Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SIDLEY AUSTIN LLP SAVINGS AND INVESTMENT PLAN

1b Three-digit plan number (PN) ▶ 100

1c Effective date of plan 01/01/1986

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
SIDLEY AUSTIN LLP

C/O RETIREMENT PLANS DEPARTMENT

ONE SOUTH DEARBORN
CHICAGO, IL 60603

2b Employer Identification Number (EIN)
36-4474078

2c Sponsor's telephone number
312-853-7000

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.	10/15/2010	FREDERICK LOWINGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

SIDLEY AUSTIN LLP
C/O RETIREMENT PLANS DEPARTMENT
ONE SOUTH DEARBORN
CHICAGO, IL 60603

3b Administrator's EIN: 36-4474078

3c Administrator's telephone number: 312-853-7000

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**	3449
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**	2780
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	1367
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	4147
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	7
f	Total. Add lines **6d** and **6e**	**6f**	4154
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	3385
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2R 3B 3F 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

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

A Name of plan
SIDLEY AUSTIN LLP SAVINGS AND INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 100

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

D Employer Identification Number (EIN)
36-4474078

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).. . . . . [X] 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

FIDUCIARY CAPITAL MANAGEMENT

1062 BARNES ROAD, SUITE 202
P.O. BOX 80
WALLINGFORD, CT 06492

06-1187459

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(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

2009

This Form is Open to Public Inspection.

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

A Name of plan
SIDLEY AUSTIN LLP SAVINGS AND INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 100

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

D Employer Identification Number (EIN)
36-4474078

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: SA LLP MST TR FOR CERT DC PL ASSETS

b Name of sponsor of entity listed in (a): SIDLEY AUSTIN LLP

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)
04-3295558-017	M	250943983

a Name of MTIA, CCT, PSA, or 103-12 IE: SA LLP MASTER PENSION TRUST

b Name of sponsor of entity listed in (a): SIDLEY AUSTIN LLP

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)
04-3004856-013	M	16631169

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)

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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

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a Plan name

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
SIDLEY AUSTIN LLP SAVINGS AND INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 100

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

D Employer Identification Number (EIN)
36-4474078

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		2039923
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	137885	103031
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	206048542	267575152
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	206186427	269718106
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	3303	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	3303	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	206183124	269718106

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	27944794	
(C) Others (including rollovers)	2a(1)(C)	841281	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		28786075
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		46981203
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		75767278
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12177792	
(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)		12177792
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	54504	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		54504
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12232296
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		63534982
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KPMG LLP (2) EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
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		16631169
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
SIDLEY AUSTIN LLP SAVINGS AND INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 100

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

D Employer Identification Number (EIN)
36-4474078

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): 04-3581074

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SIDLEY AUSTIN LLP
SAVINGS AND INVESTMENT PLAN

Employer Identification Number 36-4474078
Plan Number 100

Financial Statements

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

SIDLEY AUSTIN LLP
SAVINGS AND INVESTMENT PLAN

Employer Identification Number 36-4474078
Plan Number 100

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KPMG LLP
303 East Wacker Drive
Chicago, IL 60601-5212

Independent Auditors' Report

The Plan Administrator
Sidley Austin LLP Savings and Investment Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Sidley Austin LLP Savings and Investment Plan (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to certain information summarized in note 7, which was certified by State Street Bank and Trust Company and The Northern Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustees as of and for the years ended December 31, 2009 and 2008 that certain information provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from certain information certified by the trustees, 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.

KPMG LLP

October 13, 2010

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

SIDLEY AUSTIN LLP
SAVINGS AND INVESTMENT PLAN

Employer Identification Number 36-4474078
Plan Number 100

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	2009	2008
Assets:		
Investment in Master Trusts (note 4)	$ 269,336,398	$ 206,186,427
Contribution receivable	2,039,923	—
Total assets	271,376,321	206,186,427
Liabilities:		
Accrued administrative expenses	—	3,303
Total liabilities	—	3,303
Net assets available for benefits at fair value	271,376,321	206,183,124
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(1,658,215)	(1,484,049)
Net assets available for benefits	$ 269,718,106	$ 204,699,075

See accompanying notes to financial statements.

