Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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
DENTONS US LLP PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1952

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

233 S. WACKER DRIVE
7800 WILLIS TOWER
CHICAGO, IL 60606

2b Employer Identification Number (EIN)
36-1796730

2c Plan Sponsor's telephone number
312-876-3178

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.	10/10/2015	JUAN A. CRUZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN
5	Total number of participants at the beginning of the plan year	**5**	2011
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1351
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1327
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	657
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1984
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f	Total. Add lines **6d** and **6e**.	**6f**	1989
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1781
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
DENTONS US LLP PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-1796730

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

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

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

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

RMB CAPITAL MANAGEMENT LLC

59-3792751

(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?
26 50	NONE	212642	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELLWOOD AND ASSOC.

36-3121777

(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 50	NONE	136170	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GENEVA INVESTMENT MGMT LLC DBA

04-3689735

(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?
26 50	NONE	91521	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

WILLIAM BLAIR & COMPANY LLC

36-2214610

(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?
26 50 71	NONE	82051	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DIMEO SCHNEIDER & ASSOCIATES

36-4001764

(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?
26 50	NONE	60391	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 50 59 62 71 72	NONE	43016	Yes [X] No [ ]	Yes [X] No [ ]	355	Yes [X] No [ ]

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)

MCGLADREY & PULLEN, LLP

42-0714325

(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?
10 50	NONE	36400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UBS FINANCIAL SERVICES INC

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	28974	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MALCOLM H GISSEN & ASSOCIATES

94-2997595

(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?
26 50	NONE	17525	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

MONETA GROUP INVESTMENT ADV LL

20-1903821

(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?
26 50	NONE	16053	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GOFEN AND GLOSSBERG LLC

36-4143109

(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?
26 50	NONE	15765	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILMINGTON TRUST FSB

52-1877389

(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?
26 50	NONE	11706	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

SCHWAB RETIREMENT PLAN SERVICES

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 59 64	NONE	11700	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

LODESTAR PRIVATE ASSET MANAGEM

94-3390377

(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?
26 50	NONE	7764	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LMCG INVESTMENTS LLC

27-0282607

(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?
26 50	NONE	7199	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

RMB WEST LLC

45-2322530

(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?
26 50	NONE	6834	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HUBER FINANCIAL ADVISORS LLC

46-2591639

(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?
26 50	NONE	6464	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDUCIARY TRUST COMPANY INTERNATION

13-5069335

(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 50	NONE	5937	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

MORGAN STANLEY DW INC

11-1111111

(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?
50 71	NONE	5534	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB BANK

42-1558009

(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?
25 49 50 52 59 62	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO INC AND AFFILIA	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE ATTACHMENT 11-1111111	SEE ATTACHMENT

(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 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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
DENTONS US LLP PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-1796730

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)	6061398	7768789
(2) Participant contributions	1b(2)	1184373	1343919
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3071386	3192523
(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)	90794	121157
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3636985	3902181
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	249428389	268232034
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	120771034	129550427

		(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	384244359	414111030
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	384244359	414111030

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)	10793418	
(B) Participants	2a(1)(B)	10922006	
(C) Others (including rollovers)	2a(1)(C)	3944941	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		25660365
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	98	
(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)	130027	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		130125
(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)	9347041	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		9347041
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10962177
c Other income	2c		10335465
d Total income. Add all **income** amounts in column (b) and enter total	2d		56435173
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25764747	
(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)		25764747
f Corrective distributions (see instructions)	2f		8147
g Certain deemed distributions of participant loans (see instructions)	2g		32063
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	36400	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	715520	
(4) Other	2i(4)	11625	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		763545
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		26568502
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		29866671
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: MCGLADREY LLP **(2)** EIN: 43-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		30000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
DENTONS US LLP PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-1796730

Part I Distributions

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

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

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

EIN(s): 42-1558009

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

Dentons US LLP
Profit Sharing Plan

Financial Report
December 31, 2014

Contents

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McGladrey

Independent Auditor's Report

To the Plan Committee
Dentons US LLP Profit Sharing Plan
Chicago, Illinois

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Dentons US LLP Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

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

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified or provided by Charles Schwab Bank, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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

Other Matter
The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), as of December 31, 2014, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Member of the RSM International network of independent accounting, tax and consulting firms.

Report on Form and Content in Compliance with DOL Rules and Regulations
The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Chicago, Illinois
October 7, 2015

Dentons US LLP Profit Sharing Plan

Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
Assets		
Investments, at fair value	**$ 399,877,789**	$ 377,464,764
Certificates of deposit	**999,197**	882,852
Noninterest-bearing cash in self-directed brokerage accounts	**30,864**	-
Receivables:		
Partnership contribution	**7,821,238**	6,061,398
Participant contributions	**1,343,919**	1,184,373
Notes receivable from participants	**3,932,561**	3,636,985
	13,097,718	10,882,756
Total assets	**413,006,371**	388,347,520
Liabilities		
Other	**-**	(4,707)
Total liabilities	**-**	(4,707)
Net assets available for benefits	**$ 414,005,568**	$ 389,225,665

See notes to financial statements.

Dentons US LLP Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2014

	2014
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 9,776,969
Interest and dividends	15,161,350
	24,938,319
Interest income on notes receivable from participants	160,407
Contributions:	
Partnership	10,845,868
Participants	10,913,859
Rollover	3,937,366
	25,697,093
Total additions	50,795,819
Deductions from net assets attributed to:	
Benefits paid to participants	25,796,810
Administrative expenses	219,106
Total deductions	26,015,916
Net increase	24,779,903
Net assets available for benefits:	
Beginning of year	389,225,665
End of year	$ 414,005,568

See notes to financial statements.

