

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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.)

a single-employer plan a DFE (specify) C

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: 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
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1a Name of plan <u>INCOME FOCUSED FUND</u>	1b Three-digit plan number (PN) ▶ <u>031</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>MERCER TRUST COMPANY LLC</u> <u>99 HIGH STREET</u> <u>BOSTON, MA 02110</u>	1c Effective date of plan 2b Employer Identification Number (EIN) <u>04-6691601</u> 2c Plan Sponsor's telephone number <u>617-943-5590</u> 2d Business code (see instructions)

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.		
	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	Filed with authorized/valid electronic signature.	<u>07/30/2025</u>	<u>BARRY VALLAN</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>INCOME FOCUSED FUND</u>	B Three-digit plan number (PN) ▶	<u>031</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MERCER TRUST COMPANY LLC</u>	D Employer Identification Number (EIN) <u>04-6691601</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: BOND CORE PLUS FUND

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN <u>04-6691601-020</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>29512423</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET INCOME FUND

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

c EIN-PN <u>74-2008758-152</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>0</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)
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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 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 MATURA-FARRINGTON PROFIT SHARING PLAN	
b	Name of plan sponsor MATURA-FARRINGTON STAFFING SER	c EIN-PN 95-4729366-001
a	Plan name CLINKENBEARD RAMSEY ETAL PROFIT SHARING PLAN	
b	Name of plan sponsor CLINKENBEARD RAMSEY ETAL	c EIN-PN 95-3846402-001
a	Plan name BORTON PETRINI LLP SAVINGS & RETIREMENT PLAN II	
b	Name of plan sponsor BORTON PETRINI LLP	c EIN-PN 95-2024819-021
a	Plan name BORTON PETRINI, LLP 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor BORTON PETRINI, LLP	c EIN-PN 95-2024819-020
a	Plan name OUTIS, P.C., ROBERT R. 401(K) PLAN	
b	Name of plan sponsor ROBERT R. OUTIS, P.C.	c EIN-PN 94-3138969-003
a	Plan name CLAYEO C ARNOLD APC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLAYEO C ARNOLD A PROF CORP	c EIN-PN 94-2778401-002
a	Plan name CONTRA COSTA COUNTY BAR ASSOC 401(K) PLAN	
b	Name of plan sponsor CONTRA COSTA COUNTY BAR ASSOC	c EIN-PN 94-2398067-001
a	Plan name LELAND, PARACHINI, STEINBERG, MATZGER & MELNICK, L.L.P.	
b	Name of plan sponsor LELAND, PARACHINI, STEINBERG,	c EIN-PN 94-0811210-002
a	Plan name BARNHISEL, BARLOW & STEPHENS PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BARNHISEL, BARLOW & STEPHENS PC	c EIN-PN 93-1130568-001
a	Plan name SHANNON OTTO LAW PLLC 401(K) PLAN	
b	Name of plan sponsor SHANNON OTTO LAW PLLC	c EIN-PN 92-3055823-001
a	Plan name MOROCHNIK LAW LLC 401(K) PLAN	
b	Name of plan sponsor MOROCHNIK LAW LLC	c EIN-PN 92-0244648-001
a	Plan name KEATING JONES HUGHES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KEATING JONES HUGHES, P.C.	c EIN-PN 91-1847132-001

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 KING COUNTY BAR ASSOCIATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor KING COUNTY BAR ASSOCIATION	c EIN-PN 91-0721603-001
a	Plan name BERGERON PARADIS FITZPATRICK PC 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor BERGERON PARADIS FITZPATRICK PC	c EIN-PN 88-4371298-001
a	Plan name SHANLEY A PROFESSIONAL CORP PROFIT SHARING PLAN	
b	Name of plan sponsor SHANLEY A PROFESSIONAL CORP	c EIN-PN 87-3029070-001
a	Plan name MHK DISPUTE RESOLUTION SERVICES 401(K) PLAN	
b	Name of plan sponsor MHK DISPUTE RESOLUTION SERVICES	c EIN-PN 86-2897779-001
a	Plan name GALLAGHER & KENNEDY, P.A. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor GALLAGHER & KENNEDY P.A.	c EIN-PN 86-0489397-001
a	Plan name FRIENDLY LAW FIRM LLC 401(K) PLAN	
b	Name of plan sponsor FRIENDLY LAW FIRM LLC	c EIN-PN 85-3930399-001
a	Plan name STAGG WABNIK LAW GROUP LLP 401(K) PLAN	
b	Name of plan sponsor STAGG WABNIK LAW GROUP LLP	c EIN-PN 83-4284509-001
a	Plan name HUTCHINSON COX PROFIT SHARING PLAN	
b	Name of plan sponsor HUTCHINSON COX	c EIN-PN 83-2918369-001
a	Plan name ROUNTREE LEITMAN KLEIN & GEER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROUNTREE LEITMAN KLEIN & GEER	c EIN-PN 82-3707945-001
a	Plan name RAMON WORTHINGTON ET AL 401(K) PLAN	
b	Name of plan sponsor RAMON WORTHINGTON ET AL	c EIN-PN 82-1920360-001
a	Plan name TROYAN & ASSOCIATES PA 401(K) PLAN	
b	Name of plan sponsor TROYAN & ASSOCIATES PA	c EIN-PN 82-0558330-001
a	Plan name KLM ATTORNEYS LLC 401(K) PLAN	
b	Name of plan sponsor KLM ATTORNEYS LLC	c EIN-PN 81-4614582-001