SIDLEY AUSTIN LLP
SAVINGS AND INVESTMENT PLAN

Employer Identification Number 36-4474078
Plan Number 100

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2009 and 2008

	2009	2008
Additions:		
Net investment gain from Master Trusts (note 4)	$ 48,465,252	$ —
Contributions	28,786,075	29,795,680
Total additions	77,251,327	29,795,680
Deductions:		
Net investment loss from Master Trusts (note 4)	—	77,963,450
Benefits paid directly to participants (note 1)	12,177,792	11,361,430
Administrative expenses and other	54,504	42,208
Total deductions	12,232,296	89,367,088
Net increase (decrease)	65,019,031	(59,571,408)
Net assets available for benefits:		
Beginning of year	204,699,075	264,270,483
End of year	$ 269,718,106	$ 204,699,075

See accompanying notes to financial statements.

SIDLEY AUSTIN LLP
SAVINGS AND INVESTMENT PLAN

Employer Identification Number 36-4474078
Plan Number 100

Notes to Financial Statements

December 31, 2009 and 2008

(1) Description of Plan

(a) General

The Sidley Austin LLP Savings and Investment Plan (the Plan) is a defined contribution plan that was adopted on October 17, 1986. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). A brief description of the Plan is provided for general informational purposes only. Participants should refer to the plan document for more complete information.

(b) Administration

The Plan is administered by Sidley Austin LLP, an Illinois limited liability partnership. The Executive Committee of Sidley Austin LLP and its affiliated partnerships (the Firm) has appointed a number of Firm partners to the Retirement Plans Committee (the Committee) to carry out the administrative duties of the Plan.

(c) Trustee

The assets held in the Firm-Directed Portfolio (an investment option; see note 3) under the Plan are held by The Northern Trust Company, as custodian and trustee. All other assets of the Plan are held by State Street Bank and Trust Company, as custodian and trustee.

(d) Eligibility and Vesting

Each employee or partner of the Firm who performs services at an office located in the United States or is a citizen of the United States and each partner who is covered by a United States permanent resident visa is eligible to participate in the Plan. Participants are fully vested upon participation in the Plan.

(e) Funding

The Plan is funded by before-tax and Roth after-tax salary deferral contributions and rollover contributions from participants. Salary deferral contributions may be from 2% to 25% of a participant's gross compensation (excluding any taxable fringe benefits), not to exceed $16,500 and $15,500 for 2009 and 2008, respectively. Gross compensation in excess of $245,000 and $230,000 for 2009 and 2008, respectively, shall not be taken into account for any purposes in accordance with IRC §401(a)(17). Participants who will be age 50 or older at year-end may elect to make additional salary deferral "catch-up" contributions, which may be from 2% to 25% of the participant's gross compensation (excluding any taxable fringe benefits), not to exceed $5,500 for 2009 and for 2008. Contributions are limited by the provisions of Sections 402(g), 414(v), and 401(k)(3) of the Internal Revenue Code (IRC). Contributions are also limited with respect to aggregate contributions made to the Plan and other Firm retirement plans in accordance with IRC §415(c)(1)(A). The Firm does not make matching contributions on behalf of the participants.

(f) Benefit Payments

A participant may elect that his or her account balance be distributed in a lump sum as of any valuation date following his or her separation from service, but not later than April 1 following the calendar year in which the participant attains age 70½. However, if a separated participant's account balance does not exceed $1,000 and no portion of the account is held in a brokerage account or invested in the Firm-Directed Portfolio Option, the account balance will be distributed in a lump sum as soon as practicable following the participant's separation from service. If a participant dies before distribution of the account balance, distribution of the account will be made to the beneficiary (or beneficiaries). If an entire account balance under the 401(k) Plan exceeds $1,000 at the time of death, a beneficiary must receive the distribution within five years of death; however, if the spouse is the beneficiary, the spouse may defer the distribution until the date the participant would have attained age 70½, if later.

A participant who is still a partner or employee at age 59½ may elect to withdraw amounts from his or her account as of any valuation date. A partner or employee participant who has not attained age 59½ may withdraw amounts from his or her compensation reduction (salary deferral) account only if he or she demonstrates "financial hardship" (as defined by the plan document). If a participant has a Brown & Wood LLP (B&W) after-tax account (attributable to after-tax amounts transferred from a Brown & Wood LLP plan), the participant may withdraw amounts from such account at any time. If a participant has either pre-tax rollover contributions or a Roth rollover account, the participant may withdraw such amounts at any time.

