# 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

**2010**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**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
AKIN GUMP STRAUSS HAUER & FELD, L.L.P. SECTION 401(K) PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1976

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
AKIN GUMP STRAUSS HAUER & FELD, L.L.P.

1700 PACIFIC AVENUE, SUITE 4100
ATTENTION T. VAZIRI
DALLAS, TX 75201

**2b** Employer Identification Number (EIN) 75-1338644

**2c** Sponsor's telephone number 214-969-2800

**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. | 10/14/2011 | HOWARD JACOBSON |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2011 | HOWARD JACOBSON |
| | **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")

AKIN GUMP STRAUSS HAUER & FELD, L.L.P.

1700 PACIFIC AVENUE, SUITE 4100
ATTENTION T. VAZIRI
DALLAS, TX 75201

**3b** Administrator's EIN: 75-1338644

**3c** Administrator's telephone number: 214-969-2800

**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** | 2648 |
| **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** | 1550 |
| **b** | Retired or separated participants receiving benefits | **6b** | |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 1000 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 2550 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 5 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 2555 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 2547 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 168 |
| **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:

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

**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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2010**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
AKIN GUMP STRAUSS HAUER & FELD, L.L.P. SECTION 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AKIN GUMP STRAUSS HAUER & FELD, L.L.P.

**D** Employer Identification Number (EIN)
75-1338644

## 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

ALLIANZ GLOBAL INV FUND MGMT, LLC
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

CAPITAL RESEARCH AND MGMT CO.
333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

ARTIO GLOBAL MANAGEMENT, LLC
330 MADISON AVENUE
NEW YORK, NY 10017

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

CALAMOS ADVISORS, LLC
2020 CALAMOS COURT
NAPERVILLE, IL 60563

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

CRAMER ROSENTHAL MCGLYNN, LLC

520 MADISON AVENUE
20TH FLOOR
NEW YORK, NY 10022

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

GOLDMAN SACHS ASSET MANAGEMENT, LP

200 WEST STREET
NEW YORK, NY 10282

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

ING INVESTMENTS, LLC

7337 EAST DOUBLETREE RANCH RD
SCOTTSDALE, AZ 85258

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

INTERNATIONAL VALUE ADVISORS, LLC

645 MADISON AVENUE
NEW YORK, NY 10022

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

KEELEY ASSET MANAGEMENT CO.

401 SOUTH LASALLE STREET
SUITE 1201
CHICAGO, IL 60605

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

METROPOLITAN WEST ASSET MGMT., LLC

865 S. FIGUEROA STREET
LOS ANGELES, CA 90017

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

MASSACHUSETTS FINANCIAL SERVICES CO

500 BOYLSTON STREET
BOSTON, MA 02116

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

OPPENHEIMERFUNDS, INC.

TWO WORLD FINANCIAL CENTER
225 LIBERTY STREET, 11TH FLOOR
NEW YORK, NY 10281

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

DODGE & COX

555 CALIFORNIA STREET
40TH FLOOR
SAN FRANCISCO, CA 94104

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

THE DREYFUS CORPORATION

200 PARK AVENUE
NEW YORK, NY 10166

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

BOSTON MANAGEMENT AND RESEARCH

TWO INTERNATIONAL PLACE
BOSTON, MA 02110

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

FIRST PACIFIC ADVISORS, LLC

11400 WEST OLYMPIC BOULEVARD
SUITE 1200
LOS ANGELES, CA 90064

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

FEDERATED EQUITY MGMT CO. OF PENN

1001 LIBERTY AVENUE
PITTSBURGH, PA 15222

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

FENIMORE ASSET MANAGEMENT

384 N. GRAND STREET
COBLESKILL, NY 12043

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

FIDELITY MANAGEMENT & RESEARCH CO.

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

FIRST EAGLE INVESTMENT MGMT, LLC

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

PACIFIC INVESTMENT MGMT CO., LLC
840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

SSGA FUNDS MANAGEMENT, INC.
ONE LINCOLN STREET
BOSTON, MA 02111

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

FRANKLIN ADVISORS, INC.
ONE FRANKLIN PARKWAY
SAN MATEO, CA 94403-1906

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

VIRTUS INVESTMENT ADVISORS, INC.
100 PEARL STREET
HARTFORD, CT 06103

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

BLACKROCK INSTITUTIONAL MGMT CORP.
100 BELLEVUE PARKWAY
WILMINGTON, DE 19809

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

INVESCO ADVISORS, INC.
1555 PEACHTREE STREET, NE
ATLANTA, GA 30309

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

ABERDEEN ASSET MANAGEMENT, INC.
1735 MARKET STREET
32ND FLOOR
PHILADELPHIA, PA 19103

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

ALLIANCEBERNSTEIN, LP
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

SECURITY INVESTORS, LLC

805 KING FARM BOULEVARD
SUITE 600
ROCKVILLE, MD 20850

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

STATE STREET BANK & TRUST CO.

ONE LINCOLN STREET
BOSTON, MA 02111

04-1867445

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

THIRD AVENUE MANAGEMENT, LLC

622 THIRD AVENUE
NEW YORK, NY 10017

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

THORNBURG INVESTMENT MANAGEMENT INC

2300 NORTH RIDGETOP ROAD
SANTA FE, NM 87506

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

VANGUARD GROUP, INC.

