

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final 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: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP 401(K) INCENTIVE SAVINGS PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>042</u>
1c	Effective date of plan <u>02/23/1987</u>
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) <u>FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP</u> <u>ONE NEW YORK PLAZA</u> <u>NEW YORK, NY 10004</u>
2b	Employer Identification Number (EIN) <u>13-5344867</u>
2c	Plan Sponsor's telephone number <u>212-859-8000</u>
2d	Business code (see instructions) <u>541110</u>

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.	10/17/2022	MUSA AGAMIRZA
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
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3a Plan administrator's name and address ☒ 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	1466
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)	891
a(2) Total number of active participants at the end of the plan year		6a(2)	940
b Retired or separated participants receiving benefits.....		6b	12
c Other retired or separated participants entitled to future benefits		6c	603
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1555
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	4
f Total. Add lines 6d and 6e		6f	1559
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1333
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	5
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) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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)
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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)

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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	6768	Yes ☒ No ☐	Yes ☒ 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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP 401(K) INCENTIVE SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>042</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP</u>	D Employer Identification Number (EIN) <u>13-5344867</u>	

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)
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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 <u>04-2741372-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>785492</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE RETURN FUND CLASS C

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN <u>52-2250946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13026240</u>
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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)
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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)
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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)
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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)
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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)
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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
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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
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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
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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
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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
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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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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
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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)	2141838	3435278
(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)	13243987	12882863
(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)	1962511	1590269
(9) Value of interest in common/collective trusts	1c(9)	12669672	13811733
(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)	257822261	312907762
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	12500280	15319683

		(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	300340549	359947588

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	300340549	359947588
---	-----------	-----------	-----------

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)	3435278	
(B) Participants	2a(1)(B)	11613181	
(C) Others (including rollovers).....	2a(1)(C)	7468357	
(2) Noncash contributions.....	2a(2)	0	22516816
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	14759	
(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)	86517	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		101276
(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)	20708290	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		20708290
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4676933	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4676933	
(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)		220479
(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)		32993586
c Other income.....	2c		2001757
d Total income. Add all income amounts in column (b) and enter total.....	2d		78542204
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	18873345	
(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)		18873345
f Corrective distributions (see instructions).....	2f		24882
g Certain deemed distributions of participant loans (see instructions).....	2g		17675
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)	19263	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		19263
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		18935165
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		59607039
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	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?		X	
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.)	X		
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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
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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.
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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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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 Required by ERISA
December 31, 2021 and 2020**

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

	Page(s)
Report of Independent Auditors	1–4
Financial Statements	
Statements of Net Assets Available for Benefits December 31, 2021 and 2020	5
Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2021 and 2020.....	6
Notes to Financial Statements December 31, 2021 and 2020	7–13
Supplemental Schedule Required by ERISA	
Schedule H, Line 4(i)-Schedule of Assets (Held at End of Year) December 31, 2021.....	14
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
Fried, Frank, Harris, Shriver & Jacobson LLP 401(k) Incentive Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying 2021 financial statements of Fried, Frank, Harris, Shriver & Jacobson LLP 401(k) Incentive Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The 2021 financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, including the related notes (collectively referred to as the 2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Other Matter – 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan, which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 15, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements, other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Responsibilities of Management 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, and 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.



Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.



Other Matter – Supplemental Schedule Required by ERISA

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2021 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

PricewaterhouseCoopers LLP

October 17, 2022

Fried, Frank, Harris, Shriver & Jacobson LLP
401(k) Incentive Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	2021	2020
Assets		
Investments, at fair value	\$ 354,922,042	\$ 296,236,201
Contributions receivable	3,435,278	2,141,838
Notes receivable from participants	<u>1,607,943</u>	<u>1,962,511</u>
Net assets available for benefits	<u>\$ 359,965,263</u>	<u>\$ 300,340,549</u>

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, 2021 and 2020

	2021	2020
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 35,222,384	\$ 28,340,768
Interest and dividend income	20,803,005	10,617,977
Total investment income	56,025,389	38,958,745
Contributions		
Participant	11,613,181	11,239,520
Employer	3,435,278	2,155,566
Rollover	7,468,357	1,574,198
Total contributions	22,516,816	14,969,284
Total additions	78,542,205	53,928,029
Deductions		
Benefit payments	18,908,902	23,024,032
Administrative expenses	8,589	224,578
Total deductions	18,917,491	23,248,610
Net increase in net assets available for benefits	59,624,714	30,679,419
Net assets available for benefits		
Beginning of year	300,340,549	269,661,130
End of year	<u>\$ 359,965,263</u>	<u>\$ 300,340,549</u>

