Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FULBRIGHT & JAWORSKI L.L.P. 401 (K) PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 06/01/1985

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
FULBRIGHT & JAWORSKI L.L.P.

1301 MCKINNEY SUITE 5100
HOUSTON, TX 77010-3095

2b Employer Identification Number (EIN)
74-1201087

2c Sponsor's telephone number
713-651-5151

2d Business code (see instructions)
541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	MARK MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
BENEFITS COMMITTEE FULBRIGHT & JAWORSKI L.L.P.

1301 MCKINNEY SUITE 5100
HOUSTON, TX 77010-3095

3b Administrator's EIN
74-1201087

3c Administrator's telephone number
713-651-5151

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	2400
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1722
b	Retired or separated participants receiving benefits	**6b**	11
c	Other retired or separated participants entitled to future benefits	**6c**	495
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2228
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	2230
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1925
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	34
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
FULBRIGHT & JAWORSKI L.L.P. 401 (K) PLAN		005
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
FULBRIGHT & JAWORSKI L.L.P.	74-1201087	

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	1575	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60	SUB-TRANSFER AGENCY FEE	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 [ ]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WEITZ VALUE - WEITZ & CO. 1125 SOUTH 103RD STREET SUITE 200 OMAHA, NE 68124	ANNUALIZED FORMULA 0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMCAP EQUITY S BOSTON FINANCIAL 04-2526037	ANNUALIZED FORMULA 0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NB GENESIS TR CL STATE STREET BK ONE LINCOLN STREET BOSTON, MA 02111	ANNUALIZED FORMULA 0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEI STABLE VALUE - FMR LLC 04-2647786	ANNUALIZED FORMULA 0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX STOCK BOSTON FINANCIAL 04-2526037	ANNUALIZED FORMULA 0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IVK CAPITAL GROWTH Y INVESCOTRIMARK 98-0557567	ANNUALIZED FORMULA 0.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IVY INTL GROWTH A WADDELL REED 43-1244426	ANNUALIZED FORMULA 0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WEITZ VALUE - WEITZ & CO. 1125 SOUTH 103RD STREET SUITE 200 OMAHA, NE 68124	ANNUALIZED FORMULA 0.40%

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
FULBRIGHT & JAWORSKI L.L.P. 401 (K) PLAN

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FULBRIGHT & JAWORSKI L.L.P.

D Employer Identification Number (EIN)
74-1201087

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM INC FND FOR 401K PLAN

b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS INSTITUTIONAL

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-2647786-001	C	7967502

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
FULBRIGHT & JAWORSKI L.L.P. 401 (K) PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
FULBRIGHT & JAWORSKI L.L.P.

D Employer Identification Number (EIN)
74-1201087

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	32293343	29655251
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1810378	7361018
(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)	167981465	191360052
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	202085186	228376321
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		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	202085186	228376321

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)	488779	
(B) Participants	2a(1)(B)	14776199	
(C) Others (including rollovers)	2a(1)(C)	425902	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		15690880
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	59494	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		59494
(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)	3026739	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3026739
(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		606484
(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)		21564281
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		40947878
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14650437	
(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)		14650437
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	6306	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6306
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14656743
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		26291135
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: BRIGGS & VESELKA CO. **(2)** EIN: 74-1769118

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		3000000
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			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
FULBRIGHT & JAWORSKI L.L.P. 401 (K) PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
FULBRIGHT & JAWORSKI L.L.P.