455 DEVON PARK DRIVE
WAYNE, PA 19087

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

WEITZ & COMPANY

ONE PACIFIC PLACE
1125 SOUTH 103RD STREET, SUITE 200
OMAHA, NE 68124

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

WESTPORT ADVISORS, LLC

253 RIVERSIDE AVENUE
WESTPORT, CT 06880

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

ALPINE WOODS CAPITAL INVESTORS, LLC

2500 WESTCHESTER AVENUE, SUITE 215
PURCHASE, NY 10577

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

SATURNA CAPITAL CORPORATION

1300 N. STATE STREET
BELLINGHAM, WA 98225

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

AMERICAN CENTURY INV MGT, INC.

4500 MAIN STREET
KANSAS CITY, MO 64111

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

ARTISAN PARTNERS, LP

875 EAST WISCONSIN AVENUE
SUITE 800
MILWAUKEE, WI 53202

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

BRIDGEWAY CAPITAL MANAGEMENT, INC

5615 KIRBY DRIVE
SUITE 518
HOUSTON, TX 77005

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

COHEN AND STEERS

280 PARK AVENUE, 10TH FLOOR
NEW YORK, NY 10017

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

COLUMBIA WANGER ASSET MANAGEMENT

227 WEST MONROE STREET
SUITE 3000
CHICAGO, IL 60606

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

DAVIS SELECTED ADVISERS, LP

2949 EAST ELVIRA ROAD
SUITE 101
TUCSON, AZ 85756

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

GABELLI FUNDS, LLC

ONE CORPORATE CENTER
RYE, NY 10580

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

HARBOR CAPITAL ADVISORS, INC.

111 SOUTH WACKER DRIVE
34TH FLOOR
CHICAGO, IL 60606

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

HARRIS ASSOCIATES, LP

TWO NORTH LASALLE STREET
SUITE 500
CHICAGO, IL 60602

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

H L INVESTMENT ADVISORS, LLC

200 HOPMEADOW STREET
SIMSBURY, CT 06089

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

HEARTLAND ADVISORS, INC.

789 NORTH WATER STREET
SUITE 500
MILWAUKEE, WI 53202

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

HENNESSY ADVISORS, INC.

7250 REDWOOD BLVD.
SUITE 200
NOVATO, CA 94945

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

IVY INVESTMENT MANAGEMENT CO

6300 LAMAR AVENUE
SHAWNEE MISSION, KS 66201

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

JANUS CAPITAL MANAGEMENT LLC

151 DETROIT STREET
DENVER, CO 80206

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

JENSEN INVESTMENT MANAGEMENT, INC.

5300 MEADOWS ROAD
SUITE 250
LAKE OSWEGO, OR 97035

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

LOOMIS SAYLES & COMPANY, LP

ONE FINANCIAL CENTER
BOSTON, MA 02111

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

VAN ECK ASSOCIATES CORPORATION

335 MADISON AVENUE
19TH FLOOR
NEW YORK, NY 10017

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

MATTHEWS INTERNATIONAL CAP MGMT LLC

FOUR EMBARCADERO CENTER
SUITE 550
SAN FRANCISCO, CA 94111

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

MORGAN STANLEY INVESTMENT MGMT INC

522 FIFTH AVENUE
NEW YORK, NY 10036

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

MOTLEY FOOL ASSET MANAGEMENT, LLC

2000 DUKE STREET
SUITE 175
ALEXANDRIA, VA 22314

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

OLD MUTUAL CAPITAL, INC.

4643 SOUTH ULSTER STREET
SUITE 600
DENVER, CO 80237

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

PAYDEN & RYGEL

333 SOUTH GRAND AVENUE
LOS ANGELES, CA 90071

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

DB COMMODITY SERVICES, LLC

60 WALL STREET
NEW YORK, NY 10005

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

INVESCO POWERSHARES MGMT, LLC

301 WEST ROOSEVELT ROAD
WHEATON, IL 60187

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

PROSHARE ADVISORS

7501 WISCONSIN AVENUE
SUITE 1000
BETHESDA, MD 20814

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

PRUDENTIAL INVESTMENTS, LLC

GATEWAY CENTER THREE
100 MULBERRY STREET
NEWARK, NJ 07102

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

RS INVESTMENT MGMT CO., LLC

388 MARKET STREET, SUITE 1700
SAN FRANCISCO, CA 94111

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

RIDGEWORTH INVESTMENTS

3333 PEIDMONT ROAD
SUITE 1500
ATLANTA, GA 30305

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

T. ROWE PRICE ASSOCIATES, INC.

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

ROYCE & ASSOCIATES, LLC

745 FIFTH AVENUE
NEW YORK, NY 10151

**(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)

ING INSTITUTIONAL PLAN SERVICES

30 BRAINTREE HILL OFFICE PARK
3 SOUTH
BRAINTREE, MA 02184

| (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? |
|---|---|---|---|---|---|---|
| 17 19 | N/A | 69481 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

WHITTIER TRUST COMPANY

1600 HUNTINGTON DRIVE
SOUTH PASADENA, CA 91030

| (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? |
|---|---|---|---|---|---|---|
| 28 | N/A | 9161 | Yes [ ] No [X] | 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

**2010**

**This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
AKIN GUMP STRAUSS HAUER & FELD, L.L.P. SECTION 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
AKIN GUMP STRAUSS HAUER & FELD, L.L.P.

