

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h2 style="text-align: center;">2024</h2>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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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) \_\_\_\_\_

**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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>LAKESHORE LEGAL AID 403(B) PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> 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>LAKESHORE LEGAL AID</u>  <u>30500 VAN DYKE AVENUE, SUITE 601</u> <u>WARREN, MI 48093</u>	<b>1c</b> Effective date of plan <u>01/01/1987</u>  <b>2b</b> Employer Identification Number (EIN) <u>38-1850908</u>  <b>2c</b> Plan Sponsor's telephone number <u>586-510-1814</u>  <b>2d</b> Business code (see instructions) <u>541190</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/09/2025	ASHLEY LOWE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/09/2025	ASHLEY LOWE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	269
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	242
	<b>6a(2)</b>	213
	<b>6b</b>	
	<b>6c</b>	43
	<b>6d</b>	256
	<b>6e</b>	0
	<b>6f</b>	256
	<b>6g(1)</b>	106
	<b>6g(2)</b>	171
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2F 2K 2M 3D

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>LAKESHORE LEGAL AID 403(B) PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LAKESHORE LEGAL AID</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-1850908</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**EQUITABLE FINANCIAL LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	718257-001	8	01/01/2024	12/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	122076
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	630350
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 169306
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 4768
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 4768
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 174074
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 5367
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b> 46621
	(4) Other (specify below)..... ▶ ADMINISTRATIVE CHARGES	<b>7e(4)</b> 10
(5) Total deductions .....	<b>7e(5)</b> 51998	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 122076

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>LAKESHORE LEGAL AID 403(B) PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LAKESHORE LEGAL AID</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-1850908</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**EQUITABLE FINANCIAL LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	824496-0000	64	01/01/2024	12/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p><b>(a)</b> Total amount of commissions paid <b>1223</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

**N. HALL** **208 HURON AVENUE, SUITE 208**  
**PORT HURON, MI 48060**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
633			3

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

**M GREGOR** **208 HURON AVENUE, SUITE 208**  
**PORT HURON, MI 48060**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
590			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	28899
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	1295915
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 50993
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 5184
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 821
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 6005
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 56998
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 26985
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b> 999
	(4) Other (specify below)..... ▶ ADMINISTRATIVE CHARGES	<b>7e(4)</b> 115
(5) Total deductions .....	<b>7e(5)</b> 28099	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 28899

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>LAKESHORE LEGAL AID 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LAKESHORE LEGAL AID</b>	<b>D</b> Employer Identification Number (EIN) <b>38-1850908</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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**(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)

EQUITABLE FINANCIALS LIFE INSURANCE

13-5570651

(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?
28 25 59 60	RECORDKEEPER	13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	28274	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>LAKESHORE LEGAL AID 403(B) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LAKESHORE LEGAL AID</u>	<b>D</b> Employer Identification Number (EIN) <u>38-1850908</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>1290 VT GAMCO SMALL CO VAL</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>EQUITABLE FINANCIAL LIFE INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>13-5570651-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>118616</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>1290 VT SMALL CAP VALUE</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>EQUITABLE FINANCIAL LIFE INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>13-5570651-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>15468</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>1290 VT SMARTBETA EQUITY ESG</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>EQUITABLE FINANCIAL LIFE INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>13-5570651-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>44682</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DELAWARE IVY VIP HIGH INCOME</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>EQUITABLE FINANCIAL LIFE INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>13-5570651-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/2000 MANAGED VOL</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>EQUITABLE FINANCIAL LIFE INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>13-5570651-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>37992</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/500 MANAGED VOL</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>EQUITABLE FINANCIAL LIFE INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>13-5570651-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>47677</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/AB SMALL CAP GROWTH</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>EQUITABLE FINANCIAL LIFE INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>13-5570651-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>94742</u>	

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/AGGRESSIVE ALLOCATION		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28473
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/AMERICAN CENTRY MID CAP VAL		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79899
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/BALANCED STRATEGY		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10092
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/COM STCK INDEX		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 195240
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/CORE BOND INDEX		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2771
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/EQUITY 500 INDEX		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60084
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/FIDELITY INSTITUTINL AM LGC		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/GLB EQTY MANAGED VOL		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25232
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/GOLDMAN SACHS MID CAP VALUE		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INTERMEDIATE GOVERNMENT BND		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30070

