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 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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- [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
WILLKIE FARR & GALLAGHER LLP 401(K) PLAN

1b Three-digit plan number (PN) ▶ 069

1c Effective date of plan 01/01/1989

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

WILLKIE FARR & GALLAGHER LLP

787 SEVENTH AVENUE
NEW YORK, NY 10019-6099

2b Employer Identification Number (EIN)
13-5536844

2c Plan Sponsor's telephone number
212-728-8000

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.	07/27/2018	KENNETH O'CONNOR
	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 ☐ Same as Plan Sponsor

CHIEF FINANCIAL OFFICER
WILLKIE FARR & GALLAGHER LLP
787 SEVENTH AVENUE
NEW YORK, NY 10019-6099

3b Administrator's EIN: 13-2890116

3c Administrator's telephone number: 212-728-3639

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1572
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)**	1045
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1046
b Retired or separated participants receiving benefits	**6b**	16
c Other retired or separated participants entitled to future benefits	**6c**	561
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1623
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	1623
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1491
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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 2J 2R 2S 2T 3B 3F 3H

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	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)	☒	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)	☒	**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)	☒	**H** (Financial Information)
(2)	☐	**I** (Financial Information – Small Plan)
(3)	☐	**A** (Insurance Information)
(4)	☒	**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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
WILLKIE FARR & GALLAGHER LLP 401(K) PLAN

B Three-digit plan number (PN) ▶ 069

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

D Employer Identification Number (EIN)
13-5536844

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

PRICEWATERHOUSECOOPERS

13-5326270

(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	ACCOUNTING	35000	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
WILLKIE FARR & GALLAGHER LLP 401(K) PLAN

B Three-digit plan number (PN) ▶ 069

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

D Employer Identification Number (EIN)
13-5536844

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: WILLKIE FARR & GALLAGHER LLP MT

b Name of sponsor of entity listed in (a): WILLKIE FARR & GALLAGHER LLP

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3852041-001	M	294138983

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

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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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
WILLKIE FARR & GALLAGHER LLP 401(K) PLAN

B Three-digit plan number (PN) ▶ 069

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

D Employer Identification Number (EIN)
13-5536844

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)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	931079	1043658
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	252281539	294138983
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	253212618	295182641
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
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**	253212618	295182641

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)**	0	
	(B) Participants	**2a(1)(B)**	12113483	
	(C) Others (including rollovers)	**2a(1)(C)**	2383100	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		14496583
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	0	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	46188	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		46188
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		0
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(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)**	0	
	(B) Other	**2b(5)(B)**	0	
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		44737310
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		59280081
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17297221	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		17297221
f Corrective distributions (see instructions)	2f		8063
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	4774	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4774
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		17310058
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		41970023
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: PRICEWATERHOUSECOOPERS **(2)** EIN: 13-5326270

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		5000000
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		X	

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

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
WILLKIE FARR & GALLAGHER LLP 401(K) PLAN

B Three-digit plan number (PN) ▶ 069

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

D Employer Identification Number (EIN)
13-5536844

Part I Distributions

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

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

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

EIN(s): 04-6568107

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 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): _____

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WILLKIE FARR & GALLAGHER LLP 401(K) PLAN
WILLKIE FARR & GALLAGHER LLP
EIN: 13-5536844 PN: 069
ATTACHMENT TO FORM 5500, SCH H, 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
12/31/2017

(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	(E) Current Value
*	Participant Loans	Participant Loans	1,043,658
	Interest Held in Master Trust	Various (includes Registered Investment Companies, Employer Stock, etc.)	294,138,983
		TOTAL	**295,182,641**

* Investment with party-in-interest to the Plan

Willkie Farr & Gallagher LLP 401(k) Plan

Financial Statements and Supplemental Schedule
(Modified Cash Basis)
December 31, 2017 and 2016

Willkie Farr & Gallagher LLP 401(k) Plan
(Modified Cash Basis)
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Financial Statements (Modified Cash Basis)

Statements of Net Assets Available for Benefits
December 31, 2017 and 2016 3

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2017 and 2016 4

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December 31, 2017 and 2016 5–16

Supplemental Schedule*
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2017 17

* Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of
Willkie Farr & Gallagher LLP 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Willkie Farr & Gallagher LLP 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2017 and December 31, 2016, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, 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 the financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statement in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2017 and December 31, 2016 and for the years then ended, 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 the financial statements.