(g) Participant Loans

No new loans are permitted by the Plan. Any existing loans are repayable in substantially equal installments through payroll deductions over the remaining term of the loan. The loans bear interest at a fixed interest rate. A participant is not entitled to receive any in-service distribution while any portion of the loan remains unpaid.

(h) Termination of the Plan

Termination of the Plan is at the discretion of the Firm and is subject to the provisions of ERISA. In the event of termination of the Plan, the accounts of all participants shall be distributed to the participants entitled to receive such accounts. Any remaining assets of the trust fund shall be distributed to participants ratably in proportion to the balances of their respective accounts.

Presently, there is no intention on the part of the Firm to terminate the Plan.

(i) Plan Amendments

During 2009 the Plan was amended by the Sixth Amendment to (1) reflect changes required by Treasury Regulations regarding contribution limitations under Section 415 of the IRC and pronouncements of the Internal Revenue Service (IRS) regarding excess contributions resulting from

limitations under Sections 401(k) and 402(g) of the IRC and (2) reflect changes required by the Pension Protection Act of 2006 with regard to qualified domestic relations orders.

During 2009 the Plan was further amended by the Seventh Amendment to (1) distribute an account balance paid to a beneficiary after a participant's death no later than five years after the participant's death, provided, that if a participant's beneficiary is the participant's spouse, distribution may be deferred until the participant would have attained age 70½, (2) reflect that following a participant's separation date if an account is less than $1,000, automatically distribute the account, (3) not allow distributions to leased employees, (4) include differential wage payments received during qualified military service as compensation, (5) not offer direct rollover for any distribution that would have been required by section 401(a)(9) of the IRC as a required minimum distribution for 2009, (6) name the Committee as Plan fiduciary having authority to manage the assets of the Plan and name the Firm as Plan fiduciary and administrator having authority to manage the operation and administration of the Plan, and (7) revise the claims and review procedure statute of limitations and forum for litigation.

(2) Significant Accounting Policies

(a) Basis of Presentation

The amounts in the accompanying financial statements are presented on the accrual basis of accounting.

(b) Valuation of Investments

All investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the year. U.S. government securities, mutual funds, and corporate bonds are valued based upon nationally published quotations. Hedge funds generally hold securities or other financial instruments for which a ready market exists and may include stocks, bonds, put or call options, swaps, currency hedges and other instruments, and are valued accordingly; however, due to the complexity of the instruments and the transactions involved, in many instances a ready market may not exist. Inflation hedging and private equity/venture capital funds are valued based on the capital accounts provided to the Plan by the managers of the investment funds. The funds often require the estimation of fair values by the fund managers in the absence of readily determinable market values. Because of the inherent uncertainties of valuation, these estimated fair values may differ significantly from values that would have been used had a ready market existed, and the differences could be material. Such valuations are determined by fund managers and generally consider variables such as operating results, comparable earnings multiples, projected cash flows, recent sales prices, and other pertinent information, and may reflect discounts for the illiquid nature of certain investments held. Moreover, the fair values of the Plan's interests in shares or units of these funds, because of liquidity and capital commitment terms that vary

depending on the specific fund or partnership agreement, may differ from the fair value of the funds' underlying net assets.

The Plan provides for investments that, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. 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 participants' account balances and amounts reported in the statements of net assets available for benefits.

(c) Realized and Unrealized Gains or Losses

At the time investments mature or are sold, the difference between the value at the beginning of the year and the proceeds is recorded as a realized gain or loss. The unrealized gain or loss on investments held represents the change in market valuation of the securities from the beginning of the year or date the securities were purchased, if later, to the end of the year.

(d) Benefit Payments

Benefit payments to participants are recorded when paid.

(e) Administrative Expenses

The investment expenses relating to fixed income contracts are paid directly by the Plan. All administrative expenses relating to trustee, record-keeping, and audit fees are paid by the Firm. Certain brokerage account fees and investment advice fees are paid by the participant or deducted from the participant's accounts.