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INTERNATIONAL EQUITY INDEX		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INTERNATIONAL MANAGED VOL		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 288
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INVESCO GLOBAL		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INVESCO GLOBAL REAL ASSETS		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82291
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/JPMORGAN GROWTH STOCK		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111410
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/JPMORGAN VAL OPPORTUNITIES		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88974
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LAZARD EMERGING MRKTS EQTY		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49749
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MFS INTERNATIONAL GROWTH		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66873
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MFS INTRNTNL INTRINSIC VAL		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69952
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MFS MID CAP FOCUSED GRWTH		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49492

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MFS TECHNOLOGY		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84836
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MFS UTILITIES SERIES		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62641
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MID CAP INDEX		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25138
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MID CAP VAL MANAGED VOL		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14350
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MODERATE ALLOCATION		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37288
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MORGAN STANLEY SML CAP GRW		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1627
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/PIMCO GLOBAL REAL RETURN		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35397
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/SMALL COMPANY INDEX		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5949
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/WELLINGTON ENERGY		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 143
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP MID CAP		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18446

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER AGGRESSIVE EQUITY		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7590
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER TECHNOLOGY		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25869
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET 2035 ALLOCATION		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53519
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET 2045 ALLOCATION		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72754
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET 2055 ALLOCATION		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4570
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND VIP		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29180
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MACQUARIE VIP HIGH INC SERIES		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71754
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/JANUS ENTERPRISE		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7011
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LARGE CAP GROWTH INDEX		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30146
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LARGE CAP VALUE INDEXEQ/LARGE CA		
<b>b</b> Name of sponsor of entity listed in (a): EQUITABLE FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 13-5570651-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27955



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>LAKESHORE LEGAL AID 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LAKESHORE LEGAL AID</b>	<b>D</b> Employer Identification Number (EIN) <b>38-1850908</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	6930
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	2046558
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1154818
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	220299
<b>(15)</b> Other.....	<b>1c(15)</b>	150975

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	2273787	3247058
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	1365	297
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1365	297
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	2272422	3246761

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	211201	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	594776	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	12730	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		818707
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	464	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	5591	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		6055
(2) Dividends: <b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	35364	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		243087
(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)		19545
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		1122758

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	136708	
(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)		136708
<b>f</b> Corrective distributions (see instructions) .....	2f		0
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		7394
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	150	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)	4167	
(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)		4317
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		148419

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		974339
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  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: **YEO & YEO**

(2) EIN: **38-2706146**

**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
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>LAKESHORE LEGAL AID 403(B) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>LAKESHORE LEGAL AID</u>	<b>D</b> Employer Identification Number (EIN) <u>38-1850908</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

1	
---	--

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 13-5570651 23-1945930

**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	
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

**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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500560A.

**Lakeshore Legal Aid 403(b) Plan**

**Financial Statements**

**December 31, 2024 and 2023**



**YEO & YEO**

**BUSINESS SUCCESS  
PARTNERS**

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## Independent Auditors' Report

To the Plan Administrator, Plan Management, Board of Directors, Trustees, and Participants of  
Lakeshore Legal Aid 403(b) Plan  
Warren, MI

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

We have performed audits of the accompanying financial statements of Lakeshore Legal Aid 403(b) Plan (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 statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits 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 audits 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 Equitable Financial Life Insurance Company as of December 31, 2024 and for the period from January 1, 2024 to December 31, 2024, and Ascensus Trust Company and Newport Trust Company, LLC, as of December 31, 2024 and for the period from March 15, 2024 to December 31, 2024 stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### Opinion

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

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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 audits in accordance with auditing standards generally accepted in the United States of America (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 audits. 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 audits 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**

### **Supplementary Schedule Required by ERISA**

The supplementary Schedule of Assets (Held at End of Year) as of December 31, 2024, 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 supplementary schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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 generally accepted auditing standards. For information included in the supplementary 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 supplementary schedule, we evaluated whether the supplementary schedule, other than the information agreed to or derived from the certified investment information, including their 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 supplementary schedule, other than the information in the supplementary schedule that agreed to or is derived from the certified investment information, are 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 supplementary 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).

*Yeo & Yeo, P.C.*

Troy, Michigan  
October 8, 2025

**Lakeshore Legal Aid 403(b) Plan**  
**Statement of Net Assets Available for Benefits**

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	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
Investments		
Investments, at fair value (See Note 3)	\$ 3,081,083	\$ 2,046,558