Emphasis of Matter

As discussed in Note 2, the financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) (modified cash basis) as of December 31, 2017 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements (modified cash basis) and supplemental schedule (modified cash basis), 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.

PricewaterhouseCoopers LLP

July 20, 2018

Willkie Farr & Gallagher LLP 401(k) Plan
Statements of Net Assets Available for Benefits
(Modified Cash Basis)
December 31, 2017 and 2016

	2017	2016
Assets		
Investments in plan interest in		
Willkie Farr & Gallagher LLP Master Trust, at fair value	$ 294,185,660	$ 252,203,126
Notes receivable from participants	1,043,658	931,079
Net assets available for benefits	$ 295,229,318	$ 253,134,205

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

Willkie Farr & Gallagher LLP 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
(Modified Cash Basis)
Years Ended December 31, 2017 and 2016

	2017	2016
Additions		
Investment income		
Income from investments held in Willkie Farr & Gallagher LLP Master Trust		
Interest and dividends	$ 11,341,685	$ 7,920,954
Net appreciation in fair value of investments	33,520,714	9,959,257
Total investment income	44,862,399	17,880,211
Contributions		
Participant contributions	12,113,484	11,165,835
Rollover contributions	2,383,100	42,567,164
Total contributions	14,496,584	53,732,999
Interest income on notes receivable from participants	46,188	44,078
Total additions	59,405,171	71,657,288
Deductions		
Benefits paid to participants	17,305,284	10,959,764
Administrative expenses, net	4,774	8,679
Total deductions	17,310,058	10,968,443
Net increase	42,095,113	60,688,845
Net assets available for benefits		
Beginning of year	253,134,205	192,445,360
End of year	$ 295,229,318	$ 253,134,205

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

1. Description of the Plan

The following description of the Willkie Farr & Gallagher LLP 401(k) Plan (the "Plan"), sponsored by Willkie Farr & Gallagher LLP (the "Firm"), provides only general information. Refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a tax-deferred savings plan which is intended to comply with the provisions of Section 401(a) and other applicable provisions of the Internal Revenue Code of 1986, as amended (the "IRC").

Plan assets, together with the assets of the Willkie Farr & Gallagher LLP Defined Contribution Plan, were held in the Willkie Farr & Gallagher LLP Master Trust (the "Master Trust"). The trustee of the Master Trust and the Plan is Fidelity Management Trust Company ("Fidelity" or the "Trustee") for the years ended December 31, 2017 and 2016. The Trustee is responsible for all recordkeeping and investment services with respect to the plans participating in the Master Trust. The Firm's Chief Financial Officer serves as the Plan Administrator.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan is a "participant directed plan" as described in Section 404(c) of ERISA, under which participants are responsible for directing the investment of their accounts among the investment options offered under the Plan.

Investment Options

During the years ended December 31, 2017 and 2016, participants in the Plan had the option of investing in certain American, American Beacon, ClearBridge, Cohen & Steers, DFA, Dodge & Cox, Fidelity, Goldman Sachs, Janus, John Hancock, JPMorgan, Oakmark, PIMCO, Vanguard, and Wells Fargo mutual funds, as well as a stable value common collective trust (Fidelity Managed Income Portfolio II Fund). The investment options offered under the Plan were as follows:

American Funds Capital World Growth and Income Fund is a growth and income mutual fund that invests internationally and seeks to provide a combination of long-term capital growth and current income.

American Beacon Small Cap Value Fund is a small cap value fund that seeks to provide long-term capital appreciation and current income.

ClearBridge Small Cap Growth Fund seeks long-term growth of capital with emphasis on small U.S. companies.

Cohen & Steers Realty Shares Fund is a specialty real estate mutual fund that seeks total return through investment in real estate securities.