Note 1. Description of Plan

The following description of the Dentons US LLP Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan sponsored by Dentons US LLP (the Partnership) and maintained for the benefit of eligible partners and employees (as defined) who have completed at least two months of service. Participants, other than lawyers, professional staff, managers and directors, are automatically enrolled to make elective deferrals at 3 percent of their compensation. Participants have the option to increase, decrease or eliminate their automatic enrollment contribution prior to it becoming effective. The Plan Committee is responsible for oversight of the Plan, as well as determining the appropriateness of the Plan's investment options and monitoring investment performance. The Plan is subject to the provisions of ERISA.

Contributions: Each year, participants may contribute up to 25 percent of their compensation to the Plan, as defined in the Plan. Participants may also contribute on a pre-tax basis, in the form of Roth contributions, or as a combination of both. 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 qualified defined benefit or defined contribution plans (rollover). Discretionary partnership contributions are made to the Plan on behalf of partners and salaried general office employees who have completed two years of service, and are based on a percentage of the participant's compensation (as defined). Eligible participants must be employed on the last day of the year to receive a partnership contribution, if any. Associate attorneys, other attorneys and certain professional employees are not eligible to receive a partnership contribution. The Partnership made $10,845,868 in discretionary contributions for the year ended December 31, 2014. Partnership contributions are determined as of December 31 of each year. Contributions are subject to certain limitations.

Investment options: The Plan is a participant-directed plan, whereby each participant elects to have their voluntary and partnership contributions, if any, allocated into various investment options offered by the Plan. Participants may also invest their contributions into self-directed accounts which permit the participant to invest their account balance in a broad range of investment options as permitted by law. Participants may change their investment options daily.

Participant accounts: Each participant's account is credited with the participant's contributions, allocations of partnership contributions, if any, plan investment earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant compensation, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately fully vested in their contributions and partnership contributions plus earnings thereon.

Notes receivable from participants: Participants may, with the approval of the Plan Administrator, borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of 50 percent of their vested account balance or $50,000 minus the excess of the participant's highest outstanding Plan loan balance in the prior 12 months. Participants may have no more than two loans outstanding at any time. Loan terms are available up to five years, or longer if used to purchase a primary residence. The loans are collateralized by the balance in the participant's account and bear interest at a fixed rate determined as the prime rate plus 1 percent on the date of application. Interest rates on loans outstanding at December 31, 2014, range from 3.25 to 13.65 percent. Principal and interest are paid ratably through semi-monthly payroll deductions.

Note 1. Description of Plan (Continued)

Payment of benefits: Payments of benefits are made to participants or their beneficiaries upon death, retirement, attainment of age 59½, termination of service or in the event of financial hardship. Participants may elect to receive their benefits as a lump-sum or in installment payments equal to the value of the participant's interest in his or her account, except for financial hardship in which participants will receive in a lump-sum amount.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements have been prepared on the accrual basis of accounting.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Committee determines the Plan's valuation policies utilizing information provided by the investment custodians. See Note 5 for further discussion of fair value measurements.

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

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Defaulted loans are treated as distributions based upon the terms of the plan document.

Payment of benefits: Benefits are recorded when paid.

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

Note 2. Summary of Significant Accounting Policies (Continued)

Recent accounting pronouncements: In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, Fair Value Measurement (Topic 820): *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent).* The amendments in this update remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient; however, sufficient information must be provided to permit reconciliation of the fair value of assets categorized within the fair value hierarchy to the amounts presented in the statement of financial position. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The amendments in this update are effective for fiscal years beginning after December 15, 2016. Plan management is currently evaluating the impact this update will have on the Plan's financial statements.

In July 2015, the FASB issued ASU No. 2015-12, Plan Accounting: Defined Contribution Pension Plans (Topic 962) – (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measurement Date Practical Expedient (a consensus of the FASB Emerging Issues Task Force). The purpose of this update is to simplify plan accounting.

- The amendments in Part I of this update designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at contract value; accordingly, there will no longer be an adjustment from fair value to contract value on the face of the financial statements.

- The amendments in Part II of this update will eliminate the requirements for plans to disclose (1) individual investments that represent 5 percent or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate. In addition, if an investment is measured using the net asset value per share (or its equivalent) practical expedient in Topic 820 and that investment is in a fund that files a U.S. Department of Labor Form 5500, *Annual Return/Report of Employee Benefit Plan,* as a direct filing entity, disclosure of that investment's strategy will no longer be required.

- The amendments in Part III of this update reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the Plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The update may be adopted in whole or by Part I, II, and III, as applicable. The amendments in this update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments in Parts I and II shall be applied retrospectively to all periods presented; the amendments in Part III shall be applied prospectively. Part I and Part II are not expected to have a material impact on subsequent periods. Plan management is currently evaluating the impact Part II will have on the Plan's financial statements.

Note 3. Investments

Investments, which include registered investment companies and self-directed brokerage accounts, held at December 31, 2014 and 2013, are summarized below. Investments representing 5 percent or more of the net assets available for benefits are presented individually.

	2014		2013
Investments:			
Registered investment companies:			
American Mutual Fund	$ 31,864,055		$ 29,669,207
Janus INTECH Risk-Managed Growth Fund	22,451,308		21,479,267
PIMCO Low Duration Fund	9,725	**	24,068,659
Vanguard Primecap Admiral	38,099,497		31,377,533
Dodge & Cox International Stock Fund	22,051,916		22,265,526
PIMCO Total Return Fund	8,413	**	19,508,976
Vanguard Short-Term Bond Institutional	23,013,359		-
Vanguard Total Stock Market Index Fund	24,270,558		21,516,104
Other*	108,090,761		81,354,366
Self-directed brokerage accounts:			
Certificates of deposit*	999,197		882,852
Registered investment companies*	61,936,626		59,424,228
Common stock*	39,776,159		44,029,493
Preferred stock*	394,831		436,929
U.S. government securities*	4,629,397		2,984,830
Corporate bonds*	6,706,835		6,516,806
Unit investment trusts*	13,668,236		10,961,687
Limited partnerships*	2,736,112		1,551,152
Closely held instruments*	170,001		320,001
Other*	30,864		-
Total investments	$ 400,907,850		$ 378,347,616

* No individual investment represents greater than 5 percent of net assets at year-end.