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	FERGUSON LAW GROUP INC 401(K) PLAN	
b	Name of plan sponsor	FERGUSON LAW GROUP INC	c EIN-PN 81-3755501-001
a	Plan name	DORKIN, ESQ., ROBERT S. 401(K) PLAN	
b	Name of plan sponsor	ROBERT S. DORKIN, ESQ.	c EIN-PN 81-2175589-001
a	Plan name	STANKOWSKI LAW GROUP APC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	STANKOWSKI LAW GROUP	c EIN-PN 81-0729917-001
a	Plan name	LINNELL, NEWHALL, MARTIN & SCHULKE, P.C.	
b	Name of plan sponsor	LINNELL NEWHALL MARTIN & SCHULKE	c EIN-PN 81-0497023-001
a	Plan name	NANCY A. GIBBONS, A LAW CORP. 401(K) PLAN	
b	Name of plan sponsor	NANCY A. GIBBONS, A LAW CORP.	c EIN-PN 80-0320596-001
a	Plan name	ADAMSKI, MOROSKI, MADDEN CUMBERLAND & GREEN 401(K) PSP	
b	Name of plan sponsor	ADAMSKI, MOROSKI, MADDEN ET AL	c EIN-PN 77-0579029-001
a	Plan name	HIRSCH & WESTHEIMER, P.C.	
b	Name of plan sponsor	HIRSCH & WESTHEIMER, P.C.	c EIN-PN 76-0000323-001
a	Plan name	GROTEFELD HOFFMANN 401(K) PLAN	
b	Name of plan sponsor	GROTEFELD HOFFMANN	c EIN-PN 75-3242460-001
a	Plan name	COLANTUONO, HIGHSMITH & WHATLEY P.C. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	COLANTUONO, HIGHSMITH & WHATLEY	c EIN-PN 75-3031545-001
a	Plan name	HARRISON STECK, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	HARRISON STECK, P.C.	c EIN-PN 75-2685146-001
a	Plan name	KANE, RUSSELL, COLEMAN & LOGAN, P.C.	
b	Name of plan sponsor	KANE RUSSELL COLEMAN & LOGAN, PC	c EIN-PN 75-2410848-001
a	Plan name	ALLEN-LOTTMANN-KIMMEL, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLEN-LOTTMANN-KIMMEL, P.C.	c EIN-PN 75-2407085-001

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	DALLAS BAR ASSOCIATION	
b	Name of plan sponsor	DALLAS BAR ASSOCIATION	c EIN-PN 75-0758332-001
a	Plan name	TEXAS RIOGRANDE LEGAL AID, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEXAS RIOGRANDE LEGAL AID, INC.	c EIN-PN 74-1675230-002
a	Plan name	SCHLANGER SILVER LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHLANGER SILVER LLP	c EIN-PN 74-1534569-001
a	Plan name	OKLAHOMA BAR ASSOCIATION PROFIT SHARING PLAN	
b	Name of plan sponsor	OKLAHOMA BAR ASSOCIATION	c EIN-PN 73-0618833-100
a	Plan name	LOUISIANA STATE BAR ASSOCIATION PROFIT SHARING PLAN	
b	Name of plan sponsor	LOUISIANA STATE BAR ASSOCIATION	c EIN-PN 72-6000727-002
a	Plan name	MOULEDOUX, BLAND, LEGRAND & BRACKETT, LLC	
b	Name of plan sponsor	MOULEDOUX, BLAND, LEGRAND &	c EIN-PN 72-1386048-001
a	Plan name	PHILIP L VALENTE JR PA CASH BALANCE PLAN	
b	Name of plan sponsor	PHILIP L VALENTE JR PA	c EIN-PN 65-0805302-002
a	Plan name	PHILIP L VALENTE JR PA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PHILIP L VALENTE JR PA	c EIN-PN 65-0805302-001
a	Plan name	BRYAN NELSON P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRYAN NELSON P.A.	c EIN-PN 64-0774469-001
a	Plan name	HORTMAN HARLOW MARTINDALE BASSI & ROBINSON, PLLC	
b	Name of plan sponsor	HORTMAN HARLOW MARTINDALE	c EIN-PN 64-0501055-002
a	Plan name	FRAZIER, G. SCOTT PROFIT SHARING PLAN	
b	Name of plan sponsor	G. SCOTT FRAZIER	c EIN-PN 63-1107630-001
a	Plan name	MINNESOTA CLE PENSION PLAN	
b	Name of plan sponsor	MINNESOTA CONTINUING LEGAL ED	c EIN-PN 61-1571924-001

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	MUENTZER & MUENTZER PC 401(K) PLAN	
b	Name of plan sponsor	MUENTZER & MUENTZER PC	c EIN-PN 61-1464233-001
a	Plan name	ALL LEGAL STAFF INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALL LEGAL STAFF INC	c EIN-PN 59-3735897-001
a	Plan name	ACCIDENT LAWYERS, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACCIDENT LAWYERS, P.A.	c EIN-PN 59-3708223-001
a	Plan name	NEWSOME MELTON PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEWSOME MELTON PA	c EIN-PN 59-3538564-001
a	Plan name	BUSH GRAZIANO RICE & PLATTER P.A. 401(K) PLAN	
b	Name of plan sponsor	BUSH GRAZIANO RICE ETAL	c EIN-PN 59-3108611-001
a	Plan name	COKER LAW	
b	Name of plan sponsor	COKER LAW	c EIN-PN 59-1702244-002
a	Plan name	COKER LAW	
b	Name of plan sponsor	COKER LAW	c EIN-PN 59-1702244-001
a	Plan name	RUSH, MARSHALL, JONES AND KELLY, P.A.	
b	Name of plan sponsor	RUSH, MARSHALL, JONES AND KELLY,	c EIN-PN 59-1510714-002
a	Plan name	FULLERTON & KNOWLES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FULLERTON & KNOWLES, P.C.	c EIN-PN 54-1786530-001
a	Plan name	MCCALLUM & KUDRAVETZ, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	MCCALLUM & KUDRAVETZ, P.C.	c EIN-PN 54-1186825-001
a	Plan name	TAVSS FLETCHER MAIDEN & REED PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TAVSS FLETCHER MAIDEN & REED	c EIN-PN 54-1103538-001
a	Plan name	VELLINES, GLICK & WHITESELL, PC 401(K) PLAN	
b	Name of plan sponsor	VELLINES, GLICK & WHITESELL, PC	c EIN-PN 54-0844716-002

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	FRANKLIN & PROKOPIK 401(K) SAVINGS & PROFIT SHARING	
b	Name of plan sponsor	FRANKLIN & PROKOPIK, P.C.	c EIN-PN 52-2169676-001
a	Plan name	LESSANS PRALEY & MCCORMICK PA 401(K) RATE GROUP PSP	
b	Name of plan sponsor	LESSANS PRALEY & MCCORMICK PA	c EIN-PN 52-1952838-001
a	Plan name	YOST JR, P.A., THOMAS F 401(K) PLAN	
b	Name of plan sponsor	THOMAS F. YOST, JR., P.A.	c EIN-PN 52-1587074-001
a	Plan name	NVLSP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NVLSP	c EIN-PN 52-1238058-001
a	Plan name	SPIEGEL & MCDIARMID LLP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	SPIEGEL & MCDIARMID LLP	c EIN-PN 52-0971740-002
a	Plan name	DISABILITY RIGHTS MARYLAND INC 401(K) PLAN	
b	Name of plan sponsor	DISABILITY RIGHTS MARYLAND INC	c EIN-PN 51-0215570-001
a	Plan name	PATTERSON LEGAL GROUP, L.C. RETIREMENT PLAN	
b	Name of plan sponsor	PATTERSON LEGAL GROUP, L.C.	c EIN-PN 48-1188222-001
a	Plan name	BEVER DYE, LC PENSION PLAN	
b	Name of plan sponsor	BEVER DYE, LC	c EIN-PN 48-0506700-001
a	Plan name	CLEVELAND LEHNER CASSIDY 401(K) PLAN	
b	Name of plan sponsor	CLEVELAND LEHNER CASSIDY	c EIN-PN 47-5660539-001
a	Plan name	KROLOFF, BELCHER, SMART, PERRY & CHRISTOPHERSON, APLC 401(K) PLAN	
b	Name of plan sponsor	KROLOFF BELCHER SMART ETAL	c EIN-PN 47-5617307-001
a	Plan name	STRUNK DODGE AIKEN ZOVAS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STRUNK DODGE AIKEN ZOVAS, LLC	c EIN-PN 47-0983472-001
a	Plan name	LAW OFFICE OF ERIC J GOLD APC 401(K) PLAN	
b	Name of plan sponsor	LAW OFFICE OF ERIC J GOLD APC	c EIN-PN 46-5236470-002

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	MCCORMICK TAX GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCCORMICK TAX GROUP, LLC	c EIN-PN 46-4082006-001
a	Plan name	MCMILLAN DODD LAW FIRM LLC 401(K) PLAN	
b	Name of plan sponsor	MCMILLAN DODD LAW FIRM LLC	c EIN-PN 46-3719050-001
a	Plan name	THE DANN LAW FIRM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE DANN LAW FIRM	c EIN-PN 46-2722282-001
a	Plan name	BROWN, LLC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BROWN, LLC.	c EIN-PN 46-1808717-001
a	Plan name	TORZEWSKI & MCINERNEY LLC 401(K) PLAN	
b	Name of plan sponsor	TORZEWSKI & MCINERNEY LLC	c EIN-PN 46-1669268-001
a	Plan name	UTRECHT & LENVIN, LLP 401(K) PLAN	
b	Name of plan sponsor	UTRECHT & LENVIN, LLP	c EIN-PN 45-4809937-001
a	Plan name	JOHNSON & GRONINGER PLLC 401(K) PSP	
b	Name of plan sponsor	JOHNSON & GRONINGER PLLC	c EIN-PN 45-2448245-001
a	Plan name	LOMASLAW PA 401(K) PLAN	
b	Name of plan sponsor	LOMASLAW PA	c EIN-PN 45-2013054-001
a	Plan name	HARDWICK LAW FIRM, LLC 401(K) PLAN	
b	Name of plan sponsor	HARDWICK LAW FIRM, LLC	c EIN-PN 43-1766769-001
a	Plan name	MID-MISSOURI LEGAL SERVICES CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	MID-MISSOURI LEGAL SERVICES CORP	c EIN-PN 43-1122012-002
a	Plan name	ROBERT HILL LAW LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROBERT HILL LAW LTD	c EIN-PN 41-1814842-001
a	Plan name	COSTELLO, CARLSON, BUTZON, LLP PROFIT SHARING PLAN	
b	Name of plan sponsor	COSTELLO, CARLSON, BUTZON, LLP	c EIN-PN 41-1617000-001

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 FRYBERGER, BUCHANAN, SMITH & FREDERICK PA PRFT SHRG 401K PLAN	
b	Name of plan sponsor FRYBERGER BUCHANAN SMITH ET AL	c EIN-PN 41-1000525-002
a	Plan name MELCHERT HUBERT SJODIN PLLP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MELCHERT HUBERT SJODIN PLLP	c EIN-PN 41-0948555-001
a	Plan name OLSON, ALAN C., & ASSOCIATES PROFIT SHARING PLAN	
b	Name of plan sponsor ALAN C. OLSON & ASSOCIATES	c EIN-PN 39-5787897-001
a	Plan name KARP & IANCU SC RETIREMENT PLAN	
b	Name of plan sponsor KARP IANCU SC	c EIN-PN 39-1681974-001
a	Plan name WOOD LAW FIRM, PLLC	
b	Name of plan sponsor WOOD LAW FIRM, PLLC	c EIN-PN 38-3546225-001
a	Plan name REISING ETHINGTON, P.C 401K PLAN	
b	Name of plan sponsor REISING ETHINGTON, P.C	c EIN-PN 38-3444274-001
a	Plan name KANOSKI BRESNEY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KANOSKI BRESNEY	c EIN-PN 37-1091412-001
a	Plan name BLACK, BALLARD, MCDONALD, PC PROFIT SHARING PLAN	
b	Name of plan sponsor BLACK, BALLARD, MCDONALD, P.C	c EIN-PN 37-1091364-003
a	Plan name KNUTH, THOMAS J. LAW OFFICES OF	
b	Name of plan sponsor LAW OFFICES OF THOMAS J. KNUTH	c EIN-PN 36-4418293-001
a	Plan name AHLGREN, ROBERT D. & ASSOC., PC PROFIT SHARING PLAN	
b	Name of plan sponsor ROBERT D. AHLGREN & ASSOC., PC	c EIN-PN 36-4394349-001
a	Plan name CLAUSEN MILLER, P.C. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CLAUSEN MILLER, P.C.	c EIN-PN 36-2921056-002
a	Plan name CALIFF & HARPER, P.C. 401(K) PLAN	
b	Name of plan sponsor CALIFF & HARPER, P.C.	c EIN-PN 36-2894106-001

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 COOTS HENKE & WHEELER, P.C.	
b	Name of plan sponsor COOTS HENKE & WHEELER, P.C.	c EIN-PN 35-1431645-001
a	Plan name SALLEY, HITE, MERCER & RESOR LLC RETIREMENT PLAN	
b	Name of plan sponsor SALLEY, HITE, MERCER & RESOR LLC	c EIN-PN 34-1979235-001
a	Plan name UB GREENSFELDER, LLP	
b	Name of plan sponsor UB GREENSFELDER, LLP	c EIN-PN 34-0756436-002
a	Plan name COMMUNITY LEGAL AID SERVICES, INC 401(K) PLAN	
b	Name of plan sponsor COMMUNITY LEGAL AID SERVICES, INC	c EIN-PN 34-0753560-003
a	Plan name CRAIG M BUCHE 401(K) PLAN	
b	Name of plan sponsor CRAIG M BUCHE	c EIN-PN 30-7745443-001
a	Plan name PANDYA LAW PA 401(K) PLAN	
b	Name of plan sponsor PANDYA LAW PA	c EIN-PN 30-0964857-001
a	Plan name LAW OFFICE TIMOTHY F MCGOUGHAN PROFIT SHARING PLAN	
b	Name of plan sponsor LAW OFFICE TIMOTHY F MCGOUGHAN	c EIN-PN 27-2958166-001
a	Plan name BATTLE LAW PC 401(K) PLAN	
b	Name of plan sponsor BATTLE LAW PC	c EIN-PN 27-1826439-001
a	Plan name PRELLE ERON & BAILEY PA RETIREMENT PLAN	
b	Name of plan sponsor PRELLE ERON & BAILEY PA	c EIN-PN 27-1546458-001
a	Plan name VAN VOORHIS & SOSNA, LLP 401(K) PLAN	
b	Name of plan sponsor VAN VOORHIS & SOSNA, LLP	c EIN-PN 27-0577573-001
a	Plan name SHANLEY, P.C., THOMAS M. 401(K) PLAN	
b	Name of plan sponsor THOMAS M. SHANLEY, P.C.	c EIN-PN 27-0454701-001
a	Plan name SERPE ANDREWS, PLLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor SERPE ANDREWS, PLLC	c EIN-PN 26-4057953-001

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	MANSON BOLVES DONALDSON TANNER P.A. 401(K) PLAN	
b	Name of plan sponsor	MANSON BOLVES DONALDSON TANNER	c EIN-PN 26-2553333-001
a	Plan name	GOLDSTEIN LAW GROUP, S.C 401(K) PLAN	
b	Name of plan sponsor	GOLDSTEIN LAW GROUP, S.C	c EIN-PN 26-1713236-001
a	Plan name	WALKER & SPANG, LLC 401(K) PLAN	
b	Name of plan sponsor	WALKER & SPANG, LLC	c EIN-PN 26-1519482-001
a	Plan name	NASS CANCELLIERE 401(K) PLAN	
b	Name of plan sponsor	NASS CANCELLIERE	c EIN-PN 23-2262255-001
a	Plan name	SENIORLAW CENTER 401(K) PLAN	
b	Name of plan sponsor	SENIORLAW CENTER	c EIN-PN 23-2169936-001
a	Plan name	GALLO & GALLO, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	GALLO & GALLO, LLC	c EIN-PN 22-3816339-001
a	Plan name	RIMON 401(K) SAVINGS PLAN	
b	Name of plan sponsor	RIMON, P.C.	c EIN-PN 20-8147375-001
a	Plan name	ROBERTS & EDDY, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	ROBERTS & EDDY, P.C.	c EIN-PN 20-3398169-001
a	Plan name	TREST & TWIGG, PLLC 401(K) PLAN	
b	Name of plan sponsor	TREST & TWIGG, PLLC	c EIN-PN 20-1862777-001
a	Plan name	LAW OFC OF JEREMY J. OFSEYER 401(K) PLAN	
b	Name of plan sponsor	OFSEYER, JEREMY J., LAW OFC OF	c EIN-PN 20-1119201-001
a	Plan name	PERLMAN & PERLMAN LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERLMAN & PERLMAN LLP	c EIN-PN 20-0806281-001
a	Plan name	KLASKO IMMIGRATION LAW PARTNERS, LLP	
b	Name of plan sponsor	KLASKO IMMIGRATION LAW PARTNERS	c EIN-PN 20-0469750-001

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	ZUBER LAWLER LLP 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ZUBER LAWLER LLP	c EIN-PN 20-0175027-001
a	Plan name	ADKINS BLACK, LLP 401(K) PLAN	
b	Name of plan sponsor	ADKINS BLACK, LLP	c EIN-PN 20-0103838-001
a	Plan name	LEWIS & LEWIS PC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LEWIS & LEWIS PC	c EIN-PN 16-1000503-003
a	Plan name	OSBORN, REED & BURKE, LLP PROFIT SHARING PLAN	
b	Name of plan sponsor	OSBORN, REED & BURKE, LLP	c EIN-PN 16-0771141-001
a	Plan name	COUGHLIN & GERHART, L.L.P. PROFIT SHARING PLAN	
b	Name of plan sponsor	COUGHLIN & GERHART, L.L.P.	c EIN-PN 15-0521967-002
a	Plan name	DAVIDSON, DAWSON & CLARK, LLP	
b	Name of plan sponsor	DAVIDSON, DAWSON & CLARK, LLP	c EIN-PN 13-5549855-004
a	Plan name	GRANT, HERRMANN, SCHWARTZ, ETAL 401(K) PLAN	
b	Name of plan sponsor	GRANT, HERRMANN, SCHWARTZ, ETAL	c EIN-PN 13-5542165-001
a	Plan name	PARKER WAICHMAN LLP	
b	Name of plan sponsor	PARKER WAICHMAN LLP	c EIN-PN 13-3692929-001
a	Plan name	MARSCHHAUSEN & FITZPATRICK PC	
b	Name of plan sponsor	MARSCHHAUSEN & FITZPATRICK PC	c EIN-PN 11-3527728-001
a	Plan name	BORAH, GOLDSTEIN, ALTSCHULER, NAHINS & GOIDEL, P.C.	
b	Name of plan sponsor	BORAH, GOLDSTEIN, ALTSCHULER,	c EIN-PN 11-2512985-006
a	Plan name	STANGER LAW, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STANGER LAW, LLC	c EIN-PN 06-1629751-001
a	Plan name	LOJHO 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LAW OFFICE OF JILL OCONNOR PC	c EIN-PN 06-1578599-001

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 CRAMER & ANDERSON, LLP	
b	Name of plan sponsor CRAMER & ANDERSON, LLP	c EIN-PN 06-0632904-001
a	Plan name GILSTEIN, KINDER & LEVIN, LLP 401(K) PLAN	
b	Name of plan sponsor GILSTEIN, KINDER & LEVIN, LLP	c EIN-PN 05-0266662-002
a	Plan name MURPHY & KING, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor MURPHY & KING, P.C.	c EIN-PN 04-2746459-002
a	Plan name PEABODY & ARNOLD LLP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PEABODY & ARNOLD LLP	c EIN-PN 04-2164116-002
a	Plan name KLEIN HORNIG LLP401(K) PROFIT SHARING PLAN & TR	
b	Name of plan sponsor KLEIN HORNIG LLP	c EIN-PN 02-0614142-001
a	Plan name BERGEN & PARKINSON, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor BERGEN & PARKINSON, LLC	c EIN-PN 01-0513838-001
a	Plan name CLIFFORD & GOLDEN, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLIFFORD & GOLDEN, P.A.	c EIN-PN 01-0492401-001
a	Plan name ADLER & COLVIN, ALC401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADLER & COLVIN, ALC	c EIN-PN 94-2774291-002
a	Plan name ADZ LAW LLP 401(K)PLAN	
b	Name of plan sponsor ADZ LAW LLP	c EIN-PN 47-4459426-001
a	Plan name BOLD, POLISNER, MADDOW, NELSON& JUDSON 401(K) PROFIT SHARING	
b	Name of plan sponsor BOLD, POLISNER, MADDOW, ET AL	c EIN-PN 68-0301277-001
a	Plan name BOOTH LAW GROUP 401(K) PLAN	
b	Name of plan sponsor BOOTH LAW GROUP	c EIN-PN 86-3812314-001
a	Plan name BRENT & FIOL LLP RETIREMENT PLAN	
b	Name of plan sponsor BRENT & FIOL LLP	c EIN-PN 26-4415332-001

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	BROWDY & NEIMARKPROFIT SHARING PLAN	
b	Name of plan sponsor	BROWDY AND NEIMARK	c EIN-PN 52-0886652-001
a	Plan name	CAIN, HIBBARD & MYERS, PCPROFIT SHARING PLAN	
b	Name of plan sponsor	CAIN, HIBBARD & MYERS, PC	c EIN-PN 04-2690700-002
a	Plan name	COLE LAW GROUP P.C.401(K) PLAN	
b	Name of plan sponsor	COLE LAW GROUP P.C.	c EIN-PN 47-1955553-001
a	Plan name	CRADY JEWETT MCCULLEY& HOUREN LLP 401(K) PLAN	
b	Name of plan sponsor	CRADY JEWETT MCCULLEY HOUREN	c EIN-PN 74-1966745-001
a	Plan name	CUDDY & MCCARTHY, LLPPROFIT SHARING PLAN	
b	Name of plan sponsor	CUDDY & MCCARTHY, LLP	c EIN-PN 85-0293653-002
a	Plan name	DEHAY & ELLISTON, LLP401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DEHAY & ELLISTON, LLP	c EIN-PN 75-2440762-001
a	Plan name	DORAN JUSTICE PLLC401(K) PLAN	
b	Name of plan sponsor	DORAN JUSTICE PLLC	c EIN-PN 84-3479479-001
a	Plan name	DUCKOR METZGER & WYNNE, ALC 401 (K) PLAN	
b	Name of plan sponsor	DUCKOR METZGER & WYNNE, ALC	c EIN-PN 33-0610129-001
a	Plan name	ESCHWEILER & POTASHNIK, LLCPROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	ESCHWEILER & POTASHNIK, LLC	c EIN-PN 34-1938830-001
a	Plan name	GARGANESE WEISS DAGRESTASALZMAN P.A.	
b	Name of plan sponsor	GARGANESE WEISS DAGRESTA ET AL	c EIN-PN 59-3372519-001
a	Plan name	GLOBAL IP COUNSELORS LLPPROFIT SHARING PLAN	
b	Name of plan sponsor	GLOBAL IP COUNSELORS LLP	c EIN-PN 52-2093999-001
a	Plan name	GORANSON BAIN AUSLEY, PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor	GORANSON BAIN AUSLEY, PLLC	c EIN-PN 75-2586668-001

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	GRESHAM INJURY LAW CENTER 401(K) PLAN	
b	Name of plan sponsor	GRESHAM INJURY LAW CENTER	c EIN-PN 93-1307224-001
a	Plan name	HOAG & O'CONNOR 401(K) PLAN	
b	Name of plan sponsor	HOAG & O'CONNOR	c EIN-PN 83-0874441-001
a	Plan name	HUGHES VANDERBURG WILLIAMS PLLC401(K) PLAN	
b	Name of plan sponsor	HUGHES VANDERBURG WILLIAMS PLLC	c EIN-PN 61-1666440-001
a	Plan name	J. GREGORY JOYNER, PLLC D/B/AJOYNER LAW OFFICES, SIMPLE 401K	
b	Name of plan sponsor	J. GREGORY JOYNER, PLLC	c EIN-PN 81-2385003-001
a	Plan name	JDO401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JERMAIN DUNNAGAN & OWENS PC	c EIN-PN 92-0116216-004
a	Plan name	KYLE & ASSOCIATES	
b	Name of plan sponsor	KYLE & ASSOCIATES	c EIN-PN 54-7865865-001
a	Plan name	LAUBSCHER & LAUBSCHER, P.C.	
b	Name of plan sponsor	LAUBSCHER & LAUBSCHER, P.C.	c EIN-PN 14-1945085-001
a	Plan name	LAW OFFICE OF DAVID W TEETER PC401(K) PLAN	
b	Name of plan sponsor	LAW OFFICE OF DAVID W TEETER PC	c EIN-PN 82-3913689-001
a	Plan name	LEGAL AID SOCIETY OF PALM BEACHCOUNTY, INC./ 401K PLAN	
b	Name of plan sponsor	LEGAL AID SOCIETY OF PALM BEACH	c EIN-PN 59-6046994-001
a	Plan name	MCPHILLIPS FITZGERALD & CULLUMFROZEN PENSION PLAN	
b	Name of plan sponsor	MCPHILLIPS FITZGERALD & CULLUM	c EIN-PN 14-1460021-001
a	Plan name	MILLER, HALL & TRIGGS, LLC 401(K) PLAN	
b	Name of plan sponsor	MILLER, HALL & TRIGGS, LLC	c EIN-PN 37-1242916-001
a	Plan name	NIESAR & VESTAL LLPPROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	NIESAR & VESTAL LLP	c EIN-PN 94-3180506-001

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	NOKES & NOKES, ALC401(K) PLAN	
b	Name of plan sponsor	NOKES & NOKES, ALC	c EIN-PN 33-0494705-001
a	Plan name	NOLTE AND ASSOCIATES PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NOLTE AND ASSOCIATES PC	c EIN-PN 81-3941128-002
a	Plan name	PRETZEL AND STOUFFER CHARTERED 401(K) PLAN	
b	Name of plan sponsor	PRETZEL AND STOUFFER CHARTERED	c EIN-PN 36-2810932-005
a	Plan name	PRETZEL AND STOUFFER CHARTEREDPS AND SAVINGS PLAN	
b	Name of plan sponsor	PRETZEL AND STOUFFER CHARTERED	c EIN-PN 36-2810932-006
a	Plan name	REBECCA WHITNEY-SMITH LAW 401(K) PLAN	
b	Name of plan sponsor	REBECCA WHITNEY-SMITH LAW	c EIN-PN 26-4145596-001
a	Plan name	SCHWARTZ & BARKIN RETIREMENT PLAN	
b	Name of plan sponsor	SCHWARTZ BARKIN & MITCHELL	c EIN-PN 22-3063428-001
a	Plan name	SCHWARTZ, BON, WALKER & STUDER, LLC	
b	Name of plan sponsor	SCHWARTZ, BON, WALKER & STUDER	c EIN-PN 83-0232549-001
a	Plan name	SEDER & CHANDLER, LLP401(K) PLAN	
b	Name of plan sponsor	SEDER & CHANDLER, LLP	c EIN-PN 04-1819070-001
a	Plan name	STEWART, MELVIN & FROST, LLP401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STEWART, MELVIN & FROST, LLP	c EIN-PN 58-0605313-001
a	Plan name	SUPPORT CENTER FOR CHILDADVOCATES	
b	Name of plan sponsor	SUPPORT CENTER CHILD ADVOCATES	c EIN-PN 23-2048664-002
a	Plan name	SWANSON SWEET LLP 401(K) PLAN	
b	Name of plan sponsor	SWANSON SWEET LLP	c EIN-PN 93-3019135-001
a	Plan name	WARD, CASSANDRA KIMBERLYATTY AT LAW, PROFIT SHARING PLAN	
b	Name of plan sponsor	CASSANDRA KIMBERLY WARD	c EIN-PN 45-3984343-001

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	WOLFE, WILLIAMS, AND RUTHERFORD 401(K) PLAN	
b	Name of plan sponsor	WOLFE, WILLIAMS, AND RUTHERFORD	c EIN-PN 54-1402094-001
a	Plan name	WOODS & BATES, P.C.PROFIT SHARING PLAN	
b	Name of plan sponsor	WOODS & BATES, P.C.	c EIN-PN 82-3576516-001
a	Plan name	ZILIAK LAW LLC 401(K) PLAN	
b	Name of plan sponsor	ZILIAK LAW LLC	c EIN-PN 46-2747801-001
a	Plan name	BROWN, LLC CASH BALANCE PLAN	
b	Name of plan sponsor	BROWN, LLC	c EIN-PN 46-1808717-002
a	Plan name	SHORE LEGAL ACCESS 401(K) PLAN	
b	Name of plan sponsor	SHORE LEGAL ACCESS	c EIN-PN 16-1779280-002
a	Plan name	GILBERT GARCIA GROUP PA RETIREMENT PLAN	
b	Name of plan sponsor	GILBERT GARCIA GROUP PA	c EIN-PN 65-0236217-001
a	Plan name	WILSON LAW GROUP LLC 401(K) PLAN	
b	Name of plan sponsor	WILSON LAW GROUP LLC	c EIN-PN 38-3676140-001
a	Plan name	DANIELS & TREDENNICK PLLC 401(K) PLAN	
b	Name of plan sponsor	DANIELS & TREDENNICK PLLC	c EIN-PN 87-1624535-001
a	Plan name	WHISTLEBLOWER PARTNERS LLP 401(K) PLAN	
b	Name of plan sponsor	WHISTLEBLOWER PARTNERS LLP	c EIN-PN 99-0498702-001
a	Plan name	ENGEL HAIRSTON-RAULSTON BROWN 401(K) PLAN	
b	Name of plan sponsor	ENGEL HAIRSTON-RAULSTON BROWN	c EIN-PN 88-1222832-001
a	Plan name	SIVIN & MILLER LLP RETIREMENT PLAN	
b	Name of plan sponsor	SIVIN & MILLER LLP	c EIN-PN 13-3752789-001
a	Plan name	FUESSEL LAW A PROFESSIONAL CORP 401(K) PLAN	
b	Name of plan sponsor	FUESSEL LAW	c EIN-PN 81-1882409-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan INCOME FOCUSED FUND	B Three-digit plan number (PN) ▶ 031
C Plan sponsor's name as shown on line 2a of Form 5500 MERCER TRUST COMPANY LLC	D Employer Identification Number (EIN) 04-6691601

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	193746	269045
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	933	43452
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	27118527	29512423
(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)	22223388	24271795
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	49536594	54096715
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	279529	309370
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	279529	309370
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	49257065	53787345

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	316	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		316
(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)	2249257	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2249257
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-25394
(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)		-219878
c Other income	2c		4803
d Total income. Add all income amounts in column (b) and enter total.....	2d		2009104

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(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)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	17050	
(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)	1388	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	30291	
(11) Other expenses.....	2i(11)	200698	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		249427
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		249427

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1759677
l Transfers of assets:			
(1) To this plan.....	2l(1)		17752195
(2) From this plan	2l(2)		14981592

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:

(2) EIN:

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.)			
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.)			
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.)			
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.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
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.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 _____.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months)
B This return/report is:
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: 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: Income Focused Fund
1b Three-digit plan number (PN): 031
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): Mercer Trust Company LLC
2b Employer Identification Number (EIN): 04-6691601
2c Plan Sponsor's telephone number: (617) 943-5590
2d Business code (see instructions)
99 High Street
Boston MA 02110

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for plan administrator and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____