**D** Employer Identification Number (EIN)
75-1338644

## 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: THE AKIN GUMP, ET AL, MASTER TRUST

**b** Name of sponsor of entity listed in (a): AKIN GUMP STRAUSS HAUER & FELD 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) |
|---|---|---|
| 75-1338644-006 | M | 156219004 |

**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 |
|---|---|

**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

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
AKIN GUMP STRAUSS HAUER & FELD, L.L.P. SECTION 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AKIN GUMP STRAUSS HAUER & FELD, L.L.P.

**D** Employer Identification Number (EIN)
75-1338644

## 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) | 13114234 | 12627357 |
| **(2)** Participant contributions | 1b(2) | 1603702 | 2124387 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 25352 | |
| **(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) | 43948382 | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 2457410 | 2734375 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | 20209510 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 21082722 | 156219004 |
| **(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) | 193025963 | 124841256 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 10650999 | 8813948 |

| | | (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 | 285908764 | 327569837 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 285908764 | 327569837 |

## 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) | 12627357 | |
| **(B)** Participants | 2a(1)(B) | 14946624 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 587914 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 28161895 |
| **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) | 134890 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 134890 |
| **(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) | | |
| **(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) | | 932543 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 18656569 |
| (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) | | 15074077 |
| c Other income | 2c | | -975237 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 61984737 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 20245022 | |
| (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) | | 20245022 |
| 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) | 78642 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 78642 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 20323664 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 41661073 |
| 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: LANE GORMAN TRUBITT, PLLC (2) EIN: 75-1044330

**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 | | 25000000 |
| **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) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

# 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

**2010**

**This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
AKIN GUMP STRAUSS HAUER & FELD, L.L.P. SECTION 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
AKIN GUMP STRAUSS HAUER & FELD, L.L.P.

**D** Employer Identification Number (EIN)
75-1338644

## 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): 02-0488491

**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):

Lane Gorman Trubitt, PLLC
*Accountants & Advisors*

Report of Independent Certified Public Accountants

The Retirement Committee and Participants
Akin Gump Strauss Hauer & Feld, L.L.P.
Section 401(k) Profit Sharing Plan

We were engaged to audit the financial statements and supplemental schedule of the Akin Gump Strauss Hauer & Feld, L.L.P. Section 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2010 and 2009, and for the year ended December 31, 2010 as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by Section 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Retirement Committee instructed us not to perform, and we did not perform, any auditing procedures with respect to the cash, investments, investment transactions and related income, which was certified by Benefit Trust Company, ING Institutional Plan Services, L.L.C., and The Whittier Trust Company, the current custodians of the Plan, and State Street Bank and Trust Company, a former custodian of the Plan, except for comparing that information with the related information included in the financial statements and supplemental schedule. We have been informed by the Retirement Committee that the Custodians holds Plan investment assets and execute investment transactions. The Retirement Committee has obtained certifications from the Custodians as of December 31, 2010 and 2009 and for the year ended December 31, 2010 that the information provided to the Retirement Committee by the Custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedule taken as whole. 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 Custodians, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Lane Gorman Trubitt, PLLC

Dallas, Texas
October 12, 2011

Akin Gump Strauss Hauer & Feld
Section 401(k) Profit Sharing Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500, Schedule H, Line 4i
EIN: 75-1338644
Plan Number: 001
December 31, 2010

| (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 |
|---|---|---|---|---|
| | **NON-PARTICIPANT DIRECTED INVESTMENTS** | | | |
| | Interest in master trust | | $ 142,802,417 | $ 156,219,004 |
| | **PARTICIPANT DIRECTED INVESTMENTS** | | | |
| | COMMON/COLLECTIVE TRUSTS | | | |
| * | ING Stabilizer | | ** | 20,209,510 |
| | MUTUAL FUNDS | | | |
| | Allianz NFJ Dividend Value | | ** | 12,400,793 |
| | American Growth Fund of America | | ** | 10,612,357 |
| | Artio International Equity | | ** | 8,141,589 |
| | Calamos Growth Fund | | ** | 3,605,476 |
| | CRM Mid Cap Value Fund | | ** | 7,893,323 |
| | Goldman Sachs Short Duration | | ** | 4,319,623 |
| * | ING International Value Fund | | ** | 7,972,238 |
| | IVA Worldwide Fund | | ** | 5,187,355 |
| | Keeley Small Cap Fund | | ** | 6,036,033 |
| | Metropolitan West | | ** | 1,334,772 |
| | MFS Total Return Fund | | ** | 6,544,153 |
| | Oppenheimer Main Street Small Cap Fund | | ** | 12,323,911 |
| | PIMCO All Asset Fund | | ** | 105,227 |
| | PIMCO Total Return Fund | | ** | 12,466,253 |
| | SSGA S&P 500 Index Fund | | ** | 22,919,147 |
| | Templeton Global Bond Fund | | ** | 373,439 |
| | Virtus Real Estate (formely Phoenix Duff Fund) | | ** | 2,605,567 |
| | Mutual funds held outside the Master Trust | | | 124,841,256 |
| | SEGREGATED ACCOUNTS | | ** | 8,813,948 |
| | PARTICIPANT LOANS * | | | |
| | Loans to participants, interest rates from 4.25% to 10.00%. | | ** | 2,734,375 |
| | | | | $ 312,818,093 |

* - indicates a party-in-interest
** - cost information is not required to be disclosed for participant directed investments

This supplemental schedule lists assets held for investment purposes as of December 31, 2010, as required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure.