** Amount represents less than 5 percent of net assets at year-end; however, presented for comparative purposes.

Note 3. Investments (Continued)

During 2014, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated(depreciated) in value as follows:

Registered investment companies	$ 9,734,614
Self-directed brokerage accounts:	
Interest-bearing cash and cash equivalents	4,997
Registered investment companies	(1,020,256)
Common stock	595,779
Preferred stock	(33,138)
U.S. government securities	29,170
Corporate bonds	(94,801)
Unit investment trusts	624,557
Limited partnerships	(42,953)
Closely held instruments	(21,000)
	$ 9,776,969

Note 4. Information Certified and Provided by Charles Schwab Bank, the Plan Trustee

The following is a summary of the Plan’s asset and income information as of December 31, 2014 and 2013, and for the year ended December 31, 2014, included throughout the Plan’s financial statements and supplemental schedule, that was prepared by or derived from information provided by the trustee, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets and income is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets and income:

	2014	2013
Investments, at fair value	$ 399,877,789	$ 377,464,764
Certificates of deposit	999,197	882,852
Noninterest-bearing cash in self-directed brokerage accounts	30,864	-
Notes receivable from participants	3,902,181	3,614,941
Net appreciation in fair value of investments	9,776,969	
Interest and dividends	15,161,350	
Interest income on notes receivable from participants	152,071	

Note 5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1. Inputs to the valuation methodologies 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 methodologies 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 methodologies 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013:

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

Common stock, preferred stock and unit investment trusts: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds and U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Note 5. Fair Value Measurements (Continued)

Closely held instruments and limited partnerships: Limited partnerships that are exchange traded are valued at the closing price reported on the active market on which the individual securities are traded. As such, these are categorized as Level 1. Closely held instruments and limited partnerships that are not exchange traded include those seeking to maximize absolute returns using a broad range of strategies to enhance returns and provide additional diversification. The fair value of closely held instruments and limited partnerships that are not exchange traded is based on the NAV specifically calculated and reported in accordance with GAAP and provided by issuers or their agents or as determined and reported by an independent third party valuation firm at the direction of the Plan's management, subject to certain restrictions, such as lock-up period. Investments in closely held instruments and limited partnerships limit the Plan’s ability to redeem the investments at the measurement date or within a reasonable period of time. As such, investments in closely held instruments and limited partnerships are categorized as Level 3.

Note 5. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value, as of December 31, 2014 and 2013:

	2014			
	Level 1	Level 2	Level 3	Total
Registered investment companies				
Bank loan	$ 245,676	$ -	$ -	$ 245,676
Commodities broad basket	1,677,781	-	-	1,677,781
Communications	17,950	-	-	17,950
Conservative allocation	2,473,257	-	-	2,473,257
Corporate bond	139,455	-	-	139,455
Diversified emerging markets	5,185,582	-	-	5,185,582
Diversified Pacific Asia	123,316	-	-	123,316
Emerging markets bond	2,013,790	-	-	2,013,790
Energy limited partnership	527,252	-	-	527,252
Equity energy	100,736	-	-	100,736
Equity precious metals	147,256	-	-	147,256
Europe stock	140,981	-	-	140,981
Foreign large blend	23,339,756	-	-	23,339,756
Foreign large growth	2,853,041	-	-	2,853,041
Foreign large value	742,380	-	-	742,380
Foreign small/mid growth	120,977	-	-	120,977
Foreign small/mid value	1,311,365	-	-	1,311,365
Financials	131,650	-	-	131,650
Global real estate	481,063	-	-	481,063
Growth and income	43,249,910	-	-	43,249,910
Health	291,665	-	-	291,665
High yield bond	3,266,654	-	-	3,266,654
Hybrid funds	111,451	-	-	111,451
India equity	10,995	-	-	10,995
Inflation-protected bond	1,275,672	-	-	1,275,672
Intermediate-term bond	23,703,898	-	-	23,703,898
International	24,389,406	-	-	24,389,406
Japan stock	327,463	-	-	327,463
Large blend	63,127,836	-	-	63,127,836
Large capitalization stock funds	139,036	-	-	139,036
Large growth	1,008,224	-	-	1,008,224
Large value	40,786,378	-	-	40,786,378
Long/short equity	94,319	-	-	94,319
Managed futures	588,983	-	-	588,983
Market neutral	308,113	-	-	308,113

Note 5. Fair Value Measurements (Continued)

	2014 (Continued)			
	Level 1	Level 2	Level 3	Total
Mid-cap blend	$ 299,873	$ -	$ -	$ 299,873
Mid-cap growth	16,927,239	-	-	16,927,239
Mid-cap value	91,777	-	-	91,777
Miscellaneous region	22,453	-	-	22,453
Moderate allocation	871,576	-	-	871,576
Money market	18,300,243	-	-	18,300,243
Multialternative	1,036,322	-	-	1,036,322
Multisector bond	1,013,462	-	-	1,013,462
Natural resources	130,204	-	-	130,204
Nontraditional bond	899,568	-	-	899,568
Other	961,027	-	-	961,027
Pacific/Asia ex-Japan stk	10,593	-	-	10,593
Real estate	1,744,307	-	-	1,744,307
Short-term bond	24,754,021	-	-	24,754,021
Small blend	420,018	-	-	420,018
Small capitalization stock funds	138,940	-	-	138,940
Small value	13,627,707	-	-	13,627,707
Specialized funds	52,926	-	-	52,926
Tactical allocation	212,194	-	-	212,194
Taxable bond funds	478,507	-	-	478,507
Technology	814,541	-	-	814,541
Utilities	97,625	-	-	97,625
World allocation	391,569	-	-	391,569
World bond	3,791,515	-	-	3,791,515
World stock	254,746	-	-	254,746
Common stock				
Basic materials	1,513,717	-	-	1,513,717
Commodities	198,576	-	-	198,576
Consumer goods	7,828,907	-	-	7,828,907
Energy	3,287,114	-	-	3,287,114
Energy limited partnership	1,090,118	-	-	1,090,118
Financial services	5,434,319	-	-	5,434,319
Healthcare	6,150,228	-	-	6,150,228
Information technology	6,166,432	-	-	6,166,432
Industrials	5,795,606	-	-	5,795,606
Latin America stock	10,971	-	-	10,971
Miscellaneous region	4,013	-	-	4,013
Other	1,296,694	-	-	1,296,694
Real estate	69,749	-	-	69,749
Technology	21,956	-	-	21,956
Telecommunications	312,776	-	-	312,776
Utilities	594,981	-	-	594,981