D Employer Identification Number (EIN)
74-1201087

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): _____ _____

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** 0

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)? ..... [X] **Yes** [ ] **No** [ ] **N/A**

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Briggs & Veselka Co.
A PROFESSIONAL CORPORATION
Certified Public Accountants and Business Advisors

To the Benefits Committee
Fulbright & Jaworski L.L.P. 401(k) Plan
Houston, Texas

Independent Auditors' Report

We were engaged to audit the financial statements of Fulbright & Jaworski L.L.P. 401(k) Plan as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedule as of December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in *Note 4*, which was certified by the Fidelity Management Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Briggs & Veselka Co.
A Professional Corporation
Certified Public Accountants

October 10, 2011

HOUSTON OFFICE 713.667.9147 Tel. ▪ 713.667.1697 Fax
6575 West Loop South, Suite 700 ▪ Bellaire, Texas 77401 ▪ www.bvccpa.com

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Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Fulbright & Jaworski L.L.P. 401 (K) Plan **EIN:** 74-1201087
Plan Sponsor's Name Fulbright & Jaworski L.L.P. **PN:** 005

(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
	FED UST CASH RSV IS	INTEREST-BEARING CASH	0	271,112
	VANG PRIME MM INST	INTEREST-BEARING CASH	0	27,901,013
	VANG TREAS MMKT ADM	INTEREST-BEARING CASH	0	1,483,126
	DODGE & COX STOCK	Mutual Fund	0	838,409
	Dreyfus Appreciation	Mutual Fund	0	12,558,526
X	FID DIVERSIFD INTL K	Mutual Fund	0	12,649,959
X	FID CONTRAFUND K	Mutual Fund	0	50,952,158

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Fulbright & Jaworski L.L.P. 401 (K) Plan **EIN:** 74-1201087
Plan Sponsor's Name Fulbright & Jaworski L.L.P. **PN:** 005

(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
	COLUMBIA INTL VAL Z	MUTUAL FUND	0	7,430,666
X	FID DIVIDEND GR K	MUTUAL FUND	0	7,539,516
X	FID LOW PRICE STK K	MUTUAL FUND	0	12,860,386
X	FID PURITAN K	MUTUAL FUND	0	14,281,946
X	FID SMALL CAP VALUE	MUTUAL FUND	0	7,523,984
X	FIDELITY GOVT INCOME	MUTUAL FUND	0	15,919,009
	IVK CAPITAL GROWTH Y	MUTUAL FUND	0	2,923,747

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Fulbright & Jaworski L.L.P. 401 (K) Plan **EIN:** 74-1201087
Plan Sponsor's Name Fulbright & Jaworski L.L.P. **PN:** 005

(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
	JPM SM CAP EQUITY S	MUTUAL FUND	0	6,042,497
	NB GENESIS INST CL	MUTUAL FUND	0	12,039,317
	PIM REAL RETURN INST	MUTUAL FUND	0	8,903,213
	SPARTAN 500 INDEX	MUTUAL FUND	0	16,548,350
	SPARTAN INTL INDEX	MUTUAL FUND	0	1,170,686
	SPTN TOTAL MKT INDEX	MUTUAL FUND	0	1,177,683
	PYR IN LFC 2000 CP	LIFECYCLE FUND	0	45,703

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Fulbright & Jaworski L.L.P. 401 (K) Plan **EIN:** 74-1201087
Plan Sponsor's Name Fulbright & Jaworski L.L.P. **PN:** 005

(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
	PYR IN LFC 2005 CP	LIFECYCLE FUND	0	19,635
	PYR IN LFC 2010 CP	LIFECYCLE FUND	0	155,422
	PYR IN LFC 2015 CP	LIFECYCLE FUND	0	1,405,807
	PYR IN LFC 2020 CP	LIFECYCLE FUND	0	593,082
	PYR IN LFC 2025 CP	LIFECYCLE FUND	0	408,486
	PYR IN LFC 2030 CP	LIFECYCLE FUND	0	972,291
	PYR IN LFC 2035 CP	LIFECYCLE FUND	0	387,591

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Fulbright & Jaworski L.L.P. 401 (K) Plan **EIN:** 74-1201087
Plan Sponsor's Name Fulbright & Jaworski L.L.P. **PN:** 005