# AKIN GUMP STRAUSS HAUER & FELD, L.L.P.
# SECTION 401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND REPORT OF INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANTS

DECEMBER 31, 2010 AND 2009

401(K) PROFIT SHARING PLAN

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Lane Gorman Trubitt, PLLC
*Accountants & Advisors*

Report of Independent Certified Public Accountants

The Retirement Committee and Participants
Akin Gump Strauss Hauer & Feld, L.L.P.
Section 401(k) Profit Sharing Plan

We were engaged to audit the financial statements and supplemental schedule of the Akin Gump Strauss Hauer & Feld, L.L.P. Section 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2010 and 2009, and for the year ended December 31, 2010 as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by Section 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Retirement Committee instructed us not to perform, and we did not perform, any auditing procedures with respect to the cash, investments, investment transactions and related income, which was certified by Benefit Trust Company, ING Institutional Plan Services, L.L.C., and The Whittier Trust Company, the current custodians of the Plan, and State Street Bank and Trust Company, a former custodian of the Plan, except for comparing that information with the related information included in the financial statements and supplemental schedule. We have been informed by the Retirement Committee that the Custodians holds Plan investment assets and execute investment transactions. The Retirement Committee has obtained certifications from the Custodians as of December 31, 2010 and 2009 and for the year ended December 31, 2010 that the information provided to the Retirement Committee by the Custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedule taken as whole. 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 Custodians, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Lane Gorman Trubitt, PLLC

Dallas, Texas
October 12, 2011

Akin Gump Strauss Hauer & Feld, L.L.P.
Section 401(k) Profit Sharing Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

| | 2010 | 2009 |
|---|---|---|
| ASSETS | | |
| Investments at fair value: | | |
| Non-participant directed investments: | | |
| Cash and cash equivalents | $ - | $ 25,352 |
| Mutual funds | - | 64,975,582 |
| Interest in master trust | 156,219,004 | 21,082,722 |
| Limited partnerships interests | - | 43,948,382 |
| | 156,219,004 | 130,032,038 |
| Participant directed investments: | | |
| Common and collective trusts | 20,209,510 | 18,239,200 |
| Mutual funds | 124,841,256 | 110,115,663 |
| Segregated accounts | 8,813,948 | 10,650,999 |
| | 153,864,714 | 139,005,862 |
| Total investments | 310,083,718 | 269,037,900 |
| Receivables: | | |
| Non-participant directed: | | |
| Employer contributions | 12,201,072 | 12,688,923 |
| Participant directed: | | |
| Notes receivable | 2,734,375 | 2,457,410 |
| Participant contributions | 2,124,387 | 1,603,702 |
| Employer contributions | 426,285 | 425,311 |
| | 17,486,119 | 17,175,346 |
| Total assets | 327,569,837 | 286,213,246 |
| LIABILITIES | - | - |
| NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE | 327,569,837 | 286,213,246 |
| Adjustment from fair value to contract value for fully benefit responsive investment contracts - participant directed | - | (304,482) |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 327,569,837 | $ 285,908,764 |

The accompanying notes are an integral part of these financial statements.

Akin Gump Strauss Hauer & Feld, L.L.P.
Section 401(k) Profit Sharing Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2010

| | Non-participant Directed | Participant Directed | Total |
|---|---|---|---|
| ADDITIONS | | | |
| Interest and dividends | $ 3,567,089 | $ 1,498,590 | $ 5,065,679 |
| Contributions: | | | |
| Participant contributions | 4,229,933 | 10,716,691 | 14,946,624 |
| Employer contributions | 12,201,072 | 426,285 | 12,627,357 |
| Rollovers | - | 587,914 | 587,914 |
| Net appreciation in master trust interest | 15,575,352 | - | 15,575,352 |
| Net appreciation in fair value of investments | - | 13,667,683 | 13,667,683 |
| Total additions | 35,573,446 | 26,897,163 | 62,470,609 |
| DEDUCTIONS | | | |
| Benefit payments to participants | 9,381,612 | 10,863,410 | 20,245,022 |
| Miscellaneous fees and expenses | 485,872 | 78,642 | 564,514 |
| Total deductions | 9,867,484 | 10,942,052 | 20,809,536 |
| NET INCREASE | 25,705,962 | 15,955,111 | 41,661,073 |
| NET ASSETS AVAILABLE FOR BENEFITS AT: | | | |
| Beginning of year | 142,720,961 | 143,187,803 | 285,908,764 |
| End of year | $ 168,426,923 | $ 159,142,914 | $ 327,569,837 |

The accompanying notes are an integral part of these financial statements.

## 1. DESCRIPTION OF THE PLAN

The following description of the Akin Gump Strauss Hauer & Feld, L.L.P. Section 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provision.

### General

The Plan is a defined contribution Plan formed under the provision of Section 401(a) of the United States Internal Revenue Code (the "IRC"), which includes a qualified cash or deferred arrangement as described in section 401(k) of the IRC, to enable eligible employees (including self-employed individuals, employees and professional corporate partners) of Akin Gump Strauss Hauer & Feld, L.L.P. (the "Partnership") to save and invest funds for retirement.

The Partnership maintains multiple benefit plans. The investment assets of these plans are held and administered by the Akin Gump Strauss Hauer & Feld LLP Master Trust (the "Master Trust"). Each of the plans has an interest in the net assets of the Master Trust and changes therein.