(f) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of income, contributions, withdrawals, and expenses during the reporting period. Actual results could differ from those estimates.

As described in Financial Accounting Standards Board (FASB) Staff Position FSP AAG INV-1 and SOP 94-4-1 *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans* (recently succeed by FASB Accounting Standards Codification (ASC) 946, investment contracts held by a defined contribution plan are required to be reported at fair value. However, pursuant to the above cited FSP, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants receive if they initiate permitted transactions under the terms of the Plan. As required by the FSP, the Statements of Net Assets Available for Benefits present the fair value of the investment

contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits are prepared on the contract value basis.

(g) Recently Adopted Accounting Pronouncements

Effective January 1, 2008, the Plan adopted SFAS 157, *Fair Value Measurements* (recently succeeded by FASB Accounting Standards Codification (ASC) 820), which did not have a material impact on the Statements of Net Assets Available for Benefits or the Statements of Changes in Net Assets Available for Benefits. See note 4 for information and related disclosures regarding fair value measurements.

(3) Investments

Although all investments are part of the Master Trusts (see note 4), fund information is provided for financial statement presentation in order for these statements to be in accordance with accounting principles generally accepted in the United States of America. Per Internal Revenue Service (IRS) Form 5500 instructions, any investment account that consists solely of one plan's assets may be reported separately on that plan's Form 5500. Any commingled assets are to be reported as the "Interest in Master Trust" on the Form 5500 and are also reported on the Form 5500 filed for each Master Trust investment account. All plan assets are included in the "Interest in Master Trust," as they are all commingled.

The investment vehicles used by the Plan, which are participant-directed, during 2009 are described below:

(a) Fixed Income Contracts

The Fixed Income Fund holds investment contracts issued by numerous insurance companies in order to diversify the fixed income investments.

(b) Interest-Bearing Cash

The State Street Global Advisors (SSgA) Short Term Investment Fund holds cash in the Fixed Income Fund not invested in insurance contracts.

(c) Common/Collective Trusts

(i) SSgA Government Short Term Investment Trust

The SSgA Government Short Term Investment Trust is a common/collective trust stated at quoted market value. The objective of the SSgA Government Short Term Investment Fund is to provide preservation of principal and current income and to offer liquidity.

(ii) SSgA S&P 500 Index Fund

The SSgA S&P 500 Index Fund is a common/collective trust stated at quoted market value. The investment objective of the SSgA S&P 500 Index Fund is to duplicate the performance of

the Standard & Poor's 500 Index by investing in all 500 stocks in the same market-weighted proportions as the Standard & Poor's 500 Index. The SSgA S&P 500 Index Fund is managed by SSgA, Boston, Massachusetts.

(d) Registered Investment Companies

Investments in mutual funds at registered investment companies are stated at quoted net asset values. The mutual funds in which the Plan invests are as follows:

(i) Harbor Capital Appreciation Fund

Harbor Capital Appreciation Fund's investment objective is to seek long-term growth of capital by investing primarily in a portfolio of equity securities of established U.S. companies with market capitalizations of at least $1 billion and above-average prospects for growth. The subadviser of the Harbor Capital Appreciation Fund is Jennison Associates, LLC, New York, New York.

(ii) Harbor International Fund

Harbor International Fund's investment objective is to seek long-term growth of capital through investment in a portfolio consisting of non-U.S. equity securities. Companies in the fund's portfolio generally have market capitalizations in excess of $1 billion. The subadviser of the Harbor International Fund is Northern Cross Investments Limited, Hamilton, Bermuda.

(iii) Skyline Special Equities Portfolio

Skyline Special Equities Portfolio's investment objective is to seek maximum capital appreciation primarily through investment in common stocks that its investment adviser considers to be undervalued. The adviser of the Skyline Special Equities Portfolio is Skyline Asset Management, L.P., Chicago, Illinois. As of March 1, 2010, this fund was eliminated as an investment option under the Plan.

(iv) Vanguard Equity Income Fund

Vanguard Equity Income Fund's investment objective is to seek a relatively high level of current income while achieving long-term growth of income and capital by investing primarily in common stocks of established, large U.S. companies with above-average dividend yields. The advisers of the Vanguard Equity Income Fund are Wellington Management Company, LLP, Boston, Massachusetts, and The Vanguard Group, Valley Forge, Pennsylvania. Each of the advisers independently manages a percentage of the fund's assets.

