXAS INSTRUMENTS INC COM	^	66,743
	THE MOSAIC CO COM	THE MOSAIC CO COM	^	47,270
	TITAN PHARMACEUTICALS INC	TITAN PHARMACEUTICALS INC COM	^	3,025
	TOYOTA MOTOR CORP SPONS A	TOYOTA MOTOR CORP SPONS ADR	^	76,810
	TRANSGLOBAL ASSETS INC CO	TRANSGLOBAL ASSETS INC COM	^	631
	TRIPADVISOR INC COM	TRIPADVISOR INC COM	^	41,415
	TRUDY CORP COM	TRUDY CORP COM	^	8
	TYSON FOODS INC CL A COM	TYSON FOODS INC CL A COM	^	3,346
	UNITED PARCEL SERVICE CL	UNITED PARCEL SERVICE CL B	^	21,016
	UNITED TECHNOLOGIES CORP	UNITED TECHNOLOGIES CORP COM	^	34,140
	UNIVERSAL TRAVEL GROUP *D	UNIVERSAL TRAVEL GROUP *DLSTD*	^	80
	VERIZON COMMUNICATIONS CO	VERIZON COMMUNICATIONS COM	^	34,397
	VISA INC-CLASS A COM	VISA INC-CLASS A COM	^	11,134
	VODAFONE GROUP PLC SPONS	VODAFONE GROUP PLC SPONS ADR	^	35,772
	VORNADO RLTY TR COM	VORNADO RLTY TR COM	^	18,380
	WEYERHAEUSER CO COM	WEYERHAEUSER CO COM	^	25,572
	WHITING PETROLEUM CORP CO	WHITING PETROLEUM CORP COM	^	61,870
	WHOLE FOODS MARKET INC CO	WHOLE FOODS MARKET INC COM	^	7,518
	WILLIAMS COMPANIES INC CO	WILLIAMS COMPANIES INC COM	^	33,170
	WINDSTREAM HOLDINGS INC C	WINDSTREAM HOLDINGS INC COM	^	7,980
	WINNEBAGO INDS INC COM	WINNEBAGO INDS INC COM	^	5,490
	YOSEN GROUP INC COM	YOSEN GROUP INC COM	^	90
	3M COMPANY COM	3M COMPANY COM	^	42,075
	3POWER ENERGY GROUP INC C	3POWER ENERGY GROUP INC COM	^	556
		TOTAL COMMON STOCKS		6,127,726

(Continued)