DFA Inflation-Protected Securities Portfolio Fund is a growth and income mutual fund that seeks to provide inflation protection and earn current income consistent with inflation-protected securities.

Dodge & Cox Income Fund is an income fund that seeks a high and stable rate of current income, consistent with long-term preservation of capital.

Fidelity Capital Appreciation Fund is a growth mutual fund that seeks to provide capital appreciation.

Fidelity Contrafund is a growth mutual fund that seeks to provide capital appreciation.

Fidelity Freedom Index Funds are investment options that allow investors to select the fund that best matches their expected retirement year and are designed to seek high total return until the target retirement date and, thereafter, to seek high current income and, as a secondary objective, capital appreciation.

Fidelity Managed Income Portfolio II is a stable value fund that seeks to preserve principal while earning interest income by investing in investment contracts issued by insurance companies and other financial institutions, fixed income securities and money market funds to provide daily liquidity.

Fidelity Extended Market Index Fund is an index mutual fund that seeks to provide investment results that correspond to the total returns of stocks of small to mid-cap U.S. companies.

Fidelity International Index Fund is an international growth fund that seeks to provide investment results that correspond to the total returns of international stock markets.

Fidelity 500 Index Fund is an index mutual fund that seeks to provide investment results that correspond to the total return performance of common stocks publicly traded in the United States.

Fidelity Treasury Only Money Market Fund is a money market mutual fund that seeks to provide as high a level of current income as is consistent with the preservation of principal and liquidity.

Goldman Sachs High Yield Fund is an income fund that invests in high-yield fixed-income securities, that seeks to provide a high level of current income and may also consider the potential for capital appreciation.

Janus Enterprise Fund seeks long-term growth of capital with emphasis on medium-sized U.S. companies.

John Hancock Disciplined Value Fund seeks to provide long-term growth of capital primarily through investment in equity securities; current income is a secondary objective.

JPMorgan MidCap Value Fund is a mid-cap value mutual fund that seeks to provide long-term capital appreciation.

Oakmark International Fund is a growth mutual fund that invests internationally and seeks long-term capital appreciation.

PIMCO Total Return Fund is a bond mutual fund that seeks to provide maximum total return, consistent with preservation of capital, and invests in all types of bonds, including U.S. government, corporate, mortgage and foreign.

Vanguard Total Bond Market Index Fund is an income mutual fund that seeks the performance of the Bloomberg Barclays U.S. aggregate Float Adjusted Index.

Vanguard Wellington Fund is a balanced mutual fund that seeks to provide income and the potential for long-term growth of capital and current income.

Wells Fargo Advantage Emerging Markets Equity Fund is a diversified emerging markets mutual fund that seeks long-term capital appreciation.

In addition to the investment options described above, the Plan offers a self-directed brokerage feature, referred to as BrokerageLink, which allows participants to invest part or all of their accounts in a wide range of public mutual and money market funds other than those offered as standard investment options under the Plan.

Participation
All partners and employees of the Firm (except non-U.S. citizens employed in an overseas office who receive no U.S. compensation; employees who are U.S. citizens hired in, and working primarily for, an overseas office; and National Partners) who have completed one month of credited service are eligible to participate in the Plan.

Payment of Benefits
Benefits provided by the Plan are paid by the Trustee from the net assets available for benefits. The benefit to which a participant is entitled is the benefit that can be provided by the contributions and income (or loss) allocated to such participant's account. Upon termination (for any reason) or death, the participant (or beneficiary in the event of the participant's death) may elect to receive a lump-sum amount equal to the value of the funds in his or her account. A participant or spousal beneficiary may choose to receive installment distributions to satisfy the minimum distribution requirements if required to receive such distributions.

Vesting
All contributions and earnings thereon are fully and immediately vested.

Contributions
Each participant may elect to have tax-deferred savings and/or Roth 401(k) contributions deducted for each pay period of up to 50% of earnings, to a maximum allowable amount as determined by Section 402(g) of the IRC. Contribution limits were $18,000 in 2017 and 2016. Participants who were at least 50 years old at December 31, 2017 and 2016, and who contributed the maximum amount of elective deferrals for the year were eligible to make an additional contribution of $6,000 for the years ended December 31, 2017 and 2016. Contributions received by the Plan are credited to the individual participant's account.