(v) Fidelity Contrafund

Fidelity Contrafund seeks capital appreciation by investing primarily in the common stock of domestic and foreign companies whose value the manager believes is not fully recognized by the public. The investment manager of the Fidelity Contrafund is Fidelity Management and

Research Company, Boston, Massachusetts. As of March 1, 2010, this fund was eliminated as an investment option under the Plan.

(vi) FPA Perennial Fund

FPA Perennial Fund seeks long-term growth of capital by investing in a diversified portfolio of carefully selected stocks. The investment manager of the FPA Perennial Fund is First Pacific Advisors, Inc, Los Angeles, California.

(vii) Rainier Small/Mid Cap Equity Portfolio

Rainier Small/Mid Cap Equity Portfolio seeks capital appreciation by investing primarily in the common stocks of small domestic companies which the fund manager believes have prospects of strong earnings growth and are trading at attractive valuations. The investment manager of the Rainier Small/Mid Cap Equity Portfolio is Rainier Investment Management, Inc., Seattle, Washington.

(viii) PIMCO All Asset Fund

The PIMCO All Asset Fund is a "fund of funds," meaning it invests in a group of other mutual funds managed by Pacific Investment Management Company LLC (PIMCO). The fund seeks maximum real return, investing for both current income and capital appreciation, consistent with the preservation of capital and prudent investment management. The investment manager of the PIMCO All Asset Fund is PIMCO, Newport Beach, California.

(e) The Self-Managed Accounts

A participant in the Plan may elect to have all or a portion of his or her account balance, but not less than $5,000, segregated in a Self-Managed Account (SMA). In such case, State Street Global Markets, LLC executes all purchases, sales, investments, and reinvestments under the brokerage account at the direction of the participant or at the direction of any individual authorized by the participant. All investments are reported at fair value.

(f) Firm-Directed Portfolio

The Firm-Directed Portfolio invests in a number of private and public investment funds. The portfolio's approach is an asset mix that represents a blend of controlled risk and enhanced return. The Committee is the investment manager of the Firm-Directed Portfolio, and the Committee has retained Cambridge Associates, LLC to advise the Firm with respect to asset allocation and investment performance of the Firm-Directed Portfolio.

(4) Master Trust Allocation

The Plan's investments are held in two separate Master Trusts. All plan investments except for the Firm-Directed Portfolio are in the Sidley Austin LLP Master Trust for Certain Defined Contribution Plan Assets (the Defined Contribution Trust), which is held by State Street Bank and Trust Company. The

Firm-Directed Portfolio is in the Sidley Austin Master Pension Trust (the Pension Trust), which is held by The Northern Trust Company. The Defined Contribution Trust and the Pension Trust (collectively, the Master Trusts) were established for the investment of assets of the Plan, and several other Sidley Austin LLP-sponsored retirement plans. The Plan's interest in the net assets of the Defined Contribution Trust was approximately 36.6% and 34.7% at December 31, 2009 and 2008, respectively. The Plan's interest in the net assets of the Pension Trust was approximately 3.4% and 3.5% at December 31, 2009 and 2008, respectively.

Allocation of assets of the Master Trusts to participating plans as of December 31, 2009 and 2008 is as follows:

Defined Contribution Trust

	2009		2008	
	Amount	**Percent**	**Amount**	**Percent**
Savings and Investment Plan	$ 252,705,229	36.6%	$ 194,005,590	34.7%
Retirement Plan for Partners	313,312,020	45.3	267,537,406	47.9
1994 Retirement Plan for Partners	124,996,705	18.1	97,089,147	17.4
	$ 691,013,954	100.0%	$ 558,632,143	100.0%

Pension Trust

	2009		2008	
	Amount	**Percent**	**Amount**	**Percent**
Cash Balance Retirement Plan for Partners	$ 233,685,539	47.2%	$ 139,679,359	40.1%
Retirement Plan	108,377,886	21.9	89,315,586	25.6
Retirement Plan for Secretarial Staff	87,860,665	17.8	73,738,794	21.1
Savings and Investment Plan	16,631,169	3.4	12,180,837	3.5
Retirement Plan for Partners	41,283,123	8.3	28,588,108	8.2
1994 Retirement Plan for Partners	7,026,970	1.4	5,268,895	1.5
	$ 494,865,352	100.0%	$ 348,771,579	100.0%