The Plan was amended and restated as of January 1, 2009.

### Plan Administration

The Partnership's Retirement Committee (the "Committee") is responsible for administrating the Plan. Employees of the Partnership are eligible to participate upon hire provided they are at least 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Certain expenses incurred in the administration of the Plan in 2010 were paid by the Partnership.

### Contributions

Each year, participants may contribute up to 100 percent of pretax annual compensation as defined in the Plan, subject to the dollar limitation under §402(g) of the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other eligible retirement plans. Participants direct the investment of certain contributions into various investment options offered by the Plan. The Plan has an automatic enrollment feature. Employees and participants can elect to stop or change this automatic contribution.

Partnership contributions shall be made to the Plan at the Partnership's sole discretion. The Partnership may designate any portion of a contribution as a Partnership matching contribution, profit sharing contribution, discretionary profit sharing contribution, qualified non-elective contribution or a qualified matching contribution.

In 2010, the Partnership made a matching contribution equal to ten percent of Participant's salary reduction contributions for participants who are not "non-partner attorneys", made salary reduction contributions of at least three percent of compensation, completed a minimum of 1,000 hours of service, and who were employed on December 31. Matching contributions totaled $426,285 for the year ended December 31, 2010. In addition for the year ended December 31, 2010 discretionary profit sharing contributions of $6,216,172 were made for participants. Partners' profit sharing contributions totaled $5,984,900 for the year ended December 31, 2010, respectively.

1. DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer matching and other contributions, as well as the participant's share of investment income, appreciation (depreciation) and any related administrative expenses. The participant determines both the amount to be invested and the allocation of the investment to one or more of the investment alternatives. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their rollover, salary reduction, qualified non-elective and qualified matching accounts. Vesting in their profit sharing account is based on years of vesting service. A Participant is fully vested after six years of credited service.

Investment Options

The Plan invests in cash and cash equivalents, government securities, mutual funds, stocks, and limited partnerships, which are managed by outside investment managers. As of January 1, 2010, all of the commingled investments are held in the Master Trust by Benefit Trust Company (the "Custodian"). The Plan provides for self-directed investment programs for participants (the "Segregated Accounts"). As of December 31, 2009, some of these investments were held in a master trust by State Street Bank and Trust Company under the terms of the custodial agreement with the Partnership and the Trustees. Additionally, a portion of prior year net assets of the Plan were commingled with the assets of three other Plans established by the Partnership.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance. The loans are secured by the balance in the Participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Committee. Principal and interest is paid ratably through payroll deductions.

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

Payment of Benefits

On retirement, death, disability, or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution or a direct rollover of the Participant's vested account balance. Participants with accounts transferred from the Target Benefit Plan may choose to receive their distribution from the Target Benefit Contribution Account in either a lump-sum distribution or an annuity. In addition, hardship and in-service withdrawals are permitted if certain criteria are met. Benefits are recorded when paid.

Forfeited Accounts

At December 31, 2010 and 2009, forfeited non-vested accounts totaled $684,652 and $201,288, respectively. These accounts will be used to reduce future employer contributions to the Plan and/or to pay administrative expenses of the Plan. During the year ended December 31, 2010, forfeitures of $221,449 were used to reduce the 2010 employer contribution.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied by the Plan in the preparation of the accompanying financial statements is as follows:

Basis of Accounting and Use of Estimates

The accompanying financial statements are prepared on the accrual basis of accounting. The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.

Investment Valuation and Income Recognition

Investments are stated at fair value. The investments in the limited partnerships are carried at a value as determined by the limited partnerships' general partner and evaluated by the Committee. Changes in market value are reflected in operations. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation (depreciation) of investments, including realized gains and losses on sales during the year and current changes in unrealized appreciation (depreciation) in the market value of investments held at year-end, is presented in the statement of changes in net assets available for benefits.

Investment in the Master Trust is valued at the Plan's share of the fair value of underlying assets of the Master Trust. Earnings from the Master Trust are the Plan's assigned share of the Master Trust's earnings. The Plan's assigned share of the Master Trust may vary during the year.

The ING Intermediate Stable Value Fund (the "Fund") consists primarily of investments in fixed income securities, mortgage backed securities and repurchase agreements. In determining the net assets available for benefits, the ING Intermediate Stable Value Fund is included in the accompanying financial statement at contract value, which represents contributions made under the contract plus earnings, less withdrawals and administrative expenses. Investment contracts are generally valued at contract value, rather than fair value, to the extent it is fully benefit-responsive. The yield earned by the Fund at December 31, 2010 was 6.82%. This represents the annualized earnings of all investments in the Fund, including the earnings recorded at the underlying collective trust funds, divided by the fair value of all investments in the Fund at December 31, 2010.

The SSGA Stable Value Fund (the "Stable Value Fund") consists primarily of investments in several fixed-income categories, including U.S. Treasuries, government agency securities, corporate debt, asset-backed securities, and mortgage-backed securities. The Stable Value Fund also purchases third party wrap contracts and investment contracts offered by insurance companies and other approved financial institutions that provide for the payment of a specified rate of interest. The Stable Value Fund is considered to be fully benefit-responsive, and the wrap and investment contracts in the fund assure that payments will be made for participant directed withdrawals at contract value. In determining the net assets available for benefits, the Stable Fund is included in the accompanying financial statement at contract value, which represents contributions made under the contract plus earnings, less withdrawals and administrative expenses The average yield to maturity and crediting interest rate for the fund was approximately 2.15% and 3.18% at December 31, 2009.