The Fidelity Freedom Funds are the default fund with respect to contributions for which no investment election has been made.

The auto-enrollment contribution rate is 6%. Participants receive 90 days' notice prior to the commencement of auto-enrollment contributions and may opt out of auto-enrollment prior to commencing contributions.

Rollover Contributions
Participants may elect to roll over funds invested in other qualified plans with the consent of the Plan Administrator. Benefit payments of $521,808 and $39,204,015 from the Willkie Farr & Gallagher LLP Partner Pension Plan and the terminated Willkie Farr & Gallagher Group Pension Plan, respectively, were rolled into the Plan during 2017 and 2016, respectively.

Notes Receivable from Participants
Participants who are actively employed by the Firm may be eligible to borrow from their Plan accounts. The maximum amount of a loan is the lesser of $50,000 or 50% of the account balance. The minimum amount of any loan is $1,000. A participant may have two loans outstanding at any time, but only one such loan may qualify as a primary residence loan. The minimum loan period is one year and the maximum is five years. However, if the loan is for the purchase of the participant's primary residence, the maximum period is ten years.

Loans are repaid through payroll deductions. Prepayment of the entire unpaid amount at any time is allowed. If employment is terminated, participants have the option of paying off the loan or continuing loan payments by monthly checks in order to avoid defaulting on the loan.

The interest rate charged on loans is determined by the Firm's Benefits/Investment Committee, and is commensurate with the prevailing interest rate charged by institutions in the business of lending money. Currently, the interest rate on loans is the prime rate plus 1% for the years ended December 31, 2017 and 2016. Loans are collateralized by participant account balances.

Participant loans are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as benefit payments based on the terms of the Plan document.

Plan Termination
While the Firm intends to continue the Plan, it reserves the right to terminate it at any time for any reason. In the event there is a discontinuance of the Plan, all Plan accounts will remain fully vested and the assets of the Plan, after payment of any expenses properly chargeable against the Plan, will be distributed to the participants as prescribed by the Plan in accordance with ERISA and related regulations.

Reclassification
Certain prior year amounts have been reclassified to conform to the current year presentation.

2. Summary of Significant Accounting Policies

Basis of Accounting
The Plan's policy is to prepare its financial statements on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. The modified cash basis of accounting followed by the Plan records all transactions based on cash receipts and disbursements, except for investments, notes receivable from participants and investment activity.

Risks and Uncertainties
The Plan provides for various investment options in mutual funds and a common collective trust, of which 56% and 55% were managed by Fidelity as of December 31, 2017 and 2016, respectively. Investment securities 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 values of investment securities will occur in the near term and that such changes could materially affect participants' individual account balances and the amounts reported in the Modified Cash Basis Statements of Net Assets Available for Benefits and the Modified Cash Basis Statements of Changes in Net Assets Available for Benefits.

Use of Estimates
The preparation of the Plan's financial statements in conformity with the modified cash basis of accounting requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. The most significant estimates include the fair value of investments.

Investments
Accounting Standards Codification Topic 820 ("ASC 820"), *Fair Value Measurements and Disclosure*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Valuation of investments of the Plan represents the Plan's allocable portion of the Master Trust.

Following is a description of the valuation methodologies used.

- Mutual funds are valued at the net asset value ("NAV") of shares held by the Plan at year end, based on the daily closing price as reported by the funds.
- The stable value common collective trust (Fidelity Managed Income Portfolio II Fund) is valued on the basis of the relative interest of each participating investor in the fair value of the underlying assets. The underlying assets are valued based on the NAV as provided by the trustee. The NAV is used as a practical expedient to estimate fair value. The NAV is based on

the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the common collective trust, the issuer reserves the right to require twelve months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner. The Plan's stable value common collective trust contains fully benefit responsive investment contracts ("FBRICs") which are valued at contract value. Because the Plan's investment in FBRICs is indirect through a common collective trust, the contract value of the indirect investment is understood to be the fair value of the investment.