LOEB & LOEB LLP PROFIT SHARING AND 401(k) PLAN

EIN: 95-1780806
PN: 005

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2013

	(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest. Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
		COMMON/COLLECTIVE FUNDS —			
		MORLEY STABLE VALUE FUND	MORLEY STABLE VALUE FUND	^	$ 3,921,897
		MUTUAL FUNDS:			
		ALERIAN MLP ETF	ALERIAN MLP ETF	^	106,028
		ALLIANZ NFJ DIVIDEND VALU	ALLIANZ NFJ DIVIDEND VALUE FD CL D	^	74,076
		ALLIANZ NFJ INTERNAT VALU	ALLIANZ NFJ INTERNAT VALUE FD A	^	126,766
		ALLIANZGI CONVERTIBLE & I	ALLIANZGI CONVERTIBLE & INC FD	^	24,566
		AMERICA EUROPACIFIC GROWT	AMERICA EUROPACIFIC GROWTH-R6	^	12,093,730
		AMERICAN EUROPACIFIC GROW	AMERICAN EUROPACIFIC GROWTH #016	^	83,944
		AMERICAN EUROPACIFIC GROW	AMERICAN EUROPACIFIC GROWTH #016	^	124,563
		AMERICAN FDS-NEW WORLD FD	AMERICAN FDS-NEW WORLD FD-R6	^	495,744
		AMERICAN/INVESTMENT CO OF	AMERICAN/INVESTMENT CO OF AMER -A#4	^	36,921
		AMERICAN/INVESTMENT CO OF	AMERICAN/INVESTMENT CO OF AMER -A#4	^	381,939
		AMEX TECH SELECT SECT IND	AMEX TECH SELECT SECT INDX SPDR SBI	^	13,581
		BLACKROCK EQUITY DIVIDEND	BLACKROCK EQUITY DIVIDEND FD-A	^	229,703
		BLACKROCK GLOBAL ALLOC FD	BLACKROCK GLOBAL ALLOC FD CL A 213	^	225,072
		BRANDYWINE ADV M/C GROWTH	BRANDYWINE ADV M/C GROWTH FUND	^	17,156
		BRANDYWINE BLUE FUND	BRANDYWINE BLUE FUND	^	16,431
		BROOKFIELD TOTAL RETURN F	BROOKFIELD TOTAL RETURN FUND	^	7,128
		CAPITAL WRLD GRTH & INCOM	CAPITAL WRLD GRTH & INCOME FD CL R5	^	23,172
		CLEARBRIDGE AGGRESSIVE GR	CLEARBRIDGE AGGRESSIVE GROWTH FD	^	83,948
*		CNR CORPORATE BD FD SERV	CNR CORPORATE BD FD SERV CL 2641	^	76,781
*		CNR GOVT BD FD SERV CL 26	CNR GOVT BD FD SERV CL 2639	^	55,497
*		CNR LTD MAT FXD INC FD CL	CNR LTD MAT FXD INC FD CL I #2656	^	58,808
		CONSUMER DISCR SELECT SEC	CONSUMER DISCR SELECT SECT SPDR SBI	^	9,891
		DELAWARE EMERGING MARKETS	DELAWARE EMERGING MARKETS FD CL C	^	42,424
		DFA INTL SMALL CAP VALUE	DFA INTL SMALL CAP VALUE PORT# 66	^	49,487
		DFA INTL SMALL CAP VALUE	DFA INTL SMALL CAP VALUE PORT# 66	^	37,512
		DFA ONE YEAR FIXED INCOME	DFA ONE YEAR FIXED INCOME PORTF# 3	^	102,276
		DNP SELECT INCOME FD SBI	DNP SELECT INCOME FD SBI	^	20,941
		DODGE & COX INTL STOCK FD	DODGE & COX INTL STOCK FD 1048	^	29,007
		DREYFUS CORE EQUITY FUND-	DREYFUS CORE EQUITY FUND-A	^	223,199
		DREYFUS INTL STOCK INDEX	DREYFUS INTL STOCK INDEX FD 79	^	20,642
		EATON VANCE DLOBAL ABSOLU	EATON VANCE DLOBAL ABSOLUTE RTRN 87	^	76,725
		EATON VANCE FL RATE ADV F	EATON VANCE FL RATE ADV FD CL I	^	72,721
		EIC VALUE FUND-A	EIC VALUE FUND-A	^	136,184
		FIDELITY ADV LEVERAGED CO	FIDELITY ADV LEVERAGED CO STK A #102	^	171,827
		FIDELITY BLUE CHIP GROWTH	FIDELITY BLUE CHIP GROWTH FUND312	^	30,296
		FIDELITY BLUE CHIP VALUE	FIDELITY BLUE CHIP VALUE FUND	^	30,444
		FIDELITY CANADA FUND	FIDELITY CANADA FUND	^	25,881
		FIDELITY CANADA FUND	FIDELITY CANADA FUND	^	38,768

(Continued)