Note 5. Fair Value Measurements (Continued)

	2014 (Continued)			
	Level 1	Level 2	Level 3	Total
Preferred stock	$ 394,831	$ -	$ -	$ 394,831
U.S. government securities	-	4,629,397	-	4,629,397
Corporate bonds	-	6,706,835	-	6,706,835
Unit investment trusts				
Bank loan	242,986	-	-	242,986
Commodities	150,238	-	-	150,238
Consumer	106,061	-	-	106,061
Corporate bonds	311,844	-	-	311,844
Diversified emerging markets	979,178	-	-	979,178
Emerging markets bond	22,491	-	-	22,491
Energy limited partnership	138,593	-	-	138,593
Europe stock	38,728	-	-	38,728
Financials	15,011	-	-	15,011
Foreign large	750,500	-	-	750,500
Foreign small/mid blend	34,052	-	-	34,052
Global real estate	320,524	-	-	320,524
Healthcare	118,511	-	-	118,511
High yield bond	259,237	-	-	259,237
Inflation-protected bond	239,421	-	-	239,421
Intermediate	354,098	-	-	354,098
Japan stock	225,364	-	-	225,364
Large blend	3,494,634	-	-	3,494,634
Large growth	459,109	-	-	459,109
Large value	942,162	-	-	942,162
Long/short equity	38,428	-	-	38,428
Mid-cap blend	315,535	-	-	315,535
Mid-cap value	156,246	-	-	156,246
Miscellaneous region	146,127	-	-	146,127
Miscellaneous sector	20,600	-	-	20,600
Multialternative	209,933	-	-	209,933
Other	147,036	-	-	147,036
Pacific/Asia ex-Japan	22,726	-	-	22,726
Preferred stock	309,998	-	-	309,998
Real estate	76,547	-	-	76,547
Sector equity natural resources	200,926	-	-	200,926
Short government	111,023	-	-	111,023
Short-term bond	1,217,539	-	-	1,217,539
Small blend	643,390	-	-	643,390
Small growth	91,915	-	-	91,915
Technology	67,129	-	-	67,129
Trading leveraged equity	31,894	-	-	31,894

Note 5. Fair Value Measurements (Continued)

	2014 (Continued)			
	Level 1	Level 2	Level 3	Total
Ultrashort bond	$ 10,183	$ -	$ -	$ 10,183
USD diversified bond - ST	376,246	-	-	376,246
USD high yield bond	176,178	-	-	176,178
World stock	95,897	-	-	95,897
Limited partnerships	1,548,739	-	1,187,373	2,736,112
Closely held instruments	-	-	170,001	170,001
	$ 387,184,183	$ 11,336,232	$ 1,357,374	$ 399,877,789

Note 5. Fair Value Measurements (Continued)

	2013			
	Level 1	Level 2	Level 3	Total
Registered investment companies				
Bank loan	$ 927,719	$ -	$ -	$ 927,719
Commodities broad basket	1,829,728	-	-	1,829,728
Communications	17,237	-	-	17,237
Conservative allocation	1,151,804	-	-	1,151,804
Consumer discretionary	17,250	-	-	17,250
Corporate bond	131,950	-	-	131,950
Diversified emerging markets	4,167,505	-	-	4,167,505
Diversified Pacific Asia	121,859	-	-	121,859
Emerging markets bond	2,642,041	-	-	2,642,041
Equity energy	527,810	-	-	527,810
Equity precious metals	12,616	-	-	12,616
Financial services	1,112,753	-	-	1,112,753
Foreign large blend	24,504,308	-	-	24,504,308
Foreign large growth	1,496,494	-	-	1,496,494
Foreign large value	407,328	-	-	407,328
Foreign small/mid growth	170,046	-	-	170,046
Foreign small/mid value	303,636	-	-	303,636
Global real estate	497,304	-	-	497,304
Growth and income	40,118,997	-	-	40,118,997
Health	76,932	-	-	76,932
High yield bond	3,120,424	-	-	3,120,424
Hybrid funds	107,044	-	-	107,044
India equity	8,520	-	-	8,520
Industrials	35,152	-	-	35,152
Inflation-protected bond	959,631	-	-	959,631
Information technology	20,645	-	-	20,645
Intermediate-term bond	25,084,348	-	-	25,084,348
International	373,239	-	-	373,239
Large blend	22,644,099	-	-	22,644,099
Large capitalization stock funds	303,727	-	-	303,727
Large growth	54,569,294	-	-	54,569,294
Large value	37,327,790	-	-	37,327,790
Long/short equity	53,129	-	-	53,129
Managed futures	464,419	-	-	464,419
Market neutral	283,151	-	-	283,151
Mid-cap blend	286,188	-	-	286,188
Mid-cap growth	17,771,779	-	-	17,771,779

Note 5. Fair Value Measurements (Continued)