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

Fried, Frank, Harris, Shriver & Jacobson LLP

401(k) Incentive Savings Plan

Notes to Financial Statements

December 31, 2021 and 2020

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 16% of annual compensation for highly compensated employees, as defined by the Internal Revenue Code (the “Code”), or up to 99% for nonhighly compensated employees. Participants may contribute up to the maximum allowable amount as prescribed in the Code (\$19,500 per annum for 2021 and \$19,500 per annum for 2020). 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 \$6,500 for 2021 and \$6,500 for 2020. 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.

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.

Effective January 1, 2021, participants in the Firm’s Employees’ Retirement Plan whose benefit accruals were frozen under that plan as of December 31, 2020 were considered specified staff employees under the terms of the Plan and, as such, became eligible to receive the yearly employer contribution equal to 7.5% of total compensation under the terms of the Plan, as described above. In addition, for a period of five years, this group of participants also receives a transitional employer contribution in an amount equal to 1%-4% of the participant’s total compensation, depending on the participant’s age in the year of the transitional contribution, if the participant is 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.

Fried, Frank, Harris, Shriver & Jacobson LLP
401(k) Incentive Savings Plan
Notes to Financial Statements
December 31, 2021 and 2020

Vesting

Participants are immediately vested in all employee and discretionary matching employer contributions and the earnings thereon. There is a three year cliff vesting schedule for the 7.5% additional employer contribution and the transitional 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, 2021 and 2020 were \$109,450 and \$50,042, respectively. In 2021 and 2020, the Firm's contributions were reduced by \$18,478 and \$200,336, respectively from forfeited nonvested accounts.

Administrative Expenses

For the years ended December 31, 2021 and 2020, 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, April 1, July 1 or October 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. 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. Participants who are providing service to the Firm may also elect to 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.

Under the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") the Plan adopted the following for qualifying Coronavirus related reasons in 2020 only:

- (1) Waiver of required minimum distribution payable in 2020; and
- (2) CARES Act distributions up to the lesser of \$100,000 or 100% of the account balance.

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%.

Fried, Frank, Harris, Shriver & Jacobson LLP
401(k) Incentive Savings Plan
Notes to Financial Statements
December 31, 2021 and 2020

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.

Under the CARES Act the Plan adopted the following loan provisions for qualifying Coronavirus related reasons in 2021 only:

- (1) CARES Act Loans up to the lesser of \$100,000 or 100% of the account balance; and
- (2) CARES Act Loan Deferrals that allow eligible participants to defer repayment of their Plan loan(s) until December 31, 2021. Deferred loans were re-amortized and repayments restarted in January 2022.

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

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 in the fair value of its investments, which consists of the realized gains and losses and unrealized appreciation 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.

Fried, Frank, Harris, Shriver & Jacobson LLP
401(k) Incentive Savings Plan
Notes to Financial Statements
December 31, 2021 and 2020

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, 2021 and 2020 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:

	2021	2020
Investments, at fair value	\$ 354,922,042	\$ 296,236,201
Notes receivable from participants	1,607,943	1,962,511
Net appreciation in fair value of investments	35,222,384	28,340,768
Interest and dividend income	20,803,005	10,617,977

Information contained in the supplemental Schedule of Assets (Held at End of Year) has been derived from information that 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. As of December 31, 2021, certain partners of the Firm and one former partner are members of the Firm's Pension Committee. The Pension Committee acts 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.

Fried, Frank, Harris, Shriver & Jacobson LLP
401(k) Incentive Savings Plan
Notes to Financial Statements
December 31, 2021 and 2020

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, 2021 and 2020, 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 the Plan is no longer subject to tax examinations for years prior to 2018.

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.

