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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

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

1b Three-digit plan number (PN) ▶ 042

1c Effective date of plan 02/23/1987

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

ONE NEW YORK PLAZA
NEW YORK, NY 10004

2b Employer Identification Number (EIN) 13-5344867

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

2d Business code (see instructions) 541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	LISA SCHOENHAUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	1778
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)**	1155
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1163
b	Retired or separated participants receiving benefits	**6b**	15
c	Other retired or separated participants entitled to future benefits	**6c**	650
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1828
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f	Total. Add lines **6d** and **6e**.	**6f**	1832
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	1553
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	1632
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	16
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2R 2T 3B 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B Three-digit plan number (PN) ▶ 042

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

D Employer Identification Number (EIN)
13-5344867

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 51 52 59 60 62 63 71 72	RECORDKEEPER	21843	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B Three-digit plan number (PN) ▶ 042

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

D Employer Identification Number (EIN)
13-5344867

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

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MANAGED INCOME PORTFOLIO C

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-2741372-024	C	622287

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): SEI TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2250946-001	C	11662433

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B Three-digit plan number (PN) ▶ 042

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

D Employer Identification Number (EIN)
13-5344867

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4918216	4852550
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10889232	11009198
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1544242	1660549
(9) Value of interest in common/collective trusts	1c(9)	12341330	12284720
(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)	379397145	441139863
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	15270925	18598040

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	424361090	489544920
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	424361090	489544920

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)	4719705	
(B) Participants	2a(1)(B)	16800093	
(C) Others (including rollovers)	2a(1)(C)	8219355	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		29739153
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	417425	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	120782	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		538207
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	21658318	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		21658318
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4062370	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4062370	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		346672
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		43012804
c Other income	2c		3030248
d Total income. Add all **income** amounts in column (b) and enter total	2d		98325402
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	33092784	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		33092784
f Corrective distributions (see instructions)	2f		8754
g Certain deemed distributions of participant loans (see instructions)	2g		18191
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	21843	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		21843
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		33141572
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		65183830
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) [X] 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) [X] 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** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		11000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B Three-digit plan number (PN) ▶ 042

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

D Employer Identification Number (EIN)
13-5344867

Part I Distributions

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

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

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

EIN(s): 94-1687665

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

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

Financial Statements and
Supplemental Schedule Required by ERISA
December 31, 2025 and 2024

Fried, Frank, Harris, Shriver & Jacobson LLP
401(k) Incentive Savings Plan
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Supplemental Schedule Required by ERISA

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2025 15

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.

pwc

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 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 financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 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 certifications from a qualified institution as of December 31, 2025 and 2024 and for the years then ended, 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 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 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.

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 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 ("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).

New York, New York
October 9, 2026

Fried, Frank, Harris, Shriver & Jacobson LLP
401(k) Incentive Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value	$ 483,031,820	$ 417,898,632
Contributions receivable	4,852,550	4,918,216
Notes receivable from participants	1,678,741	1,544,242
Net assets available for benefits	$ 489,563,111	$ 424,361,090

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, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 46,365,847	$ 49,388,978
Interest and dividend income	22,182,676	16,430,465
Total investment income	68,548,523	65,819,443
Contributions		
Participant	16,800,093	15,738,080
Employer	4,719,706	4,918,216
Rollover	8,219,355	9,026,888
Total contributions	29,739,154	29,683,184
Total additions	98,287,677	95,502,627
Deductions		
Benefit payments	33,081,856	37,569,604
Administrative expenses	3,800	2,200
Total deductions	33,085,656	37,571,804
Net increase in net assets available for benefits	65,202,021	57,930,823
Net assets available for benefits		
Beginning of year	424,361,090	366,430,267
End of year	$ 489,563,111	$ 424,361,090

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

1. Description of the Plan

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

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

General
The Plan is a defined contribution plan. Under such a plan, the participant is not provided with any fixed benefit. Plan contributions are made at specified rates and are credited to an individual account for the benefit of each eligible participant. Investment income of the Plan is allocated daily to individual participant accounts based on participant account balances and individual participant investment choices, 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 ($23,500 per annum for 2025 and $23,000 per annum for 2024). 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 $7,500 for 2025 and $7,500 for 2024. Beginning with the 2025 plan year, participants ages 60-63, may contribute a higher catch-up contribution amount of up to $11,250 for 2025. Participants are permitted to make rollover contributions from certain other qualified plans.