(Continued)

Investment income (loss) of the Master Trusts to be allocated to participating plans for the years ended December 31, 2009 and 2008 is as follows:

Defined Contribution Trust

	2009	2008
Interest and dividends	$ 11,047,164	$ 13,403,515
Net appreciation (depreciation) in fair value of investments	114,965,028	(210,433,862)
Net realized investment loss	(6,288,171)	(18,803,627)
	$ 119,724,021	$ (215,833,974)

Pension Trust

	2009	2008
Interest and dividends	$ 6,697,590	$ 5,146,505
Net appreciation (depreciation) in fair value of investments	76,930,220	(132,183,697)
Net realized investment gain	3,405,977	17,260,227
	$ 87,033,787	$ (109,776,965)

The net appreciation (depreciation) in fair value of investments in the Master Trusts by major investment category for the years ended December 31, 2009 and 2008 is as follows:

Defined Contribution Trust

	2009	2008
Common/collective trust	$ 15,732,788	$ (31,450,389)
Registered investment companies	81,683,979	(145,198,924)
SMA/Broker of choice accounts	17,548,261	(33,784,549)
	$ 114,965,028	$ (210,433,862)

(Continued)

Pension Trust

	2009	2008
Fixed income funds	$ 5,656,332	$ (4,011,555)
U.S. equity funds	8,425,699	(13,605,179)
Non-U.S. equity funds	6,467,282	(10,433,138)
Emerging markets equity funds	11,345,057	(25,765,696)
Hedge funds	27,738,185	(44,281,637)
Inflation hedging funds	4,449,208	(9,659,710)
Private equity/venture capital funds	12,848,457	(24,426,782)
	$ 76,930,220	$ (132,183,697)

Effective January 1, 2008, the Plan adopted SFAS 157, *Fair Value Measurements* (recently succeeded by FASB Accounting Standards Codification (ASC) 820). ASC 820 defines fair value as the exchange price that would be received for an asset in the principal or most advantageous market for the asset in an orderly transaction between market participants an\d establishes a hierarchal disclosure framework that ranks valuation techniques based on the observability of inputs. Investments measured and reported at fair value under ASC 820 are classified based on the valuation techniques used and disclosed in one of the following categories:

- Level 1 – Investments with quoted prices in active markets for identical investments that the reporting entity has the ability to access as of the measurement date.
- Level 2 – Investments valued with inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, as of the measurement date.
- Level 3 – Investments valued with inputs that are unobservable for the investments and includes situations where there is little, if any, market activity for the investments.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

In addition to traditional stocks and fixed income securities, the Plan may also hold shares or units in traditional institutional funds as well as in alternative investment funds involving hedged strategies, inflation hedging strategies and private equity strategies. Hedged strategies involve funds whose managers have the authority to invest in various asset classes at their discretion, including the ability to invest long and short. Funds with hedged strategies generally hold securities or other financial instruments for which a ready market exists and may include stocks, bonds, put or call options, swaps, currency hedges and other instruments, and are valued accordingly; however, due to the complexity of the instruments and the transactions involved, in many instances a ready market may not exist. Funds with inflation hedging strategies generally hold public or private real estate, natural resources equities, commodities and oil and

gas partnerships. Private equity funds may employ buyout and venture capital strategies and may focus on investments in turn-around situations.