The beneficial interest of each participant is represented by units. Units are issued and redeemed daily at the constant net asset value of $1 per unit. It is the policy of the Stable Value Fund to use its best efforts to maintain a stable net asset value of $1 per unit; although there is no guarantee that the Stable Value Fund will be able to maintain this value. Stable Value Fund's objective is preserving principal while earning interest income. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value. The contract is included in the statements of net assets available for benefits at estimated fair value. There are no reserves against contract value for credit risk.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are adjusted on a daily basis. The Stable Value Fund imposes certain restrictions on the Plan, and the Stable Value Fund itself may be subject to circumstances that impact its ability to transact at contract value. Such events include: the Plan's failure to qualify under section 401(a) of the Internal Revenue Code; the establishment of a plan or similar fund that competes for employee contributions; changes in laws or regulations that could have a material adverse effect on the Stable Value Fund's cash flow; communication to participants influencing them to not invest in the Stable Value Fund. Plan management believes that the occurrence of events that would cause the Stable Value Fund to transact at less than contract value is not probable.

The Plan reports its interests in fully benefit-responsive investment contracts at fair value in the statements of net assets available for benefits. In addition, any material difference between the fair value of these investments and their contract value is to be presented as a separate adjustment line in the statement of net assets available for benefits, because contract value remains the relevant measurement attribute for that portion of net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan

The Plan provides for investments in various investment securities which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Further, due to the level of risk associated with certain investment securities, it is at least reasonably possible that change in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

Recent market conditions have resulted in an unusually high degree of volatility and increased the risks and affected the short term liquidity associated with certain investments held by the Plan which could impact the value of investments after the date of these financial statements. Because the values of individual investments fluctuate with market conditions, the amount of gains or losses that will be recognized in subsequent periods, if any, cannot be determined. Brokerage fees, if any, are added to the acquisition cash of assets purchased and subtracted from the proceeds of assets sold.

3. INVESTMENT ASSETS HELD IN THE MASTER TRUST

Master Trust investments are directed by the Committee, accordingly they are non-participant directed.

Investment assets held in the Master Trust consisted of the following at December 31:

Investment assets held in the Master Trust consisted of the following at December 31:

| | 2010 | | 2009 | |
|---|---|---|---|---|
| | Cost | Fair Value | Cost | Fair Value |
| Cash and cash equivalents | $ 4,030,179 | $ 4,030,179 | $ 999,040 | $ 999,040 |
| Common and preferred stock | 21,150,058 | 25,983,019 | 29,259,804 | 30,779,058 |
| Limited partnerships | 75,678,295 | 87,859,211 | - | - |
| Mutual funds | 142,592,388 | 147,425,461 | - | - |
| Allocable assets in Master Trust | 243,450,920 | 265,297,870 | 30,258,844 | 31,778,098 |
| Specific plan liabilities in the Master Trust | - | - | - | - |
| Net assets of Master Trust | $ 243,450,920 | $ 265,297,870 | $ 30,258,844 | $ 31,778,098 |

The Plan had approximately a 59% and a 66% interest in the Master Trust as of December 31, 2010 and 2009, respectively.

Following is a summary of the changes in assets of the Master Trust during the year ended December 31, 2010:

| | |
|---|---|
| Additions | |
| Dividends | $ 6,124,668 |
| Net transfers into the Master Trust | 204,968,267 |
| Net appreciation in fair value of investments | 23,460,602 |
| Total additions | 234,553,537 |

3. INVESTMENT ASSETS HELD IN THE MASTER TRUST (Continued)

| | |
|---|---|
| Deductions | |
| Administrative expenses | 1,033,765 |
| Total deductions | 1,033,765 |
| Net increase in net assets | 233,519,772 |
| Net assets available for benefits, beginning of year | 31,778,098 |
| Net assets available for benefits, end of year | $ 265,297,870 |

The Trustee maintains supporting records for the purpose of allocating the net assets and net gain or loss of the investment accounts to each of the participating plans.

Investments attributable to the Master Trust in excess of five percent of net assets as of December 31 were as follows:

| | 2010 | 2009 |
|---|---|---|
| Loomis Sayles | $ 17,246,290 | $ - |
| Metro West Total Return | 16,980,259 | - |
| PIMCO All Asset Fund | 16,362,344 | - |
| Fortress Partners | 16,060,232 | - |
| Golden Tree High Yield Funds | 17,810,063 | - |
| Pointer Offshore Ltd | 15,531,298 | - |
| Weatherlow Offshore II Ltd | 15,687,307 | - |

During 2010, the investments of the Master Trust, including those bought, sold or held during the year, appreciated in value by $23,460,602, which is attributable to the change in value of common and preferred stock, mutual funds and limited partnerships.

The Committee has elected the method of annual reporting compliance permitted by 29 CPR 2520.103-8 of the United States Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodians have certified that the above data is complete and accurate as of and for the years ended December 31, 2010 and 2009.