The Firm has the discretion to match each participant's contribution (excluding partners, associates and certain other specified employees) either in proportion to participant elective contributions made during the plan year, or, in the discretion of the Firm, in proportion to participant elective contributions not in excess of a specified percentage of the participants' compensation for the relevant plan year. For the 2025 Plan Year, consistent with past practice, the Firm matched 25% of each participant's elective contribution up to 4% of annual compensation. 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, the Firm also makes 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 from the Firm on or after the participant's sixty-fifth (65th) birthday during the Plan year. In June 2025, through a self-initiated review process, the Firm identified a group of employees who should have received, but did not receive, this employer contribution. The Firm and the Plan, with the assistance of counsel, self-corrected this error in accordance with the applicable tax rules, regulations and guidance. To make the impacted participants whole for the missed employer contributions plus estimated lost earnings, the amount of the employer contribution receivable reported for the 2024 Plan Year was increased by $554,106 and an employer contribution in the amount of $44,147 was made in respect of the 2025 Plan Year. The aggregate correction-related amount was contributed to the plan in October 2025 and allocated to each impacted employee's account at that time.

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 (through the 2025 Plan year), 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 from the Firm on or after the participant's sixty-fifth (65th) birthday during the Plan year. In April 2025, a portion of the excess assets remaining in the Firm's Employee Retirement Plan trust was transferred to the Plan's trust in accordance with the applicable tax rules and guidance for a "qualified replacement plan." This transferred amount reduced the amount that the Firm needed to contribute to the Plan to satisfy its contribution obligations.

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. The balance of the forfeiture account for the years ended December 31, 2025 and 2024 were $35,369 and $182,852, respectively. In 2025 and 2024, the Firm's contributions were reduced by $192,263 and $133,235, respectively, from forfeited nonvested accounts.

Administrative Expenses
For the years ended December 31, 2025 and 2024, expenses related to the administration of the Plan were paid by the Firm and the Plan.

Eligibility
Prior to January 1, 2025, participants were generally eligible to participate in the Plan on the January 1, April 1, July 1 or October 1 subsequent to their hire date. On and following January 1, 2025, participants are generally eligible to participate on the date immediately after the participant enrolls in the Plan (and following the participant's employment commencement 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.

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

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

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

2. Summary of Significant Accounting Policies

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

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

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

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

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

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

Payment of Benefits
Benefit payments to participants are recorded upon distribution.

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

3. Information Certified by the Trustee

The following information as of and for the years ended December 31, 2025 and 2024 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:

	2025	2024
Investments, at fair value	$ 483,031,820	$ 417,898,632
Notes receivable from participants	1,678,741	1,544,242
Net appreciation in fair value of investments	46,365,847	49,388,978
Interest and dividend income	22,182,676	16,430,465

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, 2025, certain partners and former partners of the Firm 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.

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, including taking steps to correct identified incidents of operational failures in accordance with applicable tax regulations and IRS guidance, 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, 2025 and 2024, 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. 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 2022.

6. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the financial statements as of and for the years ended December 31, 2025 and 2024 to the Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 489,563,111	$ 424,361,090
Deemed distributions of participant loans	(18,191)	-
Net assets per the Form 5500	$ 489,544,920	$ 424,361,090

	2025	2024
Net increase in net assets available for benefits per the financial statements	$ 65,202,021	$ 57,930,823
Deemed distributions of participant loans	(18,191)	-
Net income per the Form 5500	$ 65,183,830	$ 57,930,823

7. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;

- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market funds	$ 10,995,837	$ -	$ -	$ 10,995,837
Mutual funds	441,139,862	-	-	441,139,862
Self-directed investments	18,611,401	-	-	18,611,401
Total assets at fair value	$ 470,747,100	$ -	$ -	470,747,100
Investments measured at NAV				
Common collective trusts				12,284,720
Total investments at fair value				$ 483,031,820

	Assets at Fair Value as of December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market funds	$ 10,644,230	$ -	$ -	$ 10,644,230
Mutual funds	379,397,145	-	-	379,397,145
Self-directed investments	15,515,927	-	-	15,515,927
Total assets at fair value	$ 405,557,302	$ -	$ -	405,557,302
Investments measured at NAV				
Common collective trusts				12,341,330
Total investments at fair value				$ 417,898,632

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, 2025 and 2024, respectively.