	2013 (Continued)			
	Level 1	Level 2	Level 3	Total
Mid-cap value	$ 80,618	$ -	$ -	$ 80,618
Miscellaneous region	21,650	-	-	21,650
Moderate allocation	933,784	-	-	933,784
Money market	15,968,261	-	-	15,968,261
Multialternative	808,334	-	-	808,334
Multisector bond	653,510	-	-	653,510
Mutual Funds	41,010	-	-	41,010
Natural resources	168,973	-	-	168,973
Nontraditional bond	186,994	-	-	186,994
Pacific/Asia ex-Japan stock	208,641	-	-	208,641
Real estate	1,148,664	-	-	1,148,664
Retirement income	585,609	-	-	585,609
Short government	3,071,386	-	-	3,071,386
Short-term bond	25,670,009	-	-	25,670,009
Small blend	442,487	-	-	442,487
Small capitalization stock funds	137,102	-	-	137,102
Small growth	63,280	-	-	63,280
Small value	11,456,553	-	-	11,456,553
Specialized funds	31,983	-	-	31,983
Tactical Allocation	217,295	-	-	217,295
Taxable bond funds	386,834	-	-	386,834
Technology	52,875	-	-	52,875
Utilities	67,272	-	-	67,272
World allocation	543,833	-	-	543,833
World bond	3,608,693	-	-	3,608,693
World stock	460,320	-	-	460,320
Common stock				
Basic materials	1,671,693	-	-	1,671,693
Communication services	3,297	-	-	3,297
Consumer goods	9,756,996	-	-	9,756,996
Diversified emerging markets	27,582	-	-	27,582
Energy	4,809,382	-	-	4,809,382
Financial services	5,555,341	-	-	5,555,341
Healthcare	5,013,384	-	-	5,013,384
Information technology	5,911,770	-	-	5,911,770
Industrials	7,434,686	-	-	7,434,686
Large blend	1,715,275	-	-	1,715,275
Real estate	93,031	-	-	93,031
Technology	828,974	-	-	828,974
Telecommunications	534,037	-	-	534,037
Utilities	674,045	-	-	674,045
Preferred stock	436,929	-	-	436,929
U.S. government securities	-	2,984,830	-	2,984,830
Corporate bonds	-	6,516,806	-	6,516,806

Note 5. Fair Value Measurements (Continued)

	2013 (Continued)			
	Level 1	Level 2	Level 3	Total
Unit investment trusts				
Bank loan	$ 249,854	$ -	$ -	$ 249,854
Commodities	161,958	-	-	161,958
Consumer discretionary	33,335	-	-	33,335
Corporate bonds	269,805	-	-	269,805
Diversified emerging markets	1,034,347	-	-	1,034,347
Emerging markets bond	259,800	-	-	259,800
Equity energy	328,047	-	-	328,047
Europe stock	40,635	-	-	40,635
Financials	459,534	-	-	459,534
Foreign large blend	802,341	-	-	802,341
Global real estate	256,076	-	-	256,076
Healthcare	70,808	-	-	70,808
High yield bond	352,618	-	-	352,618
Industrials	124,522	-	-	124,522
Inflation-protected bond	141,934	-	-	141,934
Information technology	26,970	-	-	26,970
Intermediate-term bond	25,495	-	-	25,495
Japan stock	364,150	-	-	364,150
Large blend	142,212	-	-	142,212
Large growth	442,404	-	-	442,404
Large value	501,433	-	-	501,433
Materials	1,062,806	-	-	1,062,806
Mid-cap blend	230,320	-	-	230,320
Miscellaneous region	107,674	-	-	107,674
Miscellaneous sector	20,976	-	-	20,976
Multialternative	199,988	-	-	199,988
Natural resources	102,693	-	-	102,693
Pacific/Asia ex-Japan	80,059	-	-	80,059
Preferred stock	285,801	-	-	285,801
Real estate	23	-	-	23
Short government	129,367	-	-	129,367
Short-term bond	1,190,946	-	-	1,190,946
Small blend	720,715	-	-	720,715
Small growth	35,583	-	-	35,583
Trading inverse	10,353	-	-	10,353
Trading leveraged equity	77,395	-	-	77,395
Ultrashort bond	570,305	-	-	570,305
Volatility	4,216	-	-	4,216
World stock	44,189	-	-	44,189
Limited partnerships	806,983	-	744,169	1,551,152
Closely held instruments	-	-	320,001	320,001
	$ 366,898,958	$ 9,501,636	$ 1,064,170	$ 377,464,764

Note 5. Fair Value Measurements (Continued)

Changes in Fair Value Levels

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the end of the period.

Plan management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2014, there were no transfers out of Level 3.

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2014:

	Limited Partnerships	Closely Held Instruments
Balance, beginning of year	$ 744,169	$ 320,001
Unrealized gains (losses) relating to instruments still held at the reporting date	1	-
Realized losses	-	(21,000)
Purchases	508,253	-
Sales	(65,050)	(129,000)
Balance, end of year	$ 1,187,373	$ 170,001

Note 6. Party-in-Interest

Certain plan investments are shares of a money market funds managed by Charles Schwab & Co., Inc., an affiliate of Charles Schwab Bank, the trustee of the Plan, and Schwab Retirement Plan Services, Inc., the recordkeeper of the Plan; therefore, these transactions qualify as party-in-interest transactions.

Certain administrative and recordkeeping fees are paid by the Partnership. Other administrative and investment management fees are paid by the Plan and charged to individual participant accounts. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments. The Plan made a direct payment to the recordkeeper of the Plan of $11,700 and to Charles Schwab & Co., Inc. of $43,016 for the year ended December 31, 2014.

Certain employees of the Partnership provide services to the Plan without reimbursement.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Partnership has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. All assets remaining in the trust, after deducting all fees, taxes and other expenses, shall be distributed to the participants in accordance with the value of their accounts at the date of plan termination.

Note 8. Tax Status

The Internal Revenue Service has determined and informed the Partnership by a letter dated December 21, 2012, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan Administrator believes that the Plan is currently being operated in compliance with the applicable sections of the IRC.

FASB requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the local, state or federal taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2011.