The Master Trust's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

4. INVESTMENTS

Investments attributable to this Plan in excess of five percent of net assets as of December 31 were as follows:

| | 2010 | 2009 |
|---|---|---|
| ING Stabilizer | $ 20,209,510 | $ - |
| Interest in master trust | 156,219,004 | 31,778,098 |
| SSGA S&P 500 Index Fund | 22,919,147 | 18,831,437 |
| SSGA Stable Value Fund | - | 18,239,200 |

The net appreciation in fair value of plan investments was $29,243,035and $41,665,554 for the years ended December 31, 2010 and 2009, respectively and was attributable to common and preferred securities, master trust, mutual funds and limited partnership investments.

5. INFORMATION IN PARTICIPANT DIRECTED ASSETS CERTIFIED BY THE PLAN'S CUSTODIAN

One of the Plan's Custodians has certified that the following data for the participant directed investment assets held is complete and accurate as of and for the years ended December 31,:

| | 2010 | 2009 |
|---|---|---|
| Investments, at fair value: | | |
| Common/collective trust | $ 20,209,510 | $ 17,934,718 |
| Mutual funds | 145,050,766 | 128,354,863 |
| Segregated accounts | 8,813,948 | 9,354,300 |
| Notes receivable from Participants | 2,734,375 | 2,457,410 |
| Total Participant Directed assets | $ 156,599,089 | $ 141,158,790 |

| | 2010 |
|---|---|
| Investment income: | |
| Interest and dividends | $ 1,498,590 |
| Net appreciation in fair value of investments | 13,667,683 |
| | $ 15,157,112 |

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

6. FAIR VALUE OF INVESTMENTS

Financial Accounting Standards Board ASC 820, *Fair Value Measurements and Disclosures* (formally FASB Statement No. 157), provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

6. FAIR VALUE OF INVESTMENTS (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2010 and 2009.

*Cash and cash equivalents– trustee-directed:* The net asset value of these accounts is based upon the underlying value of the U.S. dollar and interest credited at the prevailing rate.

*Stable Value Fund:* Valued at the net asset value of units held by the Plan at year end. The net asset value of these accounts is based on the market value of its underlying investments. The net asset value is not a publicly-quoted price in an active market.

*Interest in master trust:* Valued at the net asset value of the underlying assets.

*Mutual funds:* Valued at the net asset value of shares held by the Plan at year end.

*Common and preferred stocks:* Valued at the net asset value of the underlying securities.

*Segregated accounts:* Valued at the net asset value of the underlying securities.

*Limited partnerships– trustee-directed:* Value is determined by the general partner as based on the value of the underlying assets.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2010:

| Description | Measured at Fair Value | Quoted Prices in Active Markets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|---|
| Interest in master trust | $ 156,219,004 | $ 107,851,405 | $ - | $ 48,367,599 |
| Mutual funds: | | | | |
| Foreign large blend | 16,113,827 | 16,113,827 | - | - |
| Intermediate term bond | 1,334,772 | 1,334,772 | - | - |
| Large blend | 22,919,147 | 22,919,147 | - | - |
| Large growth | 14,217,833 | 14,217,833 | - | - |
| Large value | 12,400,793 | 12,400,793 | - | - |
| Mid cap blend | 7,893,323 | 7,893,323 | - | - |
| Moderate allocation | 6,544,153 | 6,544,153 | - | - |
| Real estate | 2,605,567 | 2,605,567 | - | - |
| Small blend | 18,359,944 | 18,359,944 | - | - |
| World allocation | 17,758,835 | 17,758,835 | - | - |
| World bond | 373,439 | 373,439 | - | - |
| Segregated accounts | 8,813,948 | 8,813,948 | - | - |
| Stable value fund | 20,209,510 | - | 20,209,510 | - |
| | $ 310,083,718 | $ 241,506,609 | $ 20,209,510 | $ 48,367,599 |

6. FAIR VALUE OF INVESTMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2009:

| Description | Measured at Fair Value | Quoted Prices in Active Markets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|---|
| Cash and cash equivalents | $ 25,352 | $ 25,352 | $ - | $ - |
| Mutual funds: | | | | |
| Bonds | 35,401,123 | 35,401,123 | - | - |
| Consumer staples | 10,540 | 10,540 | - | - |
| Large blend | 56,244,010 | 56,244,010 | - | - |
| Large growth | 22,884,352 | 22,884,352 | - | - |
| Large value | 29,474,574 | 29,474,574 | - | - |
| Mid blend | 8,508,743 | 8,508,743 | - | - |
| Mid cap growth | 7,645,052 | 7,645,052 | - | - |
| Mid growth | 164,127 | 164,127 | - | - |
| Moderate allocation | 6,028,088 | 6,028,088 | - | - |
| Money market | 2,137,930 | 2,137,930 | - | - |
| Short government | 5,452,699 | 5,452,699 | - | - |
| Small blend | 4,904,512 | 4,904,512 | - | - |
| Small growth | 6,371 | 6,371 | - | - |
| Small value | 29,616 | 29,616 | - | - |
| Interest in master trust | 21,082,722 | 21,082,722 | - | - |
| Segregated accounts | 6,850,507 | 6,850,507 | - | - |
| Stable value | 18,239,200 | - | 18,239,200 | - |
| Limited partnerships | 43,948,382 | - | - | 43,948,382 |
| | $ 269,037,900 | $ 206,850,318 | $ 18,239,200 | $ 43,948,382 |

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2010 and 2009:

| | 2010 | 2009 |
|---|---|---|
| Balance, beginning of year | $ 43,948,382 | $ 37,656,332 |
| Contributions, net of redemptions and transfers | (1,187,962) | 5,209,685 |
| Fees | (30,125) | (286,319) |
| Net appreciation, realized and unrealized gains (losses) | 5,637,304 | 11,788,054 |
| Balance, end of year | $ 48,367,599 | $ 43,948,382 |

8. TAX STATUS

The United States Internal Revenue Service has determined and informed the Partnership by a letter dated September 28, 2011 that the Plan and the related trust are designed in accordance with applicable sections of the IRC. The Committee believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (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, 2010 and 2009 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 taking 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 2007.