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (If Eligible)	Redemption Notice Period
Common collective trusts				
Galliard stable return	$ 11,662,433	N/A	Daily	N/A
Fidelity managed income portfolio	622,287	N/A	Daily	N/A

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (If Eligible)	Redemption Notice Period
Common collective trusts				
Galliard stable return	$ 11,703,143	N/A	Daily	N/A
Fidelity managed income portfolio	638,187	N/A	Daily	N/A

The valuation techniques used by the Plan to measure fair value as of December 31, 2025 and 2024 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 Galliard Stable Return Fund. 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.

Galliard Stable Return Fund 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.

8. Subsequent Events

In December 2025, the Plan was amended and restated, effective January 1, 2026, and further amended in June 2026 (together, the "Amended and Restated Plan"), in order to incorporate amendments made to the January 1, 2013 version of the plan, make certain design changes, and make other clarifying and administrative changes, including updates in compliance with SECURE 2.0 Act guidance. The Plan's Administrator has evaluated subsequent events through October 9, 2026, the date the financial statements were available to be issued. Other than as set forth above, 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, 2025

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**		(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Type	Units	Cost***	Current Value
	Blackrock Liquidity Fund	Money Market Fund	9,858,766		$ 9,858,766
	Retirement Bank Account	Money Market Fund	1,115,768		1,115,768
	BLF FedFund	Money Market Fund	-		21,303
	Fidelity Managed Income Portfolio	Common/Collective	622,287		622,287
	Galliard Stable Return Fund	Common/Collective	184,066		11,662,433
	AB Small Cap Growth Portfolio I	Mutual Fund	91,832		7,049,953
	American Capital Income Builder	Mutual Fund	83,662		6,431,123
	American Century Real Estate Fund	Mutual Fund	223,079		5,804,512
	American Growth Fund of America	Mutual Fund	246,667		19,873,941
	American Income Fund of America	Mutual Fund	266,867		6,970,570
	American Smallcap World GM	Mutual Fund	52,303		3,990,163
	Blackrock High Yield Fund Inst.	Mutual Fund	818,487		5,909,474
	Blackrock Advantage Large Cap Instl	Mutual Fund	337,431		8,172,570
	Blackrock Low Duration Bond Portfolio	Mutual Fund	3,145		28,907
	DFA International Core INSTL	Mutual Fund	1,000,250		20,295,071
	Fidelity Advisor Mid Cap Fund	Mutual Fund	121,098		5,156,367
	Fidelity Contrafund	Mutual Fund	1,569,670		54,922,756
	Fidelity Diversified Intl FD I	Mutual Fund	61,035		2,968,129
	Fidelity Equity Income Fund	Mutual Fund	197,773		16,535,808
	Fidelity Low-Priced Stock Fund	Mutual Fund	38,101		1,570,898
	Fidelity Puritan Fund	Mutual Fund	1,042,317		27,152,346
	Fidelity Real Estate Investment Portfolio	Mutual Fund	7,518		284,348
	Fidelity Small Cap Independence Fund	Mutual Fund	16,822		712,071
	Goldman Sachs Emerg Mkts R6	Mutual Fund	335,836		3,747,934
	Hotchkis And Wiley Small Cap Value Fund	Mutual Fund	1,496		111,919
	Invesco Van Kampen Comstock Fund	Mutual Fund	232,314		7,134,354
	JP Morgan Mid Cap Value Fund	Mutual Fund	351,958		11,220,412
	JP Morgan Undisc Mgrs CL R6	Mutual Fund	69,981		5,492,113
	Loomis Sayles Bond Fund	Mutual Fund	460,127		5,631,949
	Neuberger Berman Social	Mutual Fund	16,634		930,173
	PIMCO Total Return Portfolio	Mutual Fund	1,566,857		13,882,357
	PIMCO International BD USD Hedge	Mutual Fund	585,332		5,812,352
	Pioneer High Yield Fund	Mutual Fund	464,094		4,121,159
	T Rowe Price Blue Chip Growth	Mutual Fund	61,062		12,942,616
	Vanguard Developed Markets ADM	Mutual Fund	422,941		8,496,891
	Vanguard Institutional Index Fund	Mutual Fund	253,771		140,099,584
	Vanguard Mid Cap Index Fund	Mutual Fund	79,275		6,292,876
	Vanguard Short Term Bond Fund	Mutual Fund	441,798		4,572,605
	Vanguard Small Cap Index ADM	Mutual Fund	69,645		8,606,685
	Vanguard TTL BD Market Index ADM	Mutual Fund	840,827		8,214,876
*	Self-Directed Account	Equity			18,611,401
*	Notes receivable from participants	Notes receivable from participants, bearing interest between 4.25% and 9.50%, maturing 2026 through 2039			1,678,741
					$ 484,710,561

* Party in-interest to the plan.

** If multiple classes of 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 2025 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP 401(K) INCEN SAV PL **EIN:13-5344867**
Plan Sponsor's Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP **PN:042**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	ACCRUED INCOME	ACCRUED INCOME	13,361	13,361
	RETIREMENT BANK ACCOUNT	CERT OF DEPOSIT / BANK DEPOSIT	1,115,768	1,115,768
	FIDELITY MANAGED INCOME PORT.	COMMON / COLLECTIVE TRUSTS	622,287	622,287
	GALLIARD STABLE RETURN FUND C	COMMON / COLLECTIVE TRUSTS	10,580,704	11,662,433
	LOAN FUND	LOANS	1,660,549	1,660,549
	BLACKROCK T-FUND PREMIER CL	MONEY MARKET	9,858,766	9,858,766
	BLF FEDFUND	MONEY MARKET	21,303	21,303
	AB SMALL CAP GRWTH PORTF I GM	MUTUAL FUNDS	1,784,135	1,974,396
	AB SMALL CAP GRWTH PORTFOLIO I	MUTUAL FUNDS	5,053,912	5,075,556
	AMERICAN CAPITAL INCOME	MUTUAL FUNDS	3,764,969	4,220,381
	AMERICAN CAPITAL INCOME GM	MUTUAL FUNDS	1,938,857	2,210,741
	AMERICAN CENTURY REAL EST R6	MUTUAL FUNDS	6,632,454	5,804,512
	AMERICAN GROWTH FUND R6	MUTUAL FUNDS	15,398,481	19,873,941
	AMERICAN INCOME FD OF AMER GM	MUTUAL FUNDS	2,885,688	3,105,936
	AMERICAN INCOME FUND OF	MUTUAL FUNDS	3,525,021	3,864,634
	AMERICAN SMALLCAP WORLD	MUTUAL FUNDS	1,888,588	2,001,620
	AMERICAN SMALLCAP WORLD GM	MUTUAL FUNDS	1,878,813	1,988,543
	BLACKROCK ADVNTG LRG CAP INSTL	MUTUAL FUNDS	6,401,044	8,172,570
	BLACKROCK HIGH YIELD PORTFOL I	MUTUAL FUNDS	2,798,803	2,802,426

Attachment to 2025 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP 401(K) INCEN SAV PL **EIN:13-5344867**
Plan Sponsor's Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP **PN:042**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	BLACKROCK HIGH YIELD PORTFOL I	MUTUAL FUNDS	3,068,744	3,107,048
	BLACKROCK LOW DURATION BD I	MUTUAL FUNDS	29,927	28,907
	DFA INTERNATIONAL CORE INSTL	MUTUAL FUNDS	13,466,750	18,294,821
	DFA INTERNATIONAL CR INSTL GM	MUTUAL FUNDS	1,518,759	2,000,250
	FIDELITY ADV STK SEL MID A GM	MUTUAL FUNDS	1,812,020	1,967,023
	FIDELITY ADV STK SEL MID CL A	MUTUAL FUNDS	2,800,255	3,189,344
	FIDELITY CONTRAFUND FD K6	MUTUAL FUNDS	31,519,723	52,919,094
	FIDELITY CONTRAFUND FD K6 GM	MUTUAL FUNDS	1,420,540	2,003,662
	FIDELITY DIVERSIF INTL FD I	MUTUAL FUNDS	2,453,122	2,968,129
	FIDELITY EQUITY INCM FD	MUTUAL FUNDS	12,710,179	16,535,808
	FIDELITY LOW PRICED STOCK	MUTUAL FUNDS	1,684,102	1,570,898
	FIDELITY PURITAN FD	MUTUAL FUNDS	21,558,995	24,110,174
	FIDELITY PURITAN FD GM	MUTUAL FUNDS	2,804,657	3,042,173
	FIDELITY REAL ESTATE PORT FD	MUTUAL FUNDS	243,751	284,348
	FIDELITY SML CAP INDEP FD	MUTUAL FUNDS	365,904	712,071
	GOLDMAN SACHS EMERG MKTS R6	MUTUAL FUNDS	3,109,254	3,747,934
	HOTCHKIS AND WILEY SML CP VL I	MUTUAL FUNDS	65,695	111,919
	INVESCO COMSTOCK FUND CL Y	MUTUAL FUNDS	219	213
	INVESCO COMSTOCK FUND R5	MUTUAL FUNDS	4,535,364	5,149,404

Attachment to 2025 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP 401(K) INCEN SAV PL **EIN:13-5344867**
Plan Sponsor's Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP **PN:042**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	INVESCO COMSTOCK FUND R5 GM	MUTUAL FUNDS	1,805,733	1,984,738
	JP MORGAN MID CAP VAL FD R6	MUTUAL FUNDS	7,821,568	6,868,300
	JP MORGAN MID CAP VAL FD R6 GM	MUTUAL FUNDS	4,925,281	4,352,112
	JP MORGAN UNDISC MGRS CL R6	MUTUAL FUNDS	3,060,185	3,357,710
	JP MORGAN UNDSC MGRS CL R6 GM	MUTUAL FUNDS	2,082,673	2,134,403
	LOOMIS SAYLES INCOME FUND	MUTUAL FUNDS	2,677,614	2,615,607
	LOOMIS SAYLES INCOME FUND	MUTUAL FUNDS	2,982,168	3,016,342
	NEUBERGER QUALITY EQUITY FD R6	MUTUAL FUNDS	764,272	930,173
	PIMCO INTRNL BD USD HEDGE GM	MUTUAL FUNDS	3,109,210	3,092,916
	PIMCO INTRNL BD USD HEDGE INST	MUTUAL FUNDS	2,777,654	2,719,435
	PIMCO TOT RET PORT INSTL-GM	MUTUAL FUNDS	827,410	825,798
	PIMCO TOTAL RETURN PORT. INSTL	MUTUAL FUNDS	14,005,324	13,056,559
	T ROWE PRICE BLUE CHIP GRTH I	MUTUAL FUNDS	10,570,609	12,942,616
	VANGUARD DEVELOPED MRKTS INSTL	MUTUAL FUNDS	6,871,777	8,496,891
	VANGUARD INST INDEX PLUS	MUTUAL FUNDS	137,941,799	135,892,509
	VANGUARD INST INDEX PLUS GM	MUTUAL FUNDS	4,269,029	4,207,075
	VANGUARD MID CAP INDEX FD	MUTUAL FUNDS	5,253,426	6,292,876
	VANGUARD SHORT TERM FED ADM	MUTUAL FUNDS	3,726,039	3,678,420
	VANGUARD SHORT TRM FD ADM GM	MUTUAL FUNDS	890,018	894,185

Attachment to 2025 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP 401(K) INCEN SAV PL **EIN:13-5344867**
Plan Sponsor's Name: FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP **PN:042**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	VANGUARD SMALL CAP IND INSTL	MUTUAL FUNDS	7,408,176	8,606,685
	VANGUARD TOTAL BOND MKT	MUTUAL FUNDS	8,405,641	8,214,876
	VICTORY PIONEER HIGH YIELD Y	MUTUAL FUNDS	1,112,222	1,086,378
	VICTORY PIONEER HIGH YIELD Y	MUTUAL FUNDS	2,996,845	3,034,781
	SELF-DIRECT ACCT	OTHER ASSETS	2,779,350	2,779,350
	SELF-DIRECT ACCT	OTHER ASSETS	15,818,689	15,818,689
	UNINVESTED CASH	UNINVESTED CASH	0	0