Note 9. Risks and Uncertainties

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

Note 10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2014 and 2013:

	2014	2013
Net assets available for benefits per financial statements	$ 414,005,568	$ 389,225,665
Registered investment companies	(1,627,558)	(1,811,249)
Self-directed brokerage accounts	(1,466,967)	(6,336,944)
Noninterest-bearing cash in self-directed brokerage account	(30,864)	-
Interest-bearing cash	3,192,523	3,071,386
Limited partnerships	121,157	90,794
Partnership contribution receivable	(52,449)	-
Notes receivable from participants	(30,380)	-
Other liabilities	-	4,707
Net assets available for benefits per the Form 5500	$ 414,111,030	$ 384,244,359

Note 10. Reconciliation of Financial Statements to Form 5500 (Continued)

The following is a reconciliation of the charges in the net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2014:

Net increase in net assets available for benefits per financial statements	$	24,779,903
Investment income		1,185,208
Interest and dividends		(5,814,211)
Interest income on notes receivable		(30,380)
Other income		10,335,465
Employer contributions		(52,450)
Participant contributions		15,722
Benefits paid to participants		32,063
Corrective distributions		(8,147)
Deemed distributions		(32,063)
Administrative expenses		(544,439)
Net increase in net assets available for benefits per the Form 5500	$	29,866,671

Note 11. Subsequent Events

The Plan has evaluated subsequent events for potential recognition and/or disclosure through October 7, 2015, the date the financial statements were available to be issued.

Supplemental Schedule

Dentons US LLP Profit Sharing Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

Plan Number: 001
EIN: 36-1796730

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Fair value
		Registered investment companies:		
	American Funds Distributors, Inc.	American Mutual Fund	**	$ 31,864,055
	Artisan Mid Cap Instl	Artisan Mid Cap Institutional Fund	**	16,174,857
	Dodge & Cox Funds	Dodge & Cox International Stock Fund	**	22,051,916
	DFA	DFA Emerging Markets Value Fund	**	2,662,263
	DFA	DFA U.S. Targeted Value Fund	**	13,515,576
	Janus Distributors LLC	Janus INTECH Risk-Managed Growth Fund	**	22,451,308
	PIMCO	Pimco Low Duration Fund	**	9,725
	PIMCO	Pimco Total Return Fund	**	8,413
	Principal Diversified Real	Principal Diversified Real Asset Fund	**	431,209
	Allianz Global Investors Distributors LLC	Allianz NFJ Dividend Value Fund	**	7,866,509
	Metropolitan West Asset Management, LLC	Metropolitan West Total Return Bond	**	18,679,934
	T. Rowe Price Investment Services, Inc.	T. Rowe Price Retirement Income Fund	**	712,793
	T. Rowe Price Investment Services, Inc.	T. Rowe Price 2005 Retirement Fund	**	321,065
	T. Rowe Price Investment Services, Inc.	T. Rowe Price 2010 Retirement Fund	**	654,816
	T. Rowe Price Investment Services, Inc.	T. Rowe Price 2015 Retirement Fund	**	4,472,888
	T. Rowe Price Investment Services, Inc.	T. Rowe Price 2020 Retirement Fund	**	5,730,483
	T. Rowe Price Investment Services, Inc.	T. Rowe Price 2025 Retirement Fund	**	7,466,542
	T. Rowe Price Investment Services, Inc.	T. Rowe Price 2030 Retirement Fund	**	8,486,298
	T. Rowe Price Investment Services, Inc.	T. Rowe Price 2035 Retirement Fund	**	4,092,247
	T. Rowe Price Investment Services, Inc.	T. Rowe Price 2040 Retirement Fund	**	6,684,102
	T. Rowe Price Investment Services, Inc.	T. Rowe Price 2045 Retirement Fund	**	3,874,295
	T. Rowe Price Investment Services, Inc.	T. Rowe Price 2050 Retirement Fund	**	743,277
	T. Rowe Price Investment Services, Inc.	T. Rowe Price 2055 Retirement Fund	**	723,897
	Vanguard Marketing Corp., Distrib.	Vanguard Primecap Fund Admiral	**	38,099,497
	Vanguard Marketing Corp., Distrib.	Vanguard Short-Term Bond Institutional	**	23,013,359
	Vanguard Marketing Corp., Distrib.	Vanguard Total Stock International Stock Index Admiral	**	1,605,186
	Vanguard Marketing Corp., Distrib.	Vanguard Total Stock Market Index Fund	**	24,270,558
				266,667,068
*	Charles Schwab & Co., Inc.	Schwab Government Money Fund	**	3,192,523

(Continued)

Dentons US LLP Profit Sharing Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)
December 31, 2013

Plan Number: 001
EIN: 36-1796730

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Fair value
		Self-directed brokerage accounts:		
		Self-directed brokerage accounts	**	$ 129,550,427
		Limited partnerships		
		East Side Capital LP	**	1,165,777
		BH Opportunity Fund Partners IV LP	**	21,596
		Various	**	328,749
		Closely held instruments		
		Brookwood Biscayne Tower LLC	**	1
		Jerry's Sandwiches, LLC	**	25,000
		Peoples Bankcorp Inc. ILL COM	**	30,000
		Porta Bella Lender LLC	**	65,000
		Progressive Beverages Inc.	**	50,000
				131,236,550
*	Participants	Notes receivable from participants, (interest rates from 3.25% to 13.65%, maturing through November 16, 2043)	**	3,902,181
				$ 404,998,322

* A party-in-interest as defined by ERISA.
** Cost omitted for participant directed investments.

Dentons US LLP Profit Sharing Plan

Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information

December 31, 2014

EIN: 36-1796730

Plan Number: 001

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)

Fund Family/Provider	EIN	Formula
Allianz Funds	06-1349805	Range of 0.02 - 0.09% of average daily balance of assets
Dodge & Cox	Not Available	Rate of 0.09% of average daily balance of asset(s)
Janus	43-1804048	Rate of 0.09% of average daily balance of asset(s)
Metropolitan West Funds	95-4597302	Rate of 0.07% of average daily balance of asset(s)
Principal Funds	42-1520346	Rate of 0.09% of average daily balance of asset(s)
T. Rowe Price	52-2264646	Rate of 0.13% of average daily balance of asset(s)

Received by Charles Schwab Bank (EIN#42-1558009)

Fund Family/Provider	EIN	Formula
American Funds	95-1411037	Rate of 0.22% of average daily balance of asset(s)
Schwab Funds	94-3106735	Rate of 0.09% of average daily balance of asset(s)

Received by Schwab Retirement Plan Services, Inc. (EIN#34-1479833)

Fund Family/Provider	EIN	Formula
American Funds	95-1411037	Rate of 0.05% of average daily balance of plan asset(s) in certain funds

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)

Fund Family/Provider	EIN	Formula
361 Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
AllianceBernstein	13-3191825	Rate of 0.05% of average daily balance of asset(s)
Allianz Funds	06-1349805	Range of 0.02 - 0.40% of average daily balance of assets
Alpine	13-3982412	Rate of 0.40% of average daily balance of asset(s)
American Beacon	75-2401150	Rate of 0.05% of average daily balance of asset(s)
American Funds	95-1411037	Range of 0.05 - 0.37% of average daily balance of assets
AMG Funds	06-1555943	Range of 0.10 - 0.50% of average daily balance of assets
Angel Oak	Not Available	Rate of 0.10% of average daily balance of asset(s)
AQR Funds	Not Available	Range of 0.10 - 0.40% of average daily balance of assets
Arbitrage Fund	36-4380398	Rate of 0.40% of average daily balance of asset(s)
Artisan	39-1811840	Rate of 0.40% of average daily balance of asset(s)
Aston	20-4747475	Rate of 0.40% of average daily balance of asset(s)
Baird	39-6037917	Rate of 0.04% of average daily balance of asset(s)
Baron Capital Group	13-3122938	Rate of 0.40% of average daily balance of asset(s)
BBH	36-4469928	Rate of 0.10% of average daily balance of asset(s)
BlackRock	04-6171663	Rate of 0.06% of average daily balance of asset(s)
Brandes	33-0635360	Rate of 0.10% of average daily balance of asset(s)
Brown Advisory Funds	52-1952888	Rate of 0.40% of average daily balance of asset(s)
Calamos	36-3316238	Rate of 0.40% of average daily balance of asset(s)
CBRE Clarion Securities	Not Available	Rate of 0.10% of average daily balance of asset(s)
Cohen & Steers	14-1904657	Rate of 0.10% of average daily balance of asset(s)
Columbia	93-0577450	Range of 0.40 - 0.50% of average daily balance of assets
CRM	13-3156718	Rate of 0.10% of average daily balance of asset(s)
Cullen Funds Trust	06-1614949	Rate of 0.10% of average daily balance of asset(s)
Deutsche Asset & Wealth Mngt	13-3241232	Rate of 0.40% of average daily balance of asset(s)
Diamond Hill Funds	31-6547095	Range of 0.10 - 0.40% of average daily balance of assets
DoubleLine	Not Available	Rate of 0.10% of average daily balance of asset(s)
Dreyfus	Not Available	Range of 0.10 - 0.35% of average daily balance of assets

Encompass Fund	Not Available	Rate of 0.10% of average daily balance of asset(s)
Fidelity Investments	06-1194217	Rate of 0.10% of average daily balance of asset(s)
First Eagle	13-3392291	Range of 0.10 - 0.40% of average daily balance of assets
FMI Funds	39-1861095	Rate of 0.45% of average daily balance of asset(s)
Forward Funds	23-2696899	Rate of 0.10% of average daily balance of asset(s)
Franklin Templeton Investments	94-3167260	Rate of 0.15% of average daily balance of asset(s)
Gabelli	13-3340139	Rate of 0.35% of average daily balance of asset(s)
Geneva Advisors	Not Available	Rate of 0.06% of average daily balance of asset(s)
Goldman Sachs	Not Available	Range of 0.05 - 0.50% of average daily balance of assets
GoodHaven	Not Available	Rate of 0.10% of average daily balance of asset(s)
Hancock Horizon	64-0169065	Rate of 0.40% of average daily balance of asset(s)
Harbor	04-2679462	Rate of 0.10% of average daily balance of asset(s)
Harding Loevner	Not Available	Rate of 0.40% of average daily balance of asset(s)
Hotchkis and Wiley	09-5349264	Rate of 0.10% of average daily balance of asset(s)
Invesco	58-2287224	Rate of 0.50% of average daily balance of asset(s)
Ivy Funds	04-6006759	Rate of 0.40% of average daily balance of asset(s)
Janus	43-1804048	Rate of 0.35% of average daily balance of asset(s)
Jensen	93-0978027	Rate of 0.40% of average daily balance of asset(s)
JPMorgan	13-2624428	Range of 0.06 - 0.50% of average daily balance of assets
Lazard	Not Available	Rate of 0.10% of average daily balance of asset(s)
Lord Abbett	13-3731507	Rate of 0.10% of average daily balance of asset(s)
MainStay	52-2206685	Rate of 0.40% of average daily balance of asset(s)
Mairs & Power	23-2398112	Rate of 0.10% of average daily balance of asset(s)
Manning & Napier	Not Available	Rate of 0.40% of average daily balance of asset(s)
Matthew 25	23-2804868	Rate of 0.40% of average daily balance of asset(s)
Matthews Asia Funds	94-3250972	Range of 0.33 - 0.40% of average daily balance of assets
Merger	13-3036274	Rate of 0.40% of average daily balance of asset(s)
Metropolitan West Funds	95-4597302	Rate of 0.08% of average daily balance of asset(s)
MFS	04-3253929	Range of 0.10 - 0.45% of average daily balance of assets
Natixis Funds	04-3200027	Range of 0.07 - 0.40% of average daily balance of assets
Neuberger Berman	13-3216325	Rate of 0.29% of average daily balance of asset(s)
New Alternatives	11-2542789	Rate of 0.10% of average daily balance of asset(s)
Northern Funds	36-3608252	Rate of 0.10% of average daily balance of asset(s)
Nuveen	36-3817266	Rate of 0.07% of average daily balance of asset(s)
Oakmark	04-3276558	Rate of 0.35% of average daily balance of asset(s)
OppenheimerFunds	13-2527171	Range of 0.08 - 0.50% of average daily balance of assets
Osterweis	94-2871718	Rate of 0.06% of average daily balance of asset(s)
Parnassus	94-6579180	Rate of 0.40% of average daily balance of asset(s)
Permanent Portfolio	94-2788165	Rate of 0.38% of average daily balance of asset(s)
Principal Funds	42-1520346	Rate of 0.10% of average daily balance of asset(s)
Prudential Investments	22-3703799	Range of 0.10 - 0.40% of average daily balance of assets
RidgeWorth	58-1604573	Rate of 0.25% of average daily balance of asset(s)
RiverNorth Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
Royce	52-2343049	Range of 0.10 - 0.20% of average daily balance of assets
Rydex Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
Schwab Funds	94-3106735	Range of 0.02 - 0.25% of average daily balance of assets
Stone Ridge Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
SunAmerica	95-4715639	Rate of 0.40% of average daily balance of asset(s)
T. Rowe Price	52-2264646	Rate of 0.04% of average daily balance of asset(s)
TCW	95-2749628	Rate of 0.08% of average daily balance of asset(s)
TFS Capital Funds	20-0838619	Rate of 0.07% of average daily balance of asset(s)