Fried, Frank, Harris, Shriver & Jacobson LLP
401(k) Incentive Savings Plan
Notes to Financial Statements
December 31, 2021 and 2020

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, 2021 and 2020:

Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 12,866,705	\$ -	\$ -	\$ 12,866,705
Mutual funds	312,907,762	-	-	312,907,762
Self-directed investments	15,335,842	-	-	15,335,842
Total assets at fair value	<u>\$ 341,110,309</u>	<u>\$ -</u>	<u>\$ -</u>	<u>341,110,309</u>
Investment measured at NAV				
Common collective trusts				<u>13,811,733</u>
Total investments at fair value				<u>\$ 354,922,042</u>

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 13,216,707	\$ -	\$ -	\$ 13,216,707
Mutual funds	257,822,261	-	-	257,822,261
Self-directed investments	12,527,560	-	-	12,527,560
Total assets at fair value	<u>\$ 283,566,528</u>	<u>\$ -</u>	<u>\$ -</u>	<u>283,566,528</u>
Investment measured at NAV				
Common collective trusts				<u>12,669,672</u>
Total investments at fair value				<u>\$ 296,236,201</u>

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, 2021 and 2020, respectively.

December 31, 2021	Fair Value	Unfunded Commitments	Redemption Frequency (If eligible)	Redemption Notice Period
Common Collective Trusts				
Wells Fargo Stable Return	\$ 13,026,240	N/A	Daily	N/A
Fidelity Managed Income Portfolio	785,492	N/A	Daily	N/A

Fried, Frank, Harris, Shriver & Jacobson LLP
401(k) Incentive Savings Plan
Notes to Financial Statements
December 31, 2021 and 2020

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency (If eligible)	Redemption Notice Period
Common Collective Trusts				
Wells Fargo Stable Return	\$ 11,875,799	N/A	Daily	N/A
Fidelity Managed Income Portfolio	793,873	N/A	Daily	N/A

The valuation techniques used by the Plan to measure fair value as of December 31, 2021 and 2020 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 and the Wells Fargo Stable Return. During 2020, the Plan also held 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

The Plan's Administrator has evaluated subsequent events through October 17, 2022, 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.

Supplemental Schedule Required by ERISA

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, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party**	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost***	2021 Current Value
	Blackrock Liquidity Fund	Money Market Fund , 9732745 units		\$ 9,732,745
	Retirement Bank Account	Money Market Fund , 3133960 units		3,133,960
	Fidelity Managed Income Portfolio	Common/Collective Trust , 785492 units		785,492
	Wells Fargo Stable Return	Common/Collective Trust , 228290 units		13,026,240
	AB Small Cap Growth Portfolio I	Mutual Fund , 89999 units		7,671,500
	American Capital Income Builder	Mutual Fund , 38274 units		2,684,533
	American Century Real Estate Fund	Mutual Fund , 200802 units		6,829,277
	American Growth Fund of America	Mutual Fund , 195370 units		14,527,700
	American Income Fund of America	Mutual Fund , 142872 units		3,694,672
	Blackrock High Yield Fund Inst.	Mutual Fund , 405127 units		3,176,198
	Blackrock Advantage Large Cap Instl	Mutual Fund , 252586 units		5,425,556
	Blackrock Low Duration Bond Portfolio	Mutual Fund , 14394 units		138,467
	DFA International Core INSTL	Mutual Fund , 979839 units		15,775,408
	Fidelity Advisor Mid Cap Fund	Mutual Fund , 105304 units		4,474,351
	Fidelity Contrafund	Mutual Fund , 2177123 units		40,842,821
	Fidelity Diversified Intl FD I	Mutual Fund , 63244 units		3,067,351
	Fidelity Equity Income Fund	Mutual Fund , 222658 units		15,639,481
	Fidelity Low-Priced Stock Fund	Mutual Fund , 38577 units		2,075,050
	Fidelity Puritan Fund	Mutual Fund , 544588 units		14,812,795
	Fidelity Real Estate Investment Portfolio	Mutual Fund , 8914 units		481,517
	Fidelity Small Cap Independence Fund	Mutual Fund , 19113 units		656,137
	Goldman Sachs Emerg Mkts R6	Mutual Fund , 239172 units		2,324,756
	Hotchkis And Wiley Small Cap Value Fund	Mutual Fund , 1327 units		95,715
	Invesco Van Kampen Comstock Fund	Mutual Fund , 190782 units		8,049,412
	JP Morgan Mid Cap Value Fund	Mutual Fund , 175356 units		7,296,569
	JP Morgan Undisc Mgrs CL R6	Mutual Fund , 53827 units		4,492,977
	Loomis Sayles Bond Fund	Mutual Fund , 205019 units		2,792,354
	Neuberger Berman Social	Mutual Fund , 7860 units		369,337
	PGIM Jennison Small Co	Mutual Fund , 2271 units		56,797
	PIMCO Total Return Portfolio	Mutual Fund , 1009028 units		10,362,722
	PIMCO International BD USD Hedge	Mutual Fund , 339887 units		3,650,391
	Pioneer High Yield Fund	Mutual Fund , 237507 units		2,294,320
	T Rowe Price Blue Chip Growth	Mutual Fund , 48728 units		8,684,786
	Vanguard Developed Markets ADM	Mutual Fund , 218645 units		3,598,892
	Vanguard Institutional Index Fund	Mutual Fund , 240376 units		97,542,172
	Vanguard Mid Cap Index Fund	Mutual Fund , 15059 units		4,750,431
	Vanguard Short Term Bond Fund	Mutual Fund , 294207 units		3,174,488
	Vanguard Small Cap Index ADM	Mutual Fund , 39430 units		4,272,629
	Vanguard TTL BD Market Index ADM	Mutual Fund , 636836 units		7,126,200
*	Self-Directed Account	Equity		15,335,843
*	Notes receivable from participants	Notes receivable from participants, bearing interest between 4.25% and 6.50%, maturing 2022 through 2036		1,607,943
				\$ 356,529,985

* Party in-interest to the plan

** If multiple classes of the fund are held, all classes are aggregated

*** Cost information is omitted for participant-directed investments

The information in this schedule has been derived from information certified as to its completeness and accuracy by Bank of America, N.A., the Plan's Trustee.

Attachment to 2021 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
Plan Sponsor's Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP

EIN:13-5344867
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	4,158	4,158
	RETIREMENT BANK ACCOUNT	CERT OF DEPOSIT / BANK DEPOSIT	3,133,960	3,133,960
	FIDELITY MANAGED INCOME PORT.	COMMON / COLLECTIVE TRUSTS	785,492	785,492
	WELLS FARGO STABLE RETURN FD C	COMMON / COLLECTIVE TRUSTS	12,628,158	13,026,240
	LOAN FUND	LOANS	1,590,269	1,590,269
	BLACKROCK LIQUIDITY FD T INSTL	MONEY MARKET	9,732,745	9,732,745
	BLF FEDFUND	MONEY MARKET	12,001	12,001
	AB SMALL CAP GRWTH PORTF I GM	MUTUAL FUNDS	1,264,314	1,287,091
	AB SMALL CAP GRWTH PORTFOLIO I	MUTUAL FUNDS	6,142,317	6,384,409
	AMERICAN CAPITAL INCOME	MUTUAL FUNDS	1,695,560	1,885,834
	AMERICAN CAPITAL INCOME GM	MUTUAL FUNDS	704,700	798,699
	AMERICAN CENTURY REAL EST R6	MUTUAL FUNDS	6,792,210	6,829,277
	AMERICAN GROWTH FUND R6	MUTUAL FUNDS	10,742,990	14,527,700
	AMERICAN INCOME FD OF AMER GM	MUTUAL FUNDS	1,053,185	1,171,865
	AMERICAN INCOME FUND OF	MUTUAL FUNDS	2,232,016	2,522,807
	BLACKROCK ADVNTG LRG CAP INSTL	MUTUAL FUNDS	4,288,962	5,425,556
	BLACKROCK HIGH YIELD BOND FD I	MUTUAL FUNDS	1,985,303	2,012,764
	BLACKROCK HIGH YIELD BOND I GM	MUTUAL FUNDS	1,132,960	1,163,435

Attachment to 2021 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
Plan Sponsor's Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP

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(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 LOW DURATION BD I	MUTUAL FUNDS	138,864	138,467
	DFA INTERNATIONAL CORE INSTL	MUTUAL FUNDS	12,517,508	14,522,335
	DFA INTERNATIONAL CR INSTL GM	MUTUAL FUNDS	1,099,208	1,253,073
	FIDELITY ADV STK SEL MID A GM	MUTUAL FUNDS	1,155,739	1,281,871
	FIDELITY ADV STK SEL MID CL A	MUTUAL FUNDS	2,822,635	3,192,481
	FIDELITY CONTRAFUND	MUTUAL FUNDS	23,035,091	39,599,906
	FIDELITY CONTRAFUND GM	MUTUAL FUNDS	1,058,869	1,242,914
	FIDELITY DIVERSIF INTL FD I	MUTUAL FUNDS	2,480,409	3,067,351
	FIDELITY EQUITY INCM FD	MUTUAL FUNDS	13,481,381	15,639,481
	FIDELITY LOW PRICED STOCK	MUTUAL FUNDS	1,746,956	2,075,050
	FIDELITY PURITAN FD	MUTUAL FUNDS	11,334,004	13,671,322
	FIDELITY PURITAN FD GM	MUTUAL FUNDS	1,023,703	1,141,473
	FIDELITY REAL ESTATE PORT FD	MUTUAL FUNDS	282,069	481,517
	FIDELITY SML CAP INDEP FD	MUTUAL FUNDS	414,000	656,137
	GOLDMAN SACHS EMERG MKTS R6	MUTUAL FUNDS	2,494,466	2,324,756
	HOTCHKIS AND WILEY SML CP VL I	MUTUAL FUNDS	48,837	95,715
	INVESCO COMSTOCK FUND R5	MUTUAL FUNDS	2,231,387	2,877,139
	INVESCO COMSTOCK FUND R5 GM	MUTUAL FUNDS	1,058,056	1,248,663

Attachment to 2021 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
Plan Sponsor's Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP

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(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 GLOBAL OPPOR Y	MUTUAL FUNDS	1,202,541	1,279,302
	INVESCO GLOBAL OPPOR Y	MUTUAL FUNDS	2,189,111	2,644,308
	JP MORGAN MID CAP VAL CL L GM	MUTUAL FUNDS	1,944,942	2,124,569
	JP MORGAN MID CAP VALUE CL L	MUTUAL FUNDS	4,394,046	5,172,001
	JP MORGAN UNDISC MGRS CL R6	MUTUAL FUNDS	2,471,993	3,114,891
	JP MORGAN UNDISC MGRS CL R6 GM	MUTUAL FUNDS	1,047,960	1,378,086
	LOOMIS SAYLES BOND FD	MUTUAL FUNDS	1,692,361	1,663,182
	LOOMIS SAYLES BOND FD GM	MUTUAL FUNDS	1,117,307	1,129,172
	NEUBERGER BERMAN SUSTNBL R6	MUTUAL FUNDS	381,153	369,337
	PGIM JENNISON SMALL COMPANY R6	MUTUAL FUNDS	71,195	56,797
	PIMCO INTRNL BD USD HEDGE GM	MUTUAL FUNDS	1,144,271	1,145,651
	PIMCO INTRNL BD USD HEDGE INST	MUTUAL FUNDS	2,542,173	2,504,740
	PIMCO TOT RET PORT INSTL-GM	MUTUAL FUNDS	346,248	341,960
	PIMCO TOTAL RETURN PORT. INSTL	MUTUAL FUNDS	10,285,811	10,020,762
	PIONEER HIGH YIELD FD CL Y	MUTUAL FUNDS	1,149,988	1,161,142
	PIONEER HIGH YIELD FD CL Y GM	MUTUAL FUNDS	1,104,844	1,133,178
	T ROWE PRICE BLUE CHIP GRTH I	MUTUAL FUNDS	8,617,033	8,684,786
	VANGUARD DEVELOPED MRKTS INSTL	MUTUAL FUNDS	3,573,644	3,598,892

Attachment to 2021 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
Plan Sponsor's Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP

EIN:13-5344867
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	1,496,956	2,047,351
	VANGUARD INSTITUTIONAL INDEX	MUTUAL FUNDS	47,649,067	95,494,821
	VANGUARD MID CAP INDEX FUND	MUTUAL FUNDS	3,581,510	4,750,431
	VANGUARD SHORT TERM FED ADM	MUTUAL FUNDS	2,842,696	2,804,298
	VANGUARD SHORT TRM FD ADM GM	MUTUAL FUNDS	375,033	370,191
	VANGUARD SMALL CAP IND INSTL	MUTUAL FUNDS	4,166,847	4,272,629
	VANGUARD TOTAL BOND MKT	MUTUAL FUNDS	7,152,135	7,126,200
	SELF-DIRECT ACCT	OTHER ASSETS	2,817,733	2,817,733
	SELF-DIRECT ACCT	OTHER ASSETS	12,501,950	12,501,950
	UNINVESTED CASH	UNINVESTED CASH	0	0