(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
	PYR IN LFC 2040 CP	LIFECYCLE FUND	0	795,478
	PYR IN LFC 2045 CP	LIFECYCLE FUND	0	593,759
	PYR IN LFC 2050 CP	LIFECYCLE FUND	0	225,360
	SEI STABLE VALUE	COMMON COLLECTIVE TRUST FUND	0	1,758,404

Form **5558**
(Rev. June 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
Fulbright & Jaworski LLP

Number, street, and room or suite no. (If a P.O. box, see instructions)
1301 McKinney Suite 5100

City or town, state, and ZIP code
Houston, TX 77010-3095

B Filer's identifying number (see instructions)
Employer identification number (EIN)
74-1201087
Social security number (SSN) (see instructions)

C	Plan name	Plan number			Plan year ending— MM	DD	YYYY
1	Fulbright & Jaworski LLP Non-Exempt Support Staff Voluntary Early Retirement	5	1	1	12	31	2010
2	Fulbright & Jaworski LLP Non-Exempt Support Staff Voluntary Severance Plan	5	1	2	12	31	2010
3							

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 I request an extension of time until 10/15/2011 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

2 I request an extension of time until ___/___/___ to file Form 8955-SSA (see instructions).
Note. A signature IS required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 1 and/or line 2 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 1 and/or line 2 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

3 I request an extension of time until ___/___/___ to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ a

b Enter the payment amount attached . . . . . ▶ b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ c

4 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ [signature] **Date** ▶ 7-14-11

Form **5558**
(Rev. June 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A	Name of filer, plan administrator, or plan sponsor (see instructions) Fulbright & Jaworski LLP Number, street, and room or suite no. (If a P.O. box, see instructions) 1301 McKinney Suite 5100 City or town, state, and ZIP code Houston, TX 77010-3095	B Filer's identifying number (see instructions) Employer identification number (EIN) 74-1201087 Social security number (SSN) (see instructions)

C	Plan name	Plan number	Plan year ending— MM	DD	YYYY
1	Fulbright & Jaworski LLP Group Medical Policy Plan & Pooled Life	503	12	31	2010
2	Fulbright & Jaworski LLP Group Long Term Disability Plan	509	12	31	2010
3	Fulbright & Jaworski LLP Support Staff Severance Policy Plan	510	12	31	2010

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Note. A signature IS required if you are requesting an extension to file Form 8955-SSA.

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Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ M Gallagher **Date** ▶ 7-14-11

Form **5558**
(Rev. June 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A	Name of filer, plan administrator, or plan sponsor (see instructions)	B	Filer's identifying number (see instructions)
	Fulbright & Jaworski LLP		Employer identification number (EIN) 74-1201087
	Number, street, and room or suite no. (If a P.O. box, see instructions) 1301 McKinney Suite 5100		Social security number (SSN) (see instructions)
	City or town, state, and ZIP code Houston, TX 77010-3095		

C	Plan name	Plan number			Plan year ending— MM	DD	YYYY
1	Fulbright & Jaworski LLP 401(K) Plan	0	0	5	12	31	2010
2	Fulbright & Jaworski LLP PSP Plan	0	0	7	12	31	2010
3	Fulbright & Jaworski LLP Pension Plan	0	0	3	12	31	2010

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4 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ M Kellagher **Date** ▶ 7.14.11

Fulbright & Jaworski L.L.P. 401(k) Plan

Financial Statements and Supplemental Schedule

As of December 31, 2010 and 2009,

and for the Year Ended December 31, 2010

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Schedules other than those listed above are omitted because of the conditions under which they are required.

Briggs & Veselka Co.
A PROFESSIONAL CORPORATION
Certified Public Accountants and Business Advisors

To the Benefits Committee
Fulbright & Jaworski L.L.P. 401(k) Plan
Houston, Texas

Independent Auditors' Report

We were engaged to audit the financial statements of Fulbright & Jaworski L.L.P. 401(k) Plan as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedule as of December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in *Note 4*, which was certified by the Fidelity Management Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Briggs & Veselka Co.
A Professional Corporation
Certified Public Accountants

October 10, 2011

HOUSTON OFFICE 713.667.9147 Tel. ▪ 713.667.1697 Fax
6575 West Loop South, Suite 700 ▪ Bellaire, Texas 77401 ▪ www.bvccpa.com

Member of the Center for Public Company Audit Firms of the American Institute of Certified Public Accountants

Independent Member BKR INTERNATIONAL

FULBRIGHT & JAWORSKI L.L.P. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Investments, at fair value:		
Interest-bearing cash	**$ 29,655,251**	$ 32,293,343
Mutual funds	**191,360,052**	164,471,445
Collective trust funds	**7,328,685**	5,236,567
Total Investments, at fair value	**228,343,988**	202,001,355
TOTAL ASSETS	**228,343,988**	202,001,355
Excess participant contributions payable	**213,532**	-
TOTAL LIABILITIES	**213,532**	-
NET ASSETS AVAILABLE FOR BENEFITS, at fair value	**228,130,456**	202,001,355
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	**32,333**	83,831
NET ASSETS AVAILABLE FOR BENEFITS	**$ 228,162,789**	$ 202,085,186

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

FULBRIGHT & JAWORSKI L.L.P. 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

ADDITIONS	
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment Income:	
Net appreciation in fair value of investments	$ 22,170,766
Interest and dividends	3,086,232
Total Investment Income	25,256,998
Contributions:	
Participant	14,562,667
Employer	488,779
Rollovers	425,902
Total Contributions	15,477,348
TOTAL ADDITIONS	40,734,346
DEDUCTIONS	
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants or beneficiaries	14,650,437
Administrative expenses	6,306
TOTAL DEDUCTIONS	14,656,743
NET INCREASE IN NET ASSETS	26,077,603
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	202,085,186
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 228,162,789

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

NOTE 1 – DESCRIPTION OF PLAN

The Fulbright & Jaworski L.L.P. 401(k) Plan (the "Plan") is a defined contribution plan covering attorney and non-attorney personnel of Fulbright & Jaworski L.L.P. (the "Firm"). The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The purpose of the Plan is to provide employees with retirement benefits. Significant provisions of the Plan in effect as of December 31, 2010 are summarized below. Participants should refer to the legal Plan document for a more complete description of the Plan's provisions.

A. Eligibility – All attorney and non-attorney personnel are eligible to participate in the Plan beginning on the first day of the calendar month following completion of one (1) hour of service with the Firm.

B. Contributions – The Plan has the following contribution options:

1. Participant Contributions

Each year attorney and non-attorney personnel may defer between one percent (1%) and fifteen percent (15%) and one percent (1%) and fifty percent (50%), respectively, of eligible compensation into the Plan not to exceed the annual Internal Revenue Service ("IRS") limits. There are two types of elective deferrals: pre-tax deferrals and Roth deferrals (deferrals subject to federal income taxes). Participants who have attained or will attain age fifty (50) by the end of the year and have contributed the maximum amount permitted by law may make additional catch-up contributions.

In addition, participants may also contribute amounts representing rollovers from other eligible retirement plans or certain Individual Retirement Accounts ("IRAs").

2. Employer Matching Contributions

For each non-attorney participant, the Firm contributes a match of fifty percent (50%) of any participant contribution made up to a maximum of six percent (6%) of the first $35,000 of eligible compensation, not to exceed $1,050. The Firm does not make employer matching contributions for attorneys.

C. Participant Accounts – Each participant's account is credited with the participant's contributions, employer contributions, rollovers, and Plan earnings or losses. Administrative fees may be charged against the participant's account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

D. Vesting – Participants are immediately vested in their elective contributions and rollovers plus actual earnings or losses thereon. Vesting in the Firm's contribution portion of their accounts plus actual earnings or losses thereon is based on credited years of active service.

Participants vest as follows:

Years of Service	Percentage
Less than 1	-0-%
1	20%
2	40%
3	60%
4	80%
5	100%

Active service means the number of whole years of employment with the Firm, whether or not those years are completed consecutively. The nonvested portion of a participant's account balance is forfeited upon termination of service. Under this Plan, upon death, disability or retirement, the participant is one hundred (100%) percent vested in all his account.

E. Investment Options – Participants direct the investment of their contributions into a range of investment options. The Plan currently offers conservative, moderately conservative and aggressive funds for participants. Participants may redirect future contributions or exchange existing balances among available investment options at any time.

F. Payment of Benefits – On termination of employment, for reasons other than death, disability, or retirement, a participant or designated beneficiary may elect to receive a lump sum cash payment equal to the value of the participant's vested account balance, or as a direct rollover to an IRA rollover account or another qualified retirement plan. Distributions will normally be made or begin within one (1) year after the employment is terminated. However, if the value of a participant's account is more than $5,000, a participant must consent before an immediate distribution is made. If a participant does not consent to an immediate distribution, the money will stay in the Plan until the earlier of: a) death or any time after retirement or b) consent of distribution. Entire vested interest must be paid or begin to be paid by April following the later of the year a participant retires or the year a participant attains age seventy and one-half (70½).

Participants may make withdrawals from their account only if they have a qualifying hardship. Participants have a qualifying hardship if participants have an immediate and heavy financial need and a withdrawal is required in order to satisfy the need. Participants may not make elective salary deferrals to the Plan for a period of six (6) months after the receipt of the hardship distribution.

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

G. Forfeited Accounts – Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeited amounts are retained in the Plan and will be first used to reduce employer matching contributions. For the year ended December 31, 2010, the Firm used forfeitures of $58,863 to reduce employer matching contributions. At December 31, 2010 and 2009, forfeited non-vested accounts totaled $5,538 and $17,223, respectively.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

B. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America ("GAAP") requires the Firm to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

C. Recent Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2010-06, *Improving Disclosures About Fair Value Measurements*. ASU 2010-06 amends the FASB Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures*. This amendment requires new disclosures on the value of and the reasons for transfers in and out of Levels 1 and 2 of the fair value hierarchy and additional disclosures about purchases, sales, issuances and settlements within Level 3 fair value measurements. ASU 2010-06 also clarifies existing disclosure requirements on levels of disaggregation and about input and valuation techniques. This is effective for fiscal years beginning after December 15, 2010.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

D. Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See *Note 3* for discussion of fair value measurements.

Net appreciation in fair value of investments includes gains and losses on investments sold during the year and unrealized appreciation or depreciation of investments held at year-end. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

E. Excess Participant Contributions Payable

The Plan failed to pass the Average Deferral Percentage test for the 2010 Plan year. At December 31, 2010, a liability of $213,532 is recorded for amounts refundable by the Plan to participants for contributions made in excess of amounts allowed by the IRS. The Plan passed the Average Deferral Percentage test for the 2009 Plan year.

F. Payment of Benefits

Benefits are recorded when paid. As of December 31, 2010, there were no amounts allocated to participants who elected to withdraw from the Plan, but have not been paid.

G. Administrative Expenses

The Plan will pay some or all Plan related expenses except for a limited category of expenses which the law requires the Firm to pay. Generally, operational and administrative expenses of the Plan are paid from Plan assets. Certain expenses that are attributable to the participant's account may be deducted directly from their account.

H. Reclassifications

Certain reclassifications have been made to the 2009 financial statement presentation to correspond to the current year's format. Total net assets available for benefits and net increase in net assets are unchanged due to these reclassifications.

I. Subsequent Events

The Plan has evaluated subsequent events through October 10, 2011, the date the financial statements were available to be issued.

NOTE 3 – FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a three-level 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 and liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 – Quoted prices in active markets for identical assets or liabilities.

- Level 2 – Inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

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

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

Interest-Bearing Cash: Investment in a money market fund is valued based upon quoted market prices of the net asset value of shares held by the Plan at year-end.

Mutual Funds: Investments in mutual funds are stated at fair value based upon quoted market prices of the net asset value of shares held by the Plan at year-end.

Collective Trust Funds: Collective trust funds invest primarily in guaranteed investment contracts ("GICs") and synthetic GICs. GICs are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations. The fair value of synthetic GICs is the total fair value based on the daily price of the underlying assets valued at the net asset value provided by the administrator of the fund, plus the fair value of the third-party guarantee. In addition, investments in lifecycle funds, sometimes called "targeted or age-based" funds, are stated at fair value based upon quoted market prices of the net asset value of shares held by the Plan at year-end. These funds vary their asset mixes among stock, bond, and money market funds to be more conservative as they approach a target date.

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	December 31, 2010			
	Level 1	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	**$ 29,655,251**	**$ -**	**$ -**	**$ 29,655,251**
Mutual funds:				
Bond	**24,822,222**	**-**	**-**	**24,822,222**
Balanced/Hybrid	**22,644,339**	**-**	**-**	**22,644,339**
Small blend	**12,039,317**	**-**	**-**	**12,039,317**
Mid blend	**12,860,386**	**-**	**-**	**12,860,386**
Large blend	**37,824,075**	**-**	**-**	**37,824,075**
Small growth	**6,042,497**	**-**	**-**	**6,042,497**
Large growth	**53,875,905**	**-**	**-**	**53,875,905**
International global equity	**21,251,311**	**-**	**-**	**21,251,311**
Collective trust funds	**5,602,614**	**1,726,071**	**-**	**7,328,685**
TOTAL ASSETS, at fair value	**$ 226,617,917**	**$ 1,726,071**	**$ -**	**$ 228,343,988**

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

	December 31, 2009			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 32,293,343	$ -	$ -	$ 32,293,343
Mutual funds:				
Bond	21,113,553	-	-	21,113,553
Balanced/Hybrid	12,444,919	-	-	12,444,919
Domestic equities:				
Small blend	10,261,876	-	-	10,261,876
Mid blend	9,778,489	-	-	9,778,489
Large blend	39,022,097	-	-	39,022,097
Small growth	4,613,317	-	-	4,613,317
Large growth	46,352,378	-	-	46,352,378
International global equity	20,884,816	-	-	20,884,816
Collective trust funds	3,510,020	1,726,547	-	5,236,567
TOTAL ASSETS, at fair value	$ 200,274,808	$ 1,726,547	$ -	$ 202,001,355

There were no significant transfers between Level 1 and Level 2 investments during the year ended December 31, 2010.

The Plan invests in the SEI Stable Asset Fund (the "Fund"). The Fund invests in underlying assets such as fixed income securities and bond funds, and enters into benefit-responsive investment contracts such as guaranteed investment contracts, separate account contracts, and wrap contracts issued by third-parties. The Fund seeks to minimize exposure to credit risk by diversification of the wrap contracts across an approved group of issuers. Investments in wrap contracts are fair valued using a discounted cash flow model which considers recent fee bids as determined by recognized dealers, discount rate and the duration of the underlying portfolio securities. For purposes of the benefit-responsive withdrawals, investments in wrap contracts are valued at contract value, which could be more or less than fair value. This investment contract provides for benefit-responsive withdrawals at contract value including those instances when, in connection with wrap contracts, underlying investment securities are sold to fund normal benefit payments prior to the maturity of such contracts.

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

Wrap contracts accrue interest using a formula called the "crediting rate". The crediting rate is the discount rate that equates that estimated future market value with a portfolio's current contract value. Crediting rates are reset quarterly. The wrap contracts provide a guarantee that the crediting rate will not fall below zero percent (-0-%). The crediting rate may be affected by many factors, including purchase and redemptions by unit-holders. The impact depends on whether the market value of the underlying assets is higher or lower than the contract value of those assets at the time of those transactions. Generally, the market value of underlying assets will tend to be higher than book value after interest rates have fallen due to higher bond prices. Conversely, the market value of underlying assets will tend to be lower than their contract value after interest rates have risen due to lower bond prices.

The crediting interest rates and average yields on these contracts are as follows:

	2010	2009
SEI Stable Asset Fund:		
Crediting interest rate	**1.63%**	1.40%
Average yield earned by the Plan	**0.89%**	3.69%

Certain separate account contracts in the Fund permit the Plan or the issuer to elect to terminate the contract, with the Plan having the right to elect to receive either market value or book value payable at the end of the quarter five (5) years after the effective date of the termination. In addition, if the Plan defaults on its obligations under the separate account agreement, the issuer may terminate the agreement and the Plan will receive market value. The contract is included in the statements of net assets available for benefits at fair value. The adjustment from fair value to contract value for the investment contract is based on the contract value reported to the Plan by the SEI Trust Company.

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The Firm has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Firm instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Fidelity Management Trust Company (the "Trustee") except for comparing such information to the Plan's financial statements and supplemental schedule.

The Trustee certified to the completeness and accuracy of Plan investments totaling $228,376,321 and $202,085,186 for the years ended December 31, 2010 and 2009, respectively. The Trustee also certified to the completeness and accuracy of $22,170,766 of net appreciation in fair value of investments and $3,086,232 of interest and dividends for the year ended December 31, 2010.

NOTE 5 – INVESTMENTS (UNAUDITED)

At December 31, 2010 and 2009, all investments of the Plan were participant-directed.

The following presents investments at December 31, 2010 and 2009 that represented five percent (5%) or more of the Plan's net assets:

	2010	2009
Vanguard Prime Money Market Fund	**$ 27,901,013**	$ 29,545,051
Dreyfus Appreciation Fund	**12,558,526**	10,607,120
Fidelity Contrafund*	**50,952,157**	44,012,317
Fidelity Diversified International Fund*	**12,649,959**	12,641,586
Fidelity Puritan Fund*	**14,281,946**	12,444,919
Fidelity Government Income Fund*	**15,919,009**	15,203,911
Fidelity Low Priced Stock Fund*	**12,860,386**	**
Neuberger Berman Genesis Fund	**12,039,317**	10,261,876
Spartan 500 Index	**16,548,350**	15,381,729

* Indicates party-in-interest.

** Represents less than five percent (5%) of the Plan's net assets as of December 31.

During 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in fair value as follows:

Mutual funds	$ 21,564,282
Collective trust funds	606,484
NET APPRECIATION IN FAIR VALUE OF INVESTMENTS	$ 22,170,766

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by the Trustee. These transactions qualify as party-in-interest transactions as defined by ERISA. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA. There have been no known prohibited transactions with parties-in-interest. Fees paid by the Plan for the investment management services are netted against net appreciation in fair value of investments.

NOTE 7 – PLAN TERMINATION

The Firm has the discretionary authority to determine eligibility for benefits under the Plan and to construe the terms of the Plan. Although the Firm intends to continue the Plan indefinitely, the Firm necessarily reserves the right to amend or even terminate the Plan at any time; provided, however, that any amendment or termination shall not reduce any of a participant's accrued benefit at that time.

In the event of Plan termination, participants will become one hundred percent (100%) vested in their accounts as of the end of the last Plan year for which a substantial Firm contribution was made and in any amounts later allocated to their accounts.

NOTE 8 – TAX STATUS

The Plan received its latest favorable determination letter on July 1, 2009, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. Various changes related to the operation of the Plan have been made to the Plan document. The Plan Sponsor believes that the Plan is designed and is currently in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires the Firm to evaluate tax provisions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Firm has analyzed the tax provisions taken by the Plan and has concluded that as of December 31, 2010, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. The Firm believes it is no longer subject to income tax examinations for years that are considered closed for tax filing purposes.

NOTE 9 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. These investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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 statement 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 at December 31, 2010, to Form 5500:

Net assets available for benefits per financial statements	$ 228,162,789
Excess participant contributions payable at December 31, 2010	213,532
NET ASSETS AVAILABLE FOR BENEFITS PER FORM 5500	$ 228,376,321

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2010, to Form 5500:

Contributions per financial statements	$ 15,477,348
Excess participant contributions payable at December 31, 2010	213,532
CONTRIBUTIONS PER FORM 5500	$ 15,690,880

SUPPLEMENTAL SCHEDULE

FULBRIGHT & JAWORSKI L.L.P. 401(K) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR-END)
DECEMBER 31, 2010

Plan Sponsor Number: 74-1201087
Plan No. 005

(a) Party-in-Interest	(b) Identity of Issuer/Borrower	(c) Description of Investment	(d) Cost	(e) Current Value
	Federated U.S. Treasury Cash Reserves	Interest-Bearing Cash	**	$ 271,112
	Vanguard Treasury Money Market	Interest-Bearing Cash	**	1,483,126
	Vanguard Prime Money Market Fund	Interest-Bearing Cash	**	27,901,013
	Columbia International Value Fund	Mutual Fund	**	7,430,666
	Dodge & Cox Stock Fund	Mutual Fund	**	838,409
	Dreyfus Appreciation Fund	Mutual Fund	**	12,558,526
*	Fidelity Contrafund	Mutual Fund	**	50,952,157
*	Fidelity Diversified International Fund	Mutual Fund	**	12,649,959
*	Fidelity Dividend Growth Fund	Mutual Fund	**	7,539,516
*	Fidelity Puritan Fund	Mutual Fund	**	14,281,946
*	Fidelity Small Cap Value Fund	Mutual Fund	**	7,523,984
*	Fidelity Government Income Fund	Mutual Fund	**	15,919,009
*	Fidelity Low Priced Stock Fund	Mutual Fund	**	12,860,386
	JPMorgan Small Cap Equity Fund	Mutual Fund	**	6,042,497
	Neuberger Bermen Genesis Fund	Mutual Fund	**	12,039,317
	PIMCO Real Return Fund	Mutual Fund	**	8,903,213
	Spartan International Index Fund	Mutual Fund	**	1,170,686
	Spartan 500 Index	Mutual Fund	**	16,548,350
	Spartan Total Market Index Fund	Mutual Fund	**	1,177,683
	Invesco Van Kampen American Fund	Mutual Fund	**	2,923,748
	Pyramis Index Lifecycle 2000	Collective Trust Fund	**	45,703
	Pyramis Index Lifecycle 2005	Collective Trust Fund	**	19,635
	Pyramis Index Lifecycle 2010	Collective Trust Fund	**	155,422
	Pyramis Index Lifecycle 2015	Collective Trust Fund	**	1,405,807
	Pyramis Index Lifecycle 2020	Collective Trust Fund	**	593,082
	Pyramis Index Lifecycle 2025	Collective Trust Fund	**	408,486
	Pyramis Index Lifecycle 2030	Collective Trust Fund	**	972,291
	Pyramis Index Lifecycle 2035	Collective Trust Fund	**	387,591
	Pyramis Index Lifecycle 2040	Collective Trust Fund	**	795,478
	Pyramis Index Lifecycle 2045	Collective Trust Fund	**	593,759
	Pyramis Index Lifecycle 2050	Collective Trust Fund	**	225,360
	SEI Stable Asset Fund	Collective Trust Fund	**	1,758,404
	TOTAL ASSETS HELD FOR INVESTMENTS			$ 228,376,321

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

** Cost information is not required as these assets are participant-directed.

See independent auditors' report.

SUPPLEMENTAL SCHEDULE

FULBRIGHT & JAWORSKI L.L.P. 401(K) PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR-END)
DECEMBER 31, 2010

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