The following tables set forth by level, within the fair value hierarchy, the Master Trusts' investments at fair value as of December 31, 2009 and 2008:

Defined Contribution Trust

2009	Level 1	Level 2	Level 3	Total
Fixed income contracts	$ —	$ —	$ 48,883,122	$ 48,883,122
Pooled separate account	—	—	62,337,217	62,337,217
Interest bearing cash	11,416,215	—	—	11,416,215
Common/collective trust	—	132,480,045	—	132,480,045
Registered investment companies	302,092,374	—	—	302,092,374
Self-managed accounts	56,502,656	—	—	56,502,656
Broker of choice accounts	68,674,497	4,096,199	2,898,047	75,668,743
Uninvested cash	1,428,592	—	—	1,428,592
Participant loans	—	—	204,990	204,990
Total assets at fair value	$ 440,114,334	$ 136,576,244	$ 114,323,376	$ 691,013,954

2008	Level 1	Level 2	Level 3	Total
Fixed income contracts	$ —	$ —	$ 57,688,363	$ 57,688,363
Pooled separate accounts	—	—	46,306,563	46,306,563
Interest bearing cash	3,403,711	—	—	3,403,711
Common/collective trust	—	109,950,195	—	109,950,195
Registered investment companies	224,581,559	—	—	224,581,559
Self-managed accounts	44,985,120	—	—	44,985,120
Broker of choice accounts	58,456,175	2,676,000	3,147,629	64,279,804
Uninvested cash	7,177,269	—	—	7,177,269
Participant loans	—	—	259,559	259,559
Total assets at fair value	$ 338,603,834	$ 112,626,195	$ 107,402,114	$ 558,632,143

Pension Trust

2009	Level 1	Level 2	Level 3	Total
Cash	$ 4,307,086	$ —	$ —	$ 4,307,086
Fixed income funds	90,198,012	—	8,106,176	98,304,188
U.S. equity funds	33,948,522	—	5,192,580	39,141,102
Non-U.S. equity funds	7,973,992	—	16,140,739	24,114,731
Emerging markets equity funds	25,181,865	—	—	25,181,865
Hedge funds	—	—	166,831,179	166,831,179
Inflation hedging funds	4,990,363	—	37,438,834	42,429,197
Private equity/venture capital funds	—	—	94,321,150	94,321,150
Receivables, net	234,854	—	—	234,854
Total assets at fair value	$ 166,834,694	$ —	$ 328,030,658	$ 494,865,352

2008	Level 1	Level 2	Level 3	Total
Cash	$ 1,111,106	$ —	$ —	$ 1,111,106
Fixed income funds	35,475,214	—	—	35,475,214
U.S. equity funds	26,522,565	—	3,609,206	30,131,771
Non-U.S. equity funds	6,720,418	—	11,438,238	18,158,656
Emerging markets equity funds	16,366,312	—	—	16,366,312
Hedge funds	—	—	142,904,628	142,904,628
Inflation hedging funds	3,571,318	—	21,732,757	25,304,075
Private equity/venture capital funds	—	—	66,312,280	66,312,280
Uninvested cash	6,000,000	—	—	6,000,000
Receivables, net	7,007,537	—	—	7,007,537
Total assets at fair value	$ 102,774,470	$ —	$ 245,997,109	$ 348,771,579

The above classifications were made based on the structure of the underlying funds that comprise each investment category rather than the contents of those funds. Certain of the underlying funds categorized as Level 3 contain significant amounts of publicly traded equity securities.

The tables below sets forth a summary of changes in the fair value of the Master Trusts' Level 3 investments for the year ended December 31, 2009:

Defined Contribution Trust

	Fixed income contracts	Pooled separate account	Limited partnerships/ joint ventures	Participant loans	Total
Balance, beginning of year	$ 57,688,363	$ 46,306,563	$ 3,147,629	$ 259,559	$ 107,402,114
Realized/unrealized gains (losses)	2,705,415	2,724,178	(139,484)	19,015	5,309,124
Purchases/(sales) (net)	(11,510,656)	13,306,476	(110,098)	(73,584)	1,612,138
Balance, end of year	$ 48,883,122	$ 62,337,217	$ 2,898,047	$ 204,990	$ 114,323,376

The above limited partnerships/joint ventures are held within the Broker of Choice Accounts.

Pension Trust

	Balance, beginning of year	Realized/ unrealized gains/(losses) (net)	Purchases /sales(net)	Balance, end of year
Fixed income funds	$ —	$ 106,176	$ 8,000,000	$ 8,106,176
U.S. equity funds	3,609,206	1,583,374	—	5,192,580
Non-U.S. equity funds	11,438,238	4,702,501	—	16,140,739
Hedge funds	142,904,628	28,168,647	(4,242,096)	166,831,179
Inflation hedging funds	21,732,757	4,391,082	11,314,995	37,438,834
Private equity/venture capital funds	66,312,280	15,146,153	12,862,717	94,321,150
	$ 245,997,109	$ 54,097,933	$ 27,935,616	$ 328,030,658

The Plan does not maintain any investments measured at fair value on a nonrecurring basis as of December 31, 2009.

(5) Investment Contracts with Insurance Companies

The Plan invests in benefit-responsive investment contracts with various insurance companies (the Issuers) through the Defined Contribution Trust. The contracts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The Issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The aggregate average yield of the fixed income investment contracts for the years ended December 31, 2009 and 2008 was 4.26% and 4.65%, respectively. The aggregate interest rate for the fixed income investment contracts as of December 31, 2009 and 2008 was 3.99% and 4.95%, respectively.

As described in note 2(f), because the guaranteed investment contracts are fully benefit-responsive, pursuant to the FSP described therein, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Contract value, as reported to the Plan by the Issuers, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. To the extent permitted by the Plan, participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan is not required to and does not maintain any reserves against contract value for credit risk of the Issuers or otherwise. The crediting interest rates are based on formulas agreed upon with the Issuers, but may not be less than 0%.

The plan administrator is not aware of circumstances that could reasonably cause it to believe that distributions from the contracts would be payable at amounts other than contract value. The contracts do not permit the Issuers to terminate the agreements prior to the scheduled maturity dates.

(6) Tax Status

The IRS issued a favorable determination letter for the Plan dated May 5, 2010 in which the IRS stated that the Plan, as amended on December 31, 2009, was in compliance with the applicable requirements of the IRC.

The Plan has been amended since receiving the determination letter; however, the plan administrator believes the Plan is designed and currently operating within the applicable requirements of the IRC, and therefore, the Plan is qualified and the related Trust is tax-exempt as of the financial statement dates.

(7) Information Certified by State Street Bank and Trust Company and The Northern Trust Company

The following information (except for the fair value of the Fixed Income Fund) included in the financial statements was provided and certified by the Plan's trustees as complete and accurate:

- Investment in Master Trusts, as shown in the statements of net assets available for benefits as of December 31, 2009 and 2008.
- Net investment gain (loss) from Master Trusts, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2009 and 2008.
- Information in note 4.

(Continued)

The Northern Trust Company qualified its certification to indicate that it assumes no responsibility for the accuracy, timeliness or completeness of the information provided by third parties. As stated in note (2)(b), the Plan is relying on the estimation of fair values provided by the fund managers in absence of readily determinable market values.

The Plan's independent accountants did not perform auditing procedures with respect to the certified information, except for comparing such information to the related information included in the financial statements.

(8) Reconciliation of Financial Statements to Form 5500

The accompanying financial statements present the fully benefit-responsive investment contracts at contract value. The 2008 Form 5500 reported the fully benefit-responsive investment contracts at fair value. Therefore, the prior year adjustment from fair value to contract value for the fully benefit-responsive contracts represents a reconciling item.

The following is a reconciliation of net assets available for benefits per the financial statements for the year ended December 31, 2008 to Form 5500:

		2008
Net assets available for benefits per the financial statements	$	204,699,075
Adjustment from contract value to fair value for fully benefit-responsive investment contracts		1,484,049
Net assets available for benefits per the Form 5500	$	206,183,124

The following is a reconciliation of total income per the financial statements for the year ended December 31, 2009 to Form 5500:

		2009
Total gain per the financial statements	$	65,019,031
Less: Adjustment from contract value to fair value as of December 31, 2008		(1,484,049)
Total gain per the Form 5500	$	63,534,982

(9) Subsequent Events

The Firm has evaluated events from the balance sheet date through October 13, 2010, the date at which the financial statements were available to be issued, and determined there are no other items to disclose.

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

Plan Name SIDLEY AUSTIN LLP SAVINGS AND INVESTMENT PLAN **EIN:** 36-4474078
Plan Sponsor's Name SIDLEY AUSTIN LLP **PN:** 100

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PARTICIPANT LOANS	5.75% - 9.75%		103,031
	SELF MANAGED BROKER ACCT	OTHER		9,615,682