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 those used by 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.

Payment of Benefits
Benefits are recorded when paid.

Administrative Expenses
Audit and other professional service fees related to maintaining the Plan are paid by the Firm. A portion of these professional services expenses is reimbursed to the Firm through revenue credits allocated to the Plan by agreement with the Trustee. The revenue credits are paid to the Firm by the Trustee. The revenue credits and reimbursement to the Firm are recorded as a reduction of administrative expenses in these financial statements. Other administrative fees such as loan maintenance and processing fees are deducted from the individual participant's account balance when paid.

Recently Issued Accounting Pronouncements
In February 2017, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2017-06, Plan Accounting (Topics 960, 962, and 965): Employee Benefit Plan Master Trust Reporting (ASU 2017-06). ASU 2017-06 requires the Plan's interest in the master trust and any change in that interest to be presented as separate line items in the statement of net assets available for benefits and in the statement of changes in net assets available for benefits, respectively. The amendment also requires all plans to disclose their master trust's other asset and liability balances and the dollar amount of the plan's interest in each of those balances. In addition, the amendment eliminates the requirement to disclose the percentage interest in the master trust for plans with dividend interest and requires that all plans disclose the dollar amount of their interest in each general type of investment. ASU 2017-06 is effective for fiscal years beginning after December 15, 2018 with early adoption permitted.

3. Tax Status of the Plan

The Internal Revenue Service has determined and informed the Firm by a letter dated October 27, 2015, that the Plan and the related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. The Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable

requirements of the IRC. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2017 and 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2014 for which the statute of limitations has passed.

4. Investments and Investment Income

Plan investments as of December 31, 2017 and 2016 consisted of a proportionate interest in the Master Trust investments. Investment income and losses of the Master Trust are allocated to the respective participating plans and, ultimately, to individual participants' accounts within the respective plans in the proportion that each participant's "adjusted balance" in the applicable fund bears to the total "adjusted balances" in that fund. The "adjusted balances" reflect contributions and distributions during the applicable period.

At December 31, 2017 and 2016, the Plan's interest in the net assets of the Master Trust was approximately 61% and 59% respectively. Note 9 sets forth the Master Trust's modified cash basis statements of net assets available for benefits as of December 31, 2017 and 2016, and the related modified cash basis statements of changes in net assets available for benefits for the years then ended.

Investment income from the Master Trust includes interest, dividends and net realized and unrealized appreciation or depreciation in the fair value of investments. Purchases and sales of securities are recorded on a trade date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded when earned.

The Plan presents in the statements of changes in net assets available for benefits the net appreciation in the fair value of its investments that consists of the realized gains (losses) and the unrealized appreciation (depreciation) on those investments.

5. Certification by the Trustee

In accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA, the Trustee has certified that the Schedule of Assets (Held at End of Year), investments in Plan interest in the Master Trust, income from investments held in the Master Trust (interest and dividends and net appreciation in fair value of investments), notes receivable from participants, interest income on notes receivable from participants, the Master Trust Financial Information contained in Note 9, and the allocation to the Plan from the Master Trust, which has been used to prepare the Plan's financial statements and notes, are complete and accurate.

6. Party-In-Interest Transactions

Certain Master Trust investments represent shares in mutual funds, a common collective trust, and a self-directed brokerage account (Fidelity BrokerageLink) administered by the Trustee, as defined by the Plan, and therefore qualify as party-in-interest transactions.

7. Fair Value Measurements

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2017 and 2016:

	Assets at Fair Value as of December 31, 2017			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 383,601,156	$ -	$ -	$ 383,601,156
BrokerageLink accounts	54,568,065	-	-	54,568,065
Total assets in the fair value hiearchy	$ 438,169,221	$ -	$ -	$ 438,169,221
Investments measured at NAV				
Common collective trust				$ 42,564,582
Total investments, at fair value				$ 480,733,803

	Assets at Fair Value as of December 31, 2016			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 336,013,797	$ -	$ -	$ 336,013,797
BrokerageLink accounts	45,819,606	-	-	45,819,606
Total assets in the fair value hiearchy	$ 381,833,403	$ -	$ -	$ 381,833,403
Investments measured at NAV				
Common collective trust				$ 43,856,911
Total investments, at fair value				$ 425,690,314

There were no transfers between levels of the fair value hierarchy for the years ended December 31, 2017 and 2016.

Fair Value of Investments in Entities that Use NAV

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2017 and 2016, respectively.

December 31, 2017	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency (If eligible)**	**Redemption Notice Period**
Common Collective Trust				
Fidelity Managed Income Portfolio II Fund (a)	$ 42,564,582	N/A	Daily	N/A

December 31, 2016	Fair Value	Unfunded Commitments	Redemption Frequency (If eligible)	Redemption Notice Period
Common Collective Trust				
Fidelity Managed Income Portfolio II Fund (a)	$ 43,856,911	N/A	Daily	N/A

(a) The Fidelity Managed Income Portfolio II Fund invests in benefit-responsive investment contracts issued by insurance companies and other financial institutions ("Contracts"), fixed income securities, and money market funds. Under the terms of the Contracts, the assets of the fund are invested in fixed income securities (which may include, but are not limited to, U.S. Treasury and agency bonds, corporate bonds, mortgage-backed securities, commercial mortgage-backed securities, asset-backed securities, and collective investment vehicles and shares of investment companies that invest primarily in fixed income securities) and shares of money market funds. The fund may also invest in futures contracts, option contracts, and swap agreements.

8. Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2017 and 2016 to Form 5500:

	2017	2016
Net assets available for benefits per the financial statements	$ 295,229,318	$ 253,134,205
Adjustment to value attributable to common collective trust	(46,677)	78,413
Net assets per Form 5500	$ 295,182,641	$ 253,212,618

The following is a reconciliation of net investment income per the financial statements for the year ended December 31, 2017 and 2016 to Form 5500:

	2017	2016
Net investment income per the financial statements	$ 44,861,340	$ 17,880,211
Net adjustment to value attributable to common collective trust	(125,089)	(37,293)
Net investment income per Form 5500	$ 44,736,251	$ 17,842,918

9. Master Trust Financial Information

Net assets available for benefits of the Master Trust, as of December 31, 2017 and 2016, were as follows:

	2017	2016
Investments		
Mutual funds, at fair value		
American Funds Capital World Growth and Income Fund	$ 11,164,125	$ 10,167,256
American Beacon Small Cap Value Fund	8,033,620	8,620,286
ClearBridge Small Cap Growth Fund	28,757,114	23,393,493
Cohen & Steers Realty Shares Fund	2,345,751	3,010,198
DFA Inflation-Protected Securities Portfolio Fund	2,692,026	2,095,867
Dodge & Cox Income Fund	3,196,043	2,752,941
Fidelity Capital Appreciation Fund	23,453,047	21,463,974
Fidelity Contrafund	33,367,630	27,170,353
Fidelity Freedom Index Income Fund	254,242	378,302
Fidelity Freedom Index 2005 Fund	241,085	216,798
Fidelity Freedom Index 2010 Fund	1,045,191	1,197,760
Fidelity Freedom Index 2015 Fund	5,704,014	5,529,842
Fidelity Freedom Index 2020 Fund	16,351,068	12,782,703
Fidelity Freedom Index 2025 Fund	10,000,823	9,344,896
Fidelity Freedom Index 2030 Fund	25,091,317	21,438,617
Fidelity Freedom Index 2035 Fund	13,595,997	10,310,603
Fidelity Freedom Index 2040 Fund	16,652,818	12,629,019
Fidelity Freedom Index 2045 Fund	12,180,230	8,705,080
Fidelity Freedom Index 2050 Fund	7,036,750	4,670,035
Fidelity Freedom Index 2055 Fund	3,910,442	2,076,129
Fidelity Freedom Index 2060 Fund	252,464	86,811
Fidelity Extended Market Index Fund	5,927,824	4,884,710
Fidelity International Index Fund	6,382,084	3,809,433
Fidelity 500 Index Fund	41,064,323	40,226,765
Fidelity Treasury Only Money Market Fund	5,175,832	8,282,726
Fidelity Government Money Market Fund	34,687	-
Goldman Sachs High Yield Fund	4,885,443	6,003,133
Janus Enterprise Fund	8,669,796	6,668,821
John Hancock Disciplined Value Fund	11,663,681	11,224,036
JPMorgan MidCap Value Fund	19,435,437	18,648,785
Oakmark International Fund	14,884,007	11,601,416
PIMCO Total Return Fund	11,218,716	12,598,390
Vanguard Total Bond Market Index Fund	5,200,966	5,141,296
Vanguard Wellington Fund	19,335,337	17,124,689
Wells Fargo Advantage Emerging Markets Equity Fund	4,397,226	1,758,634
Fidelity BrokerageLink Accounts	54,568,065	45,819,606
Stable value common collective trust		
Fidelity Managed Income Portfolio II Fund	42,564,582	43,856,911
Notes receivable from participants	1,043,658	931,079
Net assets available for benefits	$ 481,777,461	$ 426,621,393
Net assets allocated to the 401(k) Plan	$ 295,229,318	$ 253,134,205