9. REPORTABLE TRANSACTIONS

Plan management has been informed that during October 2008 the investment custodian purchased certain asset-backed and mortgage-backed securities from its stable value funds, including the SSGA Stable Value Fund held as a participant-directed investment by the Plan, and made a cash contribution to these funds. Under DOL regulations, these transactions may be classified as reportable transactions. The custodian has made filings with the DOL applying for an exemption in connection with these transactions. However, a final exemption has not been received as of October 12, 2011, the date that these financial statements were available for release.

There were no investments both acquired and disposed of during the Plan year, loans or leases in default or classified as uncollectible or non-exempt transactions during the year ended December 31, 2010 that require disclosure under DOL Rules and Regulations.

10. NEW ACCOUNTING PRONOUNCEMENTS

In September 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans* ("ASU 2010-25"). ASU 2010-25 requires participant loans to be measured at their unpaid principal balance plus any accrued but unpaid interest and to be classified as notes receivable from participants. Previously, loans were measured at fair value and classified as investments. The Plan adopted ASU 2010-25 for the year ended December 31, 2010. Participant loans have been reclassified to notes receivable from participants as of December 31, 2010 and 2009. The adoption of ASU 2010-25 was not significant as the unpaid principal balance plus accrued interest of loans to participants approximated fair value.

In January 2010, the FASB issued Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements* ("ASU 2010-06"). ASU 2010-06 amended Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures* ("ASC 820"), to clarify certain existing fair value disclosures and to require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2, and 3 of the fair value hierarchy and to present information regarding the purchases, sales, issuances, and settlements of Level 3 assets and liabilities on a gross basis. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The adoption of this new guidance has not and will not have a significant impact on the Plan's net assets available for benefits or its changes in net assets available for benefits, as changes are related to the fair value measurement disclosures.

11. PLAN TERMINATION

Although it has not expressed any intent to do so, the Partnership has the right under the Plan agreement to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, the rights of all participants to benefits accrued to the date of such termination, to the extent funded, shall be fully vested and shall be distributed to the participant or beneficiary entitled thereto.

12. COMMITMENTS

During the years ended December 31, 2010 and 2009, the Plan Custodian invested funds in a private equity interest as part of non-participant-directed investments. As of the years ended December 31, 2010 and 2009, the Custodian has committed to invest an additional $ - and $5,264,603in this private equity fund in accordance with the terms of the contract.

13. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds and units of common/collective trust funds managed by Companies related entities to the Trustee. Therefore, these transactions qualify as party-in-interest transactions

14. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 12, 2011, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

Akin Gump Strauss Hauer & Feld
Section 401(k) Profit Sharing Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500, Schedule H, Line 4i
EIN: 75-1338644
Plan Number: 001
December 31, 2010

| (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 |
|---|---|---|---|---|
| | **NON-PARTICIPANT DIRECTED INVESTMENTS** | | | |
| | Interest in master trust | | $ 142,802,417 | $ 156,219,004 |
| | **PARTICIPANT DIRECTED INVESTMENTS** | | | |
| | COMMON/COLLECTIVE TRUSTS | | | |
| * | ING Stabilizer | | ** | 20,209,510 |
| | MUTUAL FUNDS | | | |
| | Allianz NFJ Dividend Value | | ** | 12,400,793 |
| | American Growth Fund of America | | ** | 10,612,357 |
| | Artio International Equity | | ** | 8,141,589 |
| | Calamos Growth Fund | | ** | 3,605,476 |
| | CRM Mid Cap Value Fund | | ** | 7,893,323 |
| | Goldman Sachs Short Duration | | ** | 4,319,623 |
| * | ING International Value Fund | | ** | 7,972,238 |
| | IVA Worldwide Fund | | ** | 5,187,355 |
| | Keeley Small Cap Fund | | ** | 6,036,033 |
| | Metropolitan West | | ** | 1,334,772 |
| | MFS Total Return Fund | | ** | 6,544,153 |
| | Oppenheimer Main Street Small Cap Fund | | ** | 12,323,911 |
| | PIMCO All Asset Fund | | ** | 105,227 |
| | PIMCO Total Return Fund | | ** | 12,466,253 |
| | SSGA S&P 500 Index Fund | | ** | 22,919,147 |
| | Templeton Global Bond Fund | | ** | 373,439 |
| | Virtus Real Estate (formely Phoenix Duff Fund) | | ** | 2,605,567 |
| | Mutual funds held outside the Master Trust | | | 124,841,256 |
| | SEGREGATED ACCOUNTS | | ** | 8,813,948 |
| | PARTICIPANT LOANS * | | | |
| | Loans to participants, interest rates from 4.25% to 10.00%. | | ** | 2,734,375 |
| | | | | $ 312,818,093 |

* - indicates a party-in-interest
** - cost information is not required to be disclosed for participant directed investments

This supplemental schedule lists assets held for investment purposes as of December 31, 2010, as required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure.