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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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
FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP 401(K) INCENTIVE SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 042

1c Effective date of plan 02/23/1987

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)
FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP

ONE NEW YORK PLAZA
NEW YORK, NY 10004

2b Employer Identification Number (EIN) 13-5344867

2c Plan Sponsor's telephone number 212-859-8000

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.	10/15/2020	MAXINE GIBBS
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor 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**	1467
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)**	921
a(2) Total number of active participants at the end of the plan year	**6a(2)**	963
b Retired or separated participants receiving benefits	**6b**	11
c Other retired or separated participants entitled to future benefits	**6c**	544
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1518
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f Total. Add lines **6d** and **6e**.	**6f**	1522
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1318
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2R 2T 3B 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)

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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP 401(K) INCENTIVE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 042

C Plan sponsor's name as shown on line 2a of Form 5500
FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP

D Employer Identification Number (EIN)
13-5344867

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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 51 52 59 60 62 63 71 72	RECORDKEEPER	77200	Yes [X] No [ ]	Yes [X] No [ ]	0	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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP 401(K) INCENTIVE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 042

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP

D Employer Identification Number (EIN)
13-5344867

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: FIDELITY MANAGED INCOME PORTFOLIO C

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
04-2741372-024	C	795494

a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED CAPITAL PRESERVATION FUND

b Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST COMPANY

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)
22-2712853-001	C	5731930

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN FUND C

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
52-2250946-001	C	4575153

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:

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP 401(K) INCENTIVE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 042

C Plan sponsor's name as shown on line 2a of Form 5500
FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP

D Employer Identification Number (EIN)
13-5344867

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)	2031939	2054300
(2) Participant contributions	1b(2)	0	33046
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11860161	14929974
(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)	1993777	2074955
(9) Value of interest in common/collective trusts	1c(9)	11088547	11102576
(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)	184425710	225634866
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	11681805	13831413

			(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)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	223081939	269661130
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	223081939	269661130

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)	2054300	
	(B) Participants	2a(1)(B)	10896137	
	(C) Others (including rollovers)	2a(1)(C)	1755930	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		14706367
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	243594	
	(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)		
	(E) Participant loans	2b(1)(E)	110129	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		353723
	(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)	8807294	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8807294
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2973916	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2973916	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	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)		241673
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		37975821
c Other income	2c		2885367
d Total income. Add all **income** amounts in column (b) and enter total	2d		64970245
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18126516	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		18126516
f Corrective distributions (see instructions)	2f		2519
g Certain deemed distributions of participant loans (see instructions)	2g		131171
h Interest expense	2h		0
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)	130848	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		130848
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		18391054
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		46579191
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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) ☐ Unmodified **(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: 13-4008324

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		11000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ 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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP 401(K) INCENTIVE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 042

C Plan sponsor's name as shown on line 2a of Form 5500
FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP

D Employer Identification Number (EIN)
13-5344867

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): 94-1687665

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): _____

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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

Fried, Frank, Harris, Shriver & Jacobson LLP
401(k) Incentive Savings Plan

Financial Statements and Supplemental Schedule
December 31, 2019 and 2018

Fried, Frank, Harris, Shriver & Jacobson LLP
401(k) Incentive Savings Plan
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Financial Statements

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December 31, 2019 and 2018 3

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Years Ended December 31, 2019 and 2018 4

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Supplemental Schedule

Schedule H, Line 4(i)-Schedule of Assets (Held at End of Year)
December 31, 2019 13

* 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 have been omitted because they are not applicable.

Report of Independent Auditors

To the Administrator of the Fried, Frank, Harris,
Shriver & Jacobson LLP 401(k) Incentive Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Fried, Frank, Harris, Shriver & Jacobson LLP 401(k) Incentive Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits 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 accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 3, which was certified by Bank of America, N.A. , 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, 2019 and 2018 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.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2019 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 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.

PricewaterhouseCoopers LLP

October 13, 2020

Fried, Frank, Harris, Shriver & Jacobson LLP
401(k) Incentive Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
Assets		
Investments, at fair value	$265,498,829	$219,056,223
Participant contributions receivable	33,046	-
Employer contributions receivable	2,054,300	2,031,939
Notes receivable from participants	2,074,955	1,993,777
Net assets available for benefits	$269,661,130	$223,081,939

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

Fried, Frank, Harris, Shriver & Jacobson LLP
401(k) Incentive Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2019 and 2018

	2019	2018
Additions to net assets attributed to		
Investment income (loss)		
Net appreciation/(depreciation) in fair value of investments	$ 40,974,954	$ (23,967,097)
Interest and dividend income	9,288,924	12,062,769
Total investment income/(loss)	50,263,878	(11,904,328)
Contributions		
Participant contributions	10,896,137	9,943,977
Employer contributions	2,054,300	2,031,939
Rollover contributions	1,755,930	2,184,617
Total contributions	14,706,367	14,160,533
Total additions to net assets available for benefits	64,970,245	2,256,205
Deductions from net assets attributed to		
Benefit payments	18,320,637	8,227,529
Administrative expenses	70,417	23,875
Total deductions from net assets available for benefits	18,391,054	8,251,404
Net increase/(decrease) in net assets available for benefits	46,579,191	(5,995,199)
Net assets available for benefits		
Beginning of year	223,081,939	229,077,138
End of year	$269,661,130	$223,081,939

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

1. Description of the Plan

The following brief description of the Fried, Frank, Harris, Shriver & Jacobson LLP 401(k) Incentive Savings Plan (the "Plan") is provided for general information purposes only. Fried, Frank, Harris, Shriver & Jacobson LLP (the "Firm") is the Plan's sponsor. Participants should refer to the Plan document for more complete information.

Bank of America, N.A. is the trustee, record keeper and custodian of the Plan (the "Trustee").

General

The Plan is a defined contribution plan. Under such a plan, the participant is not provided with any fixed benefit. Plan contributions are made at specified rates and are credited to an individual account for the benefit of each participant. Investment income of the Plan is allocated daily to individual participant accounts based on participant account balances, as provided in the Plan. The ultimate benefit to be received by a participant depends on the aggregate amount contributed by the participant and the Firm over the years and the investment results allocated to the participant's individual account. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Contributions

Eligible participants may elect to have made on their behalf, through salary reductions, a contribution at each payroll period of up to 15% of annual compensation for highly compensated employees, as defined by the Internal Revenue Code (the "Code"), or up to 99% for non-highly compensated employees. Participants may contribute up to the maximum allowable amount as prescribed in the Code ($19,000 per annum for 2019 and $18,500 per annum for 2018). Contributions for highly compensated employees are further reduced if certain nondiscrimination tests are not complied with. Contributions made to the Plan are recorded during the Plan year to which they relate. In addition, participants aged 50 and over may contribute a "catch-up" contribution up to $6,000 for 2019 and 2018. Participants are permitted to make rollover contributions from certain other qualified plans.

The Firm has the discretion to match 25% of each participant's contribution (excluding partners, associates and certain other specified employees) up to 4% of annual compensation, as defined in the Plan. The matching contribution is calculated as of each December 31 and is based upon participant salary reduction contributions during the 12-month period ending on that date.

Additionally, effective January 1, 2008, in accordance with the Plan, the Firm shall also make an additional yearly employer contribution equal to 7.5% of total compensation to specified staff employees who are employed on the last day of the Plan year or died or retired on or after the participant's sixty-fifth (65th) birthday during the Plan year.

Vesting

Participants are immediately vested in all employee and matching employer contributions and the earnings thereon. There is a three year cliff vesting schedule for the 7.5% additional employer contribution for years of service after December 31, 2006 and five year cliff vesting for years of service before then. If a participant's employer contribution account is not already 100% vested pursuant to the aforementioned terms, such account shall become fully vested upon the earliest of the participant's sixty-fifth (65th) birthday, disability, or death.

Forfeitures
Participants who terminate employment, but have not become fully vested in Firm contributions, forfeit their unvested balances. In accordance with the Plan, the amount of forfeitures will be applied to reduce Firm contributions. Forfeitures for the years ended December 31, 2019 and 2018 were $200,336 and $60,000, respectively. These amounts were used to reduce the Firm's contributions for the years ended December 31, 2019 and 2018, respectively.

Administrative Expenses
For the years ended December 31, 2019 and 2018, expenses related to the administration of the Plan were paid by the Firm and the Plan.

Eligibility
Participants are generally eligible to participate in the Plan on the January 1 or July 1 subsequent to their hire date. Substantially all partners, associates, administrative employees and paralegals of the Firm are eligible to participate in the Plan.

Payments of Benefits
A participant's vested interest in Plan assets is distributable generally upon termination, disability, retirement or death. Active participants may receive distributions from the vested amounts in their accounts at any time after attaining the age of 59-1/2 or due to hardships as defined in the Plan. Participants may elect to receive their account balance as a single lump-sum payment (which payment would generally be eligible to be rolled-over to an Individual Retirement Account of the participant's choosing) or as a direct transfer to an Individual Retirement Account established by the Trustee.

Notes Receivable From Participants
Under certain conditions, participants may borrow up to the lesser of 50% of the participant's vested account balance or $50,000 from their account balances, subject to the provisions of the Plan. The repayment term of the loans may vary from one to five years (with the exception of a loan used to purchase a primary residence, in which case the term of the loan may exceed five years) with interest payable at a fixed rate equal to the prime rate (as of the first day of the month following receipt of the loan application), plus 1%.

The loans are evidenced by promissory notes and require repayments of principal and interest to be deducted from the participants' salaries. The loans to a participant are collateralized by the participants' interests in the Plan's assets. If a participant terminates service with the Firm prior to repayment of the loan, the outstanding balance of the loan becomes due immediately and the amount of the participant's distribution from the Plan is reduced accordingly.

Amendment and Termination of the Plan
Although it has not expressed any intent to do so, the Firm has the right to terminate the Plan and to discontinue contributions at any time, subject to the provisions of ERISA. Upon termination or complete discontinuance of contributions to the Plan, all earned benefits credited to each participant's account shall be distributed at the time and in the manner provided for in the Plan. However, neither through amendment, nor by termination, may any part of the Plan's assets be used for purposes other than the exclusive benefit of the participants.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements have been prepared on an accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investments and Investment Income

Investments in mutual funds are stated at fair value. Quoted market prices are used to determine fair value. Shares of mutual funds are valued at the net asset value ("NAV") of shares held by the Plan at year end. Investments in common collective trusts are valued at unit value, which is based on the aggregate current fair values of the underlying assets in relation to the total number of units outstanding. Unit value, or the equivalent of NAV, is a practical expedient for estimating the fair value of those investments.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on an accrual basis.

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

Contributions Receivable

An employer contribution receivable is recorded for amounts due to the Plan related to the current fiscal year at year-end and received by the Plan before September 15 of the following year.

Notes Receivable From Participants

Notes receivable from participants are measured at the unpaid principal balance plus any accrued but unpaid interest. If a participant ceases to make loan repayments and the participant loan is deemed to be in default, at the time when the participant becomes eligible for a distribution under the terms of the Plan, the participant's account is reduced by the unpaid loan amount, plus any applicable interest, and the reduction is treated as a distribution.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Risks and Uncertainties

The Plan provides for investments in various investment securities that are, in general, exposed to various risks, such as interest rate, credit and overall market volatility risks. Given the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities could occur and that such changes could materially affect participants' account balances and amounts reported in the financial statements.

3. Information Certified by the Trustee

The following information as of and for the years ended December 31, 2019 and 2018 was certified by the Trustee as being complete and accurate in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the ERISA:

	2019	2018
Investments	$265,498,829	$219,056,223
Notes receivable from participants	2,074,955	1,993,777
Net appreciation (depreciation) in fair value of investments	40,974,954	(23,967,097)
Interest and dividend income	9,288,924	12,062,769

Information contained in the supplemental Schedule of Assets (Held at End of Year) has been certified as to its completeness and accuracy by the Trustee.

4. Related Parties and Parties-In-Interest

The Plan Administrator is the Pension Committee of the Firm. Certain partners of the Firm and one former partner are members of the Firm's Pension Committee and act as fiduciaries having responsibility to exercise discretionary control over the Plan's management and administration. Recordkeeping fees, investment advisory fees and financial statement audit fees are paid by the Firm. Revenue credits are being allocated to the participants invested at the end of each month in the particular investments providing the revenue credits. In addition, certain participants borrowed from the Plan. Such participants are parties-in-interest to the Plan.

5. Income Tax Status

The Plan obtained its latest determination letter from the Internal Revenue Service dated April 9, 2014, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. The Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

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, 2019 and 2018, there were 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; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to tax examinations for years prior to 2014.

6. Fair Value Measurements

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

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, 2019 and 2018:

	Assets at Fair Value as of December 31, 2019			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market funds	$ 14,842,287	$ -	$ -	$ 14,842,287
Mutual funds	225,634,866	-	-	225,634,866
Self-directed investments	13,919,100	-	-	13,919,100
Total assets at fair value	$254,396,253	$ -	$ -	254,396,253
Investment measured at NAV				
Common collective trusts				11,102,576
Total investments at fair value				$265,498,829

	Assets at Fair Value as of December 31, 2018			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market funds	$ 11,838,313	$ -	$ -	$ 11,838,313
Mutual funds	184,425,710	-	-	184,425,710
Self-directed investments	11,703,653	-	-	11,703,653
Total assets at fair value	$207,967,676	$ -	$ -	207,967,676
Investment measured at NAV				
Common collective trusts				11,088,547
Total investments at fair value				$219,056,223

Fair Value of Investments in Entities that Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2019 and 2018, respectively.

December 31, 2019	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency (if Eligible)**	**Redemption Notice Period**
Common Collective Trusts				
Federated Capital Preservation Trust	$ 5,731,930	N/A	Daily	N/A
Wells Fargo Stable Return	4,575,153	N/A	Daily	N/A
Fidelity Managed Income Portfolio	795,493	N/A	Daily	N/A

December 31, 2018	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency (if Eligible)**	**Redemption Notice Period**
Common Collective Trusts				
Federated Capital Preservation Trust	$ 6,748,525	N/A	Daily	N/A
Wells Fargo Stable Return	3,090,657	N/A	Daily	N/A
Fidelity Managed Income Portfolio	1,249,365	N/A	Daily	N/A

The valuation techniques used by the Plan to measure fair value as of December 31, 2019 and 2018 were as follows:

Mutual Funds and Money Market Funds
Valued at the NAV of shares held by the Plan at year end. The NAV of the mutual funds is based on prices in active markets. Participants can redeem shares from the mutual funds on a daily basis.

Common Collective Trusts
The Plan holds fully benefit-responsive investment contracts through the Fidelity Managed Income Portfolio, the Wells Fargo Stable Return and the Federated Capital Preservation Trust. These common collective trusts are valued daily based at NAV which is based on the provisions of the investment contracts. The NAV, as provided by the trustee, 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. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at NAV. Certain events may limit the ability of the Plan to transact at NAV with the issuer. The Plan Administrator does not believe that the Plan's participants would be subject to any event that would limit their ability to transact at NAV.

Federated Capital Preservation Trust, Wells Fargo Stable Return and Fidelity Managed Income Portfolio participant transactions (purchases and sales) may occur daily, subject to market conditions.

Self-Directed Investments
Valued at the NAV or quoted prices of shares held by the Plan at year end. The NAV of the participant directed investments (mutual funds, money market funds, and common stocks) is based on prices in active markets. Participants can redeem shares from the investments on a daily basis.

7. Subsequent Events

In March 2020, the World Health Organization declared the outbreak of a novel coronavirus (COVID-19) as a pandemic. As a result, global financial markets have experienced, and may continue to experience, significant volatility resulting from the spread of COVID-19. The extent of the impact to the financial performance of the Plan will depend on future developments, including (i) the duration and spread of the outbreak, (ii) the restrictions and advisories adopted by governmental or medical authorities, (iii) the effects on the financial markets, and (iv) the effects on the economy overall, all of which are highly uncertain and cannot be predicted.

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions. The optional features within these acts were implemented on April 27, 2020. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

The Plan's Administrator has evaluated subsequent events through October 13, 2020, the date the financial statements were available to be issued. No subsequent events that would require disclosure in these financial statements have been noted as of this date, except for the ones disclosed in this footnote.

Supplemental Schedule

Fried, Frank, Harris, Shriver & Jacobson LLP
401(k) Incentive Savings Plan
Schedule H, Line 4(i)-Schedule of Assets (Held at End of Year)
December 31, 2019

(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
	Blackrock Liquidity Fund	Money Market Fund, 13,613,180 units		$ 13,613,180
	Retirement Bank Account	Money Market Fund, 1,229,107 units		1,229,107
	Fidelity Managed Income Portfolio	Common/Collective Trust, 795,494 units		795,494
	Wells Fargo Stable Return	Common/Collective Trust, 83,291 units		4,575,153
	Federated Capital Preservation Trust	Common/Collective Trust 573,193 units		5,731,930
	American Capital Income Builder	Mutual Fund, 28,924 units		1,831,159
	American Century Real Estate Fund	Mutual Fund, 174,366 units		5,224,013
	American Growth Fund of America	Mutual Fund, 157,620 units		8,059,102
	American Income Fund of America	Mutual Fund, 155,865 units		3,623,863
	Blackrock High Yield Fund Inst.	Mutual Fund, 285,106 units		2,215,272
	Blackrock Advantage Large Cap Instl	Mutual Fund, 223,561 units		3,930,195
	Blackrock Low Duration Bond Portfolio	Mutual Fund, 14,284 units		137,696
	DFA International Core INSTL	Mutual Fund, 880,832 units		12,164,292
	Fidelity Advisor Mid Cap Fund	Mutual Fund, 111,493 units		3,965,797
	Fidelity Contrafund	Mutual Fund, 1,971,072 units		27,023,397
	Fidelity Diversified Intl FD I	Mutual Fund, 67,078		2,716,676
	Fidelity Equity Income Fund	Mutual Fund, 152,054 units		9,212,959
	Fidelity Low-Priced Stock Fund	Mutual Fund, 36,666 units		1,784,707
	Fidelity Puritan Fund	Mutual Fund, 452,579 units		10,296,172
	Fidelity Real Estate Investment Portfolio	Mutual Fund, 10,276 units		461,710
	Fidelity Small Cap Independence Fund	Mutual Fund, 23,658 units		603,276
	Goldman Sachs Emerg Mkts R6	Mutual Fund, 84,971 units		833,567
	Hotchkis And Wiley Small Cap Value Fund	Mutual Fund, 2,711 units		146,403
	Invesco Van Kampen Comstock Fund	Mutual Fund, 169,002 units		6,032,494
	JP Morgan Mid Cap Value Fund	Mutual Fund, 156,194 units		6,196,202
	JP Morgan Undisc Mgrs CL R6	Mutual Fund, 43,075 units		2,705,437
	Loomis Sayles Bond Fund	Mutual Fund 182,358 units		2,522,007
	Neuberger Berman Social	Mutual Fund 1,329 units		49,965
	PIMCO Total Return Portfolio	Mutual Fund, 954,011 units		9,864,474
	Pioneer High Yield Fund	Mutual Fund, 131,708 units		1,613,562
	Prudential Jennison Small Company Fund	Mutual Fund, 242,658 units		5,554,447
	Templeton Global Bond Fund	Mutual Fund, 252,720 units		2,696,526
	T Rowe Price Blue Chip Growth	Mutual Fund, 35,241 units		4,382,218
	Vanguard Developed Markets ADM	Mutual Fund, 357,509 units		5,055,183
	Vanguard Institutional Index Fund	Mutual Fund, 248,252 units		72,050,171
	Vanguard Mid Cap Index Fund	Mutual Fund, 14,327 units		3,161,364
	Vanguard Short Term Bond Fund	Mutual Fund, 292,805 units		3,141,796
	Vanguard Small Cap Index ADM	Mutual Fund, 32,291 units		2,562,959
	Vanguard TTL BD Market Index ADM	Mutual Fund, 345322 units		3,815,804
*	Self-Directed Account	Equity		13,919,100
*	Notes receivable from participants	Notes receivable from participants, bearing interest between 4.25% and 9.25%, maturing 2020 through 2030		2,074,955
				$267,573,784

* Party in-interest to the plan

** Cost information is omitted for participant-directed investments

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

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP 401(k) INCENTIVE SAVINGS PLAN **EIN:13-5344867**
Plan Sponsor's Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP **PN:042**

(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
	ACCRUED INCOME	ACCRUED INCOME	4,088	4,088
	RETIREMENT BANK ACCOUNT	CERT OF DEPOSIT / BANK DEPOSIT	1,229,107	1,229,107
	FEDERATED CAPITAL PRES CL IP	COMMON / COLLECTIVE TRUSTS	5,731,930	5,731,930
	FIDELITY MANAGED INCOME PORT.	COMMON / COLLECTIVE TRUSTS	795,494	795,494
	WELLS FARGO STABLE RETURN FD C	COMMON / COLLECTIVE TRUSTS	4,481,087	4,575,153
	LOAN FUND	LOANS	2,074,955	2,074,955
	BLACKROCK LIQUIDITY FD T INSTL	MONEY MARKET	13,613,180	13,613,180
	BLF FEDFUND	MONEY MARKET	83,599	83,599
	AMERICAN CAPITAL INCOME	MUTUAL FUNDS	1,211,436	1,276,350
	AMERICAN CAPITAL INCOME GM	MUTUAL FUNDS	532,282	554,810
	AMERICAN CENTURY REAL EST CL I	MUTUAL FUNDS	4,538,858	5,224,013
	AMERICAN GROWTH FUND R6	MUTUAL FUNDS	7,268,483	8,059,102
	AMERICAN INCOME FD OF AMER GM	MUTUAL FUNDS	696,409	718,108
	AMERICAN INCOME FUND OF	MUTUAL FUNDS	2,814,630	2,905,756
	BLACKROCK ADVNTG LRG CAP INSTL	MUTUAL FUNDS	3,475,559	3,930,195
	BLACKROCK HIGH YIELD BOND FD I	MUTUAL FUNDS	1,475,286	1,497,094
	BLACKROCK HIGH YIELD BOND I GM	MUTUAL FUNDS	703,585	718,178
	BLACKROCK LOW DURATION BD I	MUTUAL FUNDS	137,702	137,696

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP 401(k) INCENTIVE SAVINGS PLAN **EIN:13-5344867**
Plan Sponsor's Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP **PN:042**

(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
	DFA INTERNATIONAL CORE INSTL	MUTUAL FUNDS	11,453,864	11,703,773
	DFA INTERNATIONAL CR INSTL GM	MUTUAL FUNDS	445,968	460,518
	FIDELITY ADV STK SEL MID A GM	MUTUAL FUNDS	455,268	458,476
	FIDELITY ADV STK SEL MID CL A	MUTUAL FUNDS	3,462,392	3,507,322
	FIDELITY CONTRAFUND	MUTUAL FUNDS	17,425,714	26,563,096
	FIDELITY CONTRAFUND GM	MUTUAL FUNDS	411,695	460,301
	FIDELITY DIVERSIF INTL FD I	MUTUAL FUNDS	2,569,044	2,716,676
	FIDELITY EQUITY INCM FD	MUTUAL FUNDS	8,346,046	9,212,959
	FIDELITY LOW PRICED STOCK	MUTUAL FUNDS	1,579,111	1,784,707
	FIDELITY PURITAN FD	MUTUAL FUNDS	8,666,240	9,589,562
	FIDELITY PURITAN FD GM	MUTUAL FUNDS	678,634	706,611
	FIDELITY REAL ESTATE PORT FD	MUTUAL FUNDS	333,358	461,710
	FIDELITY SML CAP INDEP FD	MUTUAL FUNDS	515,347	603,276
	GOLDMAN SACHS EMERG MKTS R6	MUTUAL FUNDS	794,798	833,567
	HOTCHKIS AND WILEY SML CP VL I	MUTUAL FUNDS	104,704	146,403
	INVESCO COMSTOCK FUND R5	MUTUAL FUNDS	2,307,625	2,558,591
	INVESCO COMSTOCK FUND R5 GM	MUTUAL FUNDS	456,149	461,662
	INVESCO OPPNHMR GLBL OPP Y GM	MUTUAL FUNDS	453,284	463,858

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP 401(k) INCENTIVE SAVINGS PLAN **EIN:13-5344867**
Plan Sponsor's Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP **PN:042**

(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
	INVESCO OPPNHMR GLOBAL OPPOR Y	MUTUAL FUNDS	2,393,728	2,548,384
	JP MORGAN MID CAP VAL CL L GM	MUTUAL FUNDS	1,021,145	1,066,357
	JP MORGAN MID CAP VALUE CL L	MUTUAL FUNDS	4,395,493	5,129,845
	JP MORGAN UNDISC MGRS CL R6	MUTUAL FUNDS	2,185,003	2,206,902
	JP MORGAN UNDSC MGRS CL R6 GM	MUTUAL FUNDS	492,498	498,535
	LOOMIS SAYLES BOND FD	MUTUAL FUNDS	1,828,631	1,817,142
	LOOMIS SAYLES BOND FD GM	MUTUAL FUNDS	694,921	704,865
	NEUBERGER BERMAN SUSTNBL INSTL	MUTUAL FUNDS	50,115	49,965
	PGIM JENNISON SMALL COMPANY R6	MUTUAL FUNDS	5,405,394	5,094,065
	PGIM JENNISON SML COMPY R6 GM	MUTUAL FUNDS	483,812	460,382
	PIMCO TOT RET PORT INSTL-GM	MUTUAL FUNDS	148,941	150,937
	PIMCO TOTAL RETURN PORT. INSTL	MUTUAL FUNDS	9,889,600	9,713,537
	PIONEER HIGH YIELD FD CL Y	MUTUAL FUNDS	893,484	908,233
	PIONEER HIGH YIELD FD CL Y GM	MUTUAL FUNDS	687,701	705,329
	T ROWE PRICE BLUE CHP GRTH INV	MUTUAL FUNDS	3,224,626	4,382,218
	TEMPLETON GLOBAL BOND FD R6 GM	MUTUAL FUNDS	781,224	722,138
	TEMPLETON GLOBAL BOND FUND R6	MUTUAL FUNDS	2,204,217	1,974,388
	VANGUARD DEVELOPED MRKTS ADM	MUTUAL FUNDS	4,850,875	5,055,183

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP 401(k) INCENTIVE SAVINGS PLAN **EIN:13-5344867**
Plan Sponsor's Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP **PN:042**

(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
	VANGUARD INSTITUTIONAL IND GM	MUTUAL FUNDS	832,873	1,017,217
	VANGUARD INSTITUTIONAL INDEX	MUTUAL FUNDS	43,043,257	71,032,953
	VANGUARD MID CAP INDEX FUND	MUTUAL FUNDS	2,844,265	3,161,364
	VANGUARD SHORT TERM	MUTUAL FUNDS	2,981,228	2,978,271
	VANGUARD SHORT TERM GM	MUTUAL FUNDS	162,320	163,525
	VANGUARD SMALL CAP INDEX FUND	MUTUAL FUNDS	2,342,728	2,562,959
	VANGUARD TOTAL RET BOND INDEX	MUTUAL FUNDS	3,703,803	3,815,804
	SELF-DIRECT ACCT	OTHER ASSETS	1,269,546	1,269,546
	SELF-DIRECT ACCT	OTHER ASSETS	12,561,867	12,561,867
	UNINVESTED CASH	UNINVESTED CASH	0	0