Changes in net assets available for benefits of the Master Trust, for the years ended December 31, 2017 and 2016, were as follows:

	2017	2016
Additions		
Investment income		
Interest and dividends	$ 17,347,745	$ 12,721,216
Net appreciation in fair value of investments	54,255,541	16,551,615
Total investment income	71,603,286	29,272,831
Contributions		
Willkie Farr & Gallagher LLP contributions on behalf of		
Partners	5,980,308	5,626,661
Employees	3,162,811	3,193,840
Contributions (including rollover contributions) to benefit plans by		
Partners and employees	14,496,584	53,732,998
Total contributions	23,639,703	62,553,499
Interest income on notes receivable from participants	46,188	44,078
Total additions	95,289,177	91,870,408
Deductions		
Benefits paid to participants	40,126,579	15,387,640
Administrative expenses, net	6,531	9,484
Total deductions	40,133,110	15,397,124
Net increase	55,156,067	76,473,284
Net assets available for benefits		
Beginning of year	426,621,393	350,148,109
End of year	$ 481,777,460	$ 426,621,393

Investment income by type of the Master Trust, for the year ended December 31, 2017 was as follows:

Investment	Change in Fair Value of Investments	Interest	Dividends	Net Investment Income
Registered Investment Companies	$ 54,255,800	$ -	$ 16,625,635	$ 70,881,435
Money Market Funds	-	65,645	-	65,645
Common Collective Trust	656,206	-	-	656,206
			Total Investment Income	$ 71,603,286

Investment income by type of the Master Trust, for the year ended December 31, 2016 was as follows:

Investment	Change in Fair Value of Investments	Interest	Dividends	Net Investment Income
Registered Investment Companies	$ 16,551,615	$ -	$ 12,092,640	$ 28,644,255
Money Market Funds	-	3,937	-	3,937
Common Collective Trust	624,639	-	-	624,639
			Total Investment Income	$ 29,272,831

10. Subsequent Events

The Plan has evaluated subsequent events through July 20, 2018, the date the financial statements were available to be issued, and has determined that there are no other material events or transactions that would require disclosure in the financial statements.

Supplemental Schedule

Willkie Farr & Gallagher LLP 401(k) Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
(Modified Cash Basis)
December 31, 2017

(a)	(b) Identity of Issuer, Borrower Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Interest Held in Master Trust - notes receivable from participants	Participant loans, with varying maturity dates ranging from 2018 to 2026 and interest rates between 4.25% and 6.25%	**	$ 1,043,658
*	Interest Held in Master Trust - investments	Various (includes Registered Investment Companies, Common Collective Trust, Self-Directed Brokerage, etc.)	**	294,138,983
				$ 295,182,641

* A party-in-interest as defined by ERISA.
** Cost information is not required for participant directed investments.

The information in this schedule has been certified as to its completeness and accuracy by the Plan's Trustee.