LOEB & LOEB LLP PROFIT SHARING AND 401(k) PLAN

EIN: 95-1780806
PN: 005

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest. Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	FIDELITY CONTRAFUND #22	FIDELITY CONTRAFUND #22	^	$ 164,140
	FIDELITY CONTRAFUND #22	FIDELITY CONTRAFUND #22	^	100,918
	FIDELITY CONTRAFUND #22	FIDELITY CONTRAFUND #22	^	12,376,898
	FIDELITY FLTG RATE HIGH I	FIDELITY FLTG RATE HIGH INC 814	^	233,350
	FIDELITY INTL REAL ESTATE	FIDELITY INTL REAL ESTATE FD	^	98,222
	FIDELITY INTL REAL ESTATE	FIDELITY INTL REAL ESTATE FD	^	63,621
	FIDELITY LOW PRICE STOCK	FIDELITY LOW PRICE STOCK FD #316	^	181,986
	FIDELITY LOW PRICE STOCK	FIDELITY LOW PRICE STOCK FD #316	^	8,343
	FIDELITY LOW PRICE STOCK	FIDELITY LOW PRICE STOCK FD #316	^	4,810,117
	FIDELITY SELECT GOLD PORT	FIDELITY SELECT GOLD PORTF 41	^	22,636
	FIDELITY SMALL CAP DISCOV	FIDELITY SMALL CAP DISCOVERY FUND	^	11,081,275
	FIDELITY SOUTHEAST ASIA #	FIDELITY SOUTHEAST ASIA #351	^	35,974
	FIDELITY STRUCTUR LARGE C	FIDELITY STRUCTUR LARGE CAP VAL 708	^	38,212
	FINL SELECT SECTOR SPDR F	FINL SELECT SECTOR SPDR FD SBI	^	26,451
	FIRST EAGLE GLOBAL FD CL	FIRST EAGLE GLOBAL FD CL A # 801	^	51,894
	FORWARD INTL SMALL COS FD	FORWARD INTL SMALL COS FD- INSTL	^	156,744
	FORWARD INTL SMALL COS FD	FORWARD INTL SMALL COS FD- INSTL	^	63,090
	FRANKLIN TEMPLETON GLOBAL	FRANKLIN TEMPLETON GLOBAL BD C 506	^	44,312
	GATEWAY FUND# 1984	GATEWAY FUND# 1984	^	29,854
	HARBOR INTERNATIONAL FD#	HARBOR INTERNATIONAL FD# 11	^	5,427,036
	HEALTH CARE SELECT SECTOR	HEALTH CARE SELECT SECTOR SPDR SBI	^	27,720
	INCOME FUND OF AMERICA R-	INCOME FUND OF AMERICA R-6	^	6,709,736
	INDUSTRIAL SELECT SECTOR	INDUSTRIAL SELECT SECTOR SPDR SBI	^	28,220
	ING GLOBAL REAL ESTATE FU	ING GLOBAL REAL ESTATE FUND-I	^	40,454
	ING LARGE CAP VALUE FD CL	ING LARGE CAP VALUE FD CL C	^	107,227
	ISHARES CORE S & P MID-CA	ISHARES CORE S & P MID-CAP ETF	^	50,848
	ISHARES CORE S & P SMALL-	ISHARES CORE S & P SMALL-CAP ETF	^	22,917
	ISHARES CORE S & P SMALL-	ISHARES CORE S & P SMALL-CAP ETF	^	36,519
	ISHARES EM MKTS LCL CRNCY	ISHARES EM MKTS LCL CRNCY BOND ETF	^	32,709
	ISHARES INC MSCI AUSTRALI	ISHARES INC MSCI AUSTRALIA ETF	^	22,445
	ISHARES INC MSCI AUSTRALI	ISHARES INC MSCI AUSTRALIA ETF	^	7,214
	ISHARES INC MSCI JAPAN ET	ISHARES INC MSCI JAPAN ETF	^	24,642
	ISHARES MSCI ACWI ETF	ISHARES MSCI ACWI ETF	^	115,240
	ISHARES MSCI EAFE ETF	ISHARES MSCI EAFE ETF	^	125,803
	ISHARES NSCI ISRAEL CAPPE	ISHARES NSCI ISRAEL CAPPED ETF	^	9,684
	ISHARES RUSSELL 3000 ETF	ISHARES RUSSELL 3000 ETF	^	63,071
	ISHARES S&P 500 VALUE ETF	ISHARES S&P 500 VALUE ETF	^	142,804
	ISHARES S&P SMALL-CAP 600	ISHARES S&P SMALL-CAP 600 VALUE ETF	^	135,737
	ISHARES S&P SMALL-CAP 600	ISHARES S&P SMALL-CAP 600 VALUE ETF	^	36,662
	ISHARES SELECT DIVIDEND E	ISHARES SELECT DIVIDEND ETF	^	35,675
	IVY ASSET STRATEGY A # 60	IVY ASSET STRATEGY A # 606	^	72,580
	IVY GLOBAL NAT RESOURCES	IVY GLOBAL NAT RESOURCES-Y # 722	^	46,921

(Continued)

LOEB & LOEB LLP PROFIT SHARING AND 401(k) PLAN

EIN: 95-1780806
PN: 005

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest. Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	IVY GLOBAL NAT RESOURCES-	IVY GLOBAL NAT RESOURCES-Y # 722	^	$ 59,207
	IVY HIGH INCOME FUND CLAS	IVY HIGH INCOME FUND CLASS-I 475	^	613,797
	IVY HIGH INCOME FUND CLAS	IVY HIGH INCOME FUND CLASS-I 475	^	69,484
	IVY MID CAP GROWTH FUND C	IVY MID CAP GROWTH FUND CL-I	^	868,754
	JANUS FORTY FUND CLASS C	JANUS FORTY FUND CLASS C	^	79,216
	JANUS OVERSEAS FUND T SHA	JANUS OVERSEAS FUND T SHARES 1054	^	12,595
	JOHN HANCOCK SMALL COMPAN	JOHN HANCOCK SMALL COMPANY FD CL A	^	23,588
	JPMORGAN SMALL CAP VALUE	JPMORGAN SMALL CAP VALUE FUND-SEL	^	37,553
	JPMORGAN STRATEGIC INC OP	JPMORGAN STRATEGIC INC OPP FD-A	^	139,358
	KEELEY SMALL CAP VALUE FD	KEELEY SMALL CAP VALUE FD-A	^	107,269
	KEELEY SMALL CAP VALUE FD	KEELEY SMALL CAP VALUE FD-A	^	11,436
	MAINSTAY MARKETFIELD FUND	MAINSTAY MARKETFIELD FUND-I	^	116,387
	MANAGERS SMALL CAP FD	MANAGERS SMALL CAP FD	^	28,719
	MATTHEWS ASIA SMALL COMP	MATTHEWS ASIA SMALL COMP	^	51,442
	MATTHEWS PACIFIC TIGER FD	MATTHEWS PACIFIC TIGER FD # 802	^	166,685
	MATTHEWS PACIFIC TIGER FD	MATTHEWS PACIFIC TIGER FD # 802	^	105,834
	MERGER FD-# 260	MERGER FD-# 260	^	112,425
	MIDCAP SPDR TRUST SERIES	MIDCAP SPDR TRUST SERIES 1 ETF	^	85,470
	NEUBERGER BER ABS RET MM	NEUBERGER BER ABS RET MM -INS	^	1,501,213
	NORTHERN FRONTIER LEG FD-	NORTHERN FRONTIER LEG FD-I	^	33