Third Avenue	01-0690900	Range of 0.08 - 0.50% of average daily balance of assets
Thornburg	Not Available	Rate of 0.10% of average daily balance of asset(s)
Tortoise Capital Advisors	Not Available	Rate of 0.10% of average daily balance of asset(s)
Touchstone	31-0487145	Range of 0.10 - 0.40% of average daily balance of assets
Transamerica	94-0932740	Rate of 0.10% of average daily balance of asset(s)
Voya	95-4516049	Rate of 0.10% of average daily balance of asset(s)
Wasatch	87-0319391	Rate of 0.40% of average daily balance of asset(s)
Weitz	47-0693748	Rate of 0.10% of average daily balance of asset(s)
Wells Fargo Advantage	41-0449260	Range of 0.06 - 0.55% of average daily balance of assets
Westwood	04-1983910	Rate of 0.10% of average daily balance of asset(s)
William Blair	Not Available	Range of 0.08 - 0.40% of average daily balance of assets

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR: Denton US LLP
NAME OF PLAN: Dentons US LLP Profit Sharing Plan
EIN: 36-1796730
PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (3.25% - 13.65%)		3,902,181
*	SCHWAB GOVT MONEY FUND	Money Market / Cash Equivalent		3,192,523
	PCRA	Self-Directed Brokerage Account		129,550,427
	ALLIANZGI NFJ DIVIDEND VALUE I	Registered Investment Company		7,866,509
	AMERICAN MUTUAL FUND	Registered Investment Company		31,864,056
	ARTISAN MIDCAP INSTL	Registered Investment Company		16,174,857
	BH OPPORTY FD PARTNERS IV LP	Registered Investment Company		21,596
	BROOKWOOD BISCAYNE TOWER LLC	Registered Investment Company		1
	BRUCE FUND	Registered Investment Company		124,714
	CHICAGO WELLS DESIGN CNTR LLC	Registered Investment Company		82,875
	DFA EMERGING MARKETS VALUE	Registered Investment Company		2,662,263
	DFA U.S. TARGETED VALUE CL I	Registered Investment Company		13,515,576
	DODGE & COX INTL STOCK	Registered Investment Company		22,051,916
	EAST SIDE CAPITAL LP	Registered Investment Company		1,165,777
	INTECH US MNGD VOLATILITY II I	Registered Investment Company		22,451,308
	JERRYS SANDWICHES LLC	Registered Investment Company		25,000
	METROPOLITAN WEST TTL RTN BD I	Registered Investment Company		18,679,934
	PEOPLES BANCORP INC	Registered Investment Company		30,000
	PIMCO LOW DURATION FUND	Registered Investment Company		9,725
	PIMCO TOTAL RETURN FUND	Registered Investment Company		8,413
	PORTA BELLA LENDER LLC	Registered Investment Company		65,000
	PRINCIPAL DIVERSIFIED REAL	Registered Investment Company		431,209
	PROGRESSIVE BEVERAGES INC	Registered Investment Company		50,000
	T ROWE PRICE RETIRE BALANCED	Registered Investment Company		712,793
	T ROWE PRICE RETIREMENT 2005	Registered Investment Company		321,065
	T ROWE PRICE RETIREMENT 2010	Registered Investment Company		654,816
	T ROWE PRICE RETIREMENT 2015	Registered Investment Company		4,472,888
	T ROWE PRICE RETIREMENT 2020	Registered Investment Company		5,730,483
	T ROWE PRICE RETIREMENT 2025	Registered Investment Company		7,466,542
	T ROWE PRICE RETIREMENT 2030	Registered Investment Company		8,486,298

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR: Denton US LLP
NAME OF PLAN: Dentons US LLP Profit Sharing Plan
EIN: 36-1796730
PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	T ROWE PRICE RETIREMENT 2035	Registered Investment Company		4,092,247
	T ROWE PRICE RETIREMENT 2040	Registered Investment Company		6,684,102
	T ROWE PRICE RETIREMENT 2045	Registered Investment Company		3,874,295
	T ROWE PRICE RETIREMENT 2050	Registered Investment Company		743,277
	T ROWE PRICE RETIREMENT 2055	Registered Investment Company		723,897
	VANGUARD PRIMECAP ADMIRAL	Registered Investment Company		38,099,498
	VANGUARD SHORT-TERM BOND INSTL	Registered Investment Company		23,013,359
	VANGUARD TOT INTL STK IDX ADM	Registered Investment Company		1,605,186
	VANGUARD TOTAL STK INDEX INST	Registered Investment Company		24,270,559
	LIMITED PARTNERSHIP	Limited Partnership		121,157

* Party-in-interest