	OAKMARK EQUITY & INCOME F	OAKMARK EQUITY & INCOME FD #810	^	1,729,251
	OAKMARK INTL SMALL CAP 8	OAKMARK INTL SMALL CAP 811	^	147,149
	OAKMARK INTL SMALL CAP 8	OAKMARK INTL SMALL CAP 811	^	75,218
	OPPENHEIMER SENIOR FLOAT	OPPENHEIMER SENIOR FLOAT RATE -I	^	36,473
	PERKINS MID CAP VALUE FUN	PERKINS MID CAP VALUE FUND-I	^	1,178,417
	PIMCO ALL ASSETS ALL AUTH	PIMCO ALL ASSETS ALL AUTH P 1932	^	8,987
	PIMCO TOTAL RETURN FD INS	PIMCO TOTAL RETURN FD INSTL-35	^	16,780,244
	PIMCO TOTAL RETURN FUND-C	PIMCO TOTAL RETURN FUND-C #4205	^	62,504
	PIONEER STRATEGIC INCOME-	PIONEER STRATEGIC INCOME-A #22	^	154,749
	POWERSHARES QQQ TR 1	POWERSHARES QQQ TR 1	^	35,184
	POWERSHARES SENIOR LOAN P	POWERSHARES SENIOR LOAN PORT ETF	^	35,703
	POWERSHARES SENIOR LOAN P	POWERSHARES SENIOR LOAN PORT ETF	^	49,760
	PRINCIPAL EQTY INC FD -IN	PRINCIPAL EQTY INC FD -INSTL	^	7,298,351
	PRINCIPAL GLBL DIVERS INC	PRINCIPAL GLBL DIVERS INC FD -A	^	180,442
	PROSHARES ULTRASHORT 20+Y	PROSHARES ULTRASHORT 20+Y TR ETF	^	31,680
	PRUDENTIAL JENNISON MID-C	PRUDENTIAL JENNISON MID-CAP GTH FD-A	^	35,760
	PRUDENTIAL JENNISON NAT R	PRUDENTIAL JENNISON NAT RES FD-Z	^	197,050
	RIVERPARK/WEDGEWOOD-RET	RIVERPARK/WEDGEWOOD-RET	^	128,347
	ROYCE PREMIER FUND INVT C	ROYCE PREMIER FUND INVT CL #265	^	106,976
	ROYCE TOTAL RETURN FUND #	ROYCE TOTAL RETURN FUND #267	^	51,179
	SPDR DOW JONES INDL AVRG	SPDR DOW JONES INDL AVRG ETF	^	8,274
	SPDR GOLD TRUST ETF	SPDR GOLD TRUST ETF	^	33,094
	SPDR S&P 500 ETF TRUST	SPDR S&P 500 ETF TRUST	^	632,900

(Continued)

LOEB & LOEB LLP PROFIT SHARING AND 401(k) PLAN

EIN: 95-1780806
PN: 005

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest. Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	SPDR S&P 500 ETF TRUST	SPDR S&P 500 ETF TRUST	^	$ 160,680
	SPDR S&P 500 ETF TRUST	SPDR S&P 500 ETF TRUST	^	100,656
	SPDR S&P DIVIDEND ETF	SPDR S&P DIVIDEND ETF	^	145,240
	SPDR S&P DIVIDEND ETF	SPDR S&P DIVIDEND ETF	^	53,013
	SPDR S&P RETAIL ETF	SPDR S&P RETAIL ETF	^	17,620
	STRATTON SMALL CAP VALUE	STRATTON SMALL CAP VALUE FUND	^	79,660
	T ROWE PRICE EMRG EURO &	T ROWE PRICE EMRG EURO & MED #131	^	118,730
	T ROWE PRICE EMRG EURO &	T ROWE PRICE EMRG EURO & MED #131	^	4,814
	T ROWE PRICE HIGH YIELD B	T ROWE PRICE HIGH YIELD BOND FD #57	^	80,839
	T ROWE PRICE LATIN AMER F	T ROWE PRICE LATIN AMER FD 97	^	15,535
	T ROWE PRICE LATIN AMER F	T ROWE PRICE LATIN AMER FD 97	^	6,982
	T ROWE PRICE LATIN AMER F	T ROWE PRICE LATIN AMER FD 97	^	43,706
	T ROWE PRICE M/C GRW #64	T ROWE PRICE M/C GRW #64	^	172,393
	T ROWE PRICE M/C GRW #64	T ROWE PRICE M/C GRW #64	^	5,182,365
	T ROWE PRICE MID-CAP VAL	T ROWE PRICE MID-CAP VAL FD #115	^	129,472
	T ROWE PRICE MID-CAP VAL	T ROWE PRICE MID-CAP VAL FD #115	^	4,611,879
	T ROWE PRICE NEW AMERICA	T ROWE PRICE NEW AMERICA GROWTH FUND	^	15,141,718
	T ROWE PRICE NEW ASIA FUN	T ROWE PRICE NEW ASIA FUND #39	^	164,680
	T ROWE PRICE NEW ASIA FUN	T ROWE PRICE NEW ASIA FUND #39	^	105,684
	T ROWE PRICE NEW ERA FUND	T ROWE PRICE NEW ERA FUND #41	^	52,441
	T ROWE PRICE NEW ERA FUND	T ROWE PRICE NEW ERA FUND #41	^	72,109
	T ROWE PRICE REAL ESTATE	T ROWE PRICE REAL ESTATE #122	^	62,089
	T ROWE PRICE REAL ESTATE	T ROWE PRICE REAL ESTATE #122	^	68,172
	T ROWE PRICE REAL ESTATE	T ROWE PRICE REAL ESTATE #122	^	181,243
	TCW GALILEO SELE EQUITIES	TCW GALILEO SELE EQUITIES FD-N 4810	^	144,804
	TEMPLETON GLOBAL BOND FD-	TEMPLETON GLOBAL BOND FD-AD	^	1,262,378
	TEMPLETON GLOBAL BOND-A 4	TEMPLETON GLOBAL BOND-A 406	^	74,365
	THIRD AVENUE INTL VALUE F	THIRD AVENUE INTL VALUE FUND # 448	^	24,999
	THORNBURG INTL VALUE FD-C	THORNBURG INTL VALUE FD-C# 639	^	76,323
	VANGUARD 500 INDEX ADMIRA	VANGUARD 500 INDEX ADMIRAL FD 540	^	298,605
	VANGUARD 500 INDEX FD-SIG	VANGUARD 500 INDEX FD-SIGN	^	8,333,511
	VANGUARD BOND INDEX INTER	VANGUARD BOND INDEX INTER-TERM #314	^	59,140
	VANGUARD CAPITAL OPPTY AD	VANGUARD CAPITAL OPPTY ADMIRAL SHS	^	2,013,918
	VANGUARD DIVIDEND APPRECI	VANGUARD DIVIDEND APPRECIATION-INV	^	11,763
	VANGUARD DIVIDEND GROWTH	VANGUARD DIVIDEND GROWTH FD CL IV	^	27,328
	VANGUARD ENERGY FUND	VANGUARD ENERGY FUND	^	98,949
	VANGUARD EUROPEAN STK IND	VANGUARD EUROPEAN STK IND-SG #1352	^	240,174
	VANGUARD EUROPEAN STK IND	VANGUARD EUROPEAN STK IND-SG #1352	^	71,217
	VANGUARD FTSE EMERGING MA	VANGUARD FTSE EMERGING MARKETS ETF	^	32,994
	VANGUARD FTSE EUROPE ETF	VANGUARD FTSE EUROPE ETF	^	60,564

(Continued)

LOEB & LOEB LLP PROFIT SHARING AND 401(k) PLAN

EIN: 95-1780806
PN: 005

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest. Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	VANGUARD FXD INC GNMA FD-	VANGUARD FXD INC GNMA FD-ADM 536	^	$ 6,398,892
	VANGUARD GROWTH ETF	VANGUARD GROWTH ETF	^	115,196
	VANGUARD HEALTH CARE FD #	VANGUARD HEALTH CARE FD #52	^	165,775
	VANGUARD INDEX 500 TRUST	VANGUARD INDEX 500 TRUST FD #040	^	49,783
	VANGUARD INFLAT-PROTECTED	VANGUARD INFLAT-PROTECTED SEC-IV#119	^	32,172
	VANGUARD MID CAP INDEX FD	VANGUARD MID CAP INDEX FD #859	^	89,247
	VANGUARD REIT ETF	VANGUARD REIT ETF	^	16,140
	VANGUARD REIT INDEX FUND-	VANGUARD REIT INDEX FUND-ADMIRAL	^	55,555
	VANGUARD REIT INDEX FUND-	VANGUARD REIT INDEX FUND-SIG	^	9,527
	VANGUARD S/T BOND INDEX-S	VANGUARD S/T BOND INDEX-SIG #1349	^	110,810
	VANGUARD SMALL-CAP ETF	VANGUARD SMALL-CAP ETF	^	16,823
	VANGUARD SMALL-CAP ETF	VANGUARD SMALL-CAP ETF	^	56,625
	VANGUARD SMALL-CAP INDEX	VANGUARD SMALL-CAP INDEX FUND # 48	^	156,803
	VANGUARD TOTAL INTL STK I	VANGUARD TOTAL INTL STK INDX #113	^	60,955
	VANGUARD TOTAL STK MKT IN	VANGUARD TOTAL STK MKT INDEX #085	^	160,281
	VANGUARD TOTAL STOCK MARK	VANGUARD TOTAL STOCK MARKET ETF	^	485,939
	VANGUARD WINDSOR II FD-AD	VANGUARD WINDSOR II FD-ADMIRAL # 573	^	9,496,002
	VANGUARD/WINDSOR FD INC-A	VANGUARD/WINDSOR FD INC-ADM	^	364,388
	VIRTUS EMERGING MKTS OPPS	VIRTUS EMERGING MKTS OPPS-A	^	68,757
	WELLS FARGO ADV SMALL CAP	WELLS FARGO ADV SMALL CAP VAL FD-IS	^	1,212,356
	WISDOMTREE EMERGING MARKE	WISDOMTREE EMERGING MARKETS EQUITY	^	31,128
	WISDOMTREE JAPAN HEDGED E	WISDOMTREE JAPAN HEDGED EQ-ETF	^	68,888
		TOTAL MUTUAL FUNDS		150,396,631
	NOTES, MORTGAGES, AND CONTRACTS			
*	PARTICIPANT LOANS — LOEB & LOEB EE MASTER NOTE	SECURED BY VESTED INTEREST 5.25% to 8.25%	^	1,754,779
		TOTAL PARTICIPANT LOANS		1,754,779
		TOTAL NOTES, MORTGAGES, AND CONTRACTS		1,754,779

(Continued)

LOEB & LOEB LLP PROFIT SHARING AND 401(k) PLAN

EIN: 95-1780806
PN: 005

FORM 5500, SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest. Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	MISCELLANEOUS:			
	PARTNERSHIPS:			
	BLACKSTONE GROUP L P	BLACKSTONE GROUP L P	^	$ 1,827
	BLACKSTONE GROUP L P	BLACKSTONE GROUP L P	^	157,500
	ENERGY TRANSFER EQUITY LP	ENERGY TRANSFER EQUITY LP	^	40,870
	KKR FINANCIAL HLDGS LLC L	KKR FINANCIAL HLDGS LLC LP	^	36,570
	PLAINS GP HLDGS LP CL A	PLAINS GP HLDGS LP CL A	^	69,602
		TOTAL PARTNERSHIPS		306,369
	OTHER ASSETS — TOTAL CAPITAL 3.125% 10/02/15	TOTAL CAPITAL 3.125% 10/02/15		10,437
		TOTAL MISCELLANEOUS		316,806
		PRINCIPAL CASH		258,518
		TOTAL ASSETS		$ 179,071,568

* Denotes party-in-interest asset

^ Cost information not provided as assets are part of an individual account plan that participants and beneficiaries directed with respect to assets allocated to his or her account.

See accompanying independent auditors' report (Concluded)

SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)*
DECEMBER 31, 2013

*See attached financial statements with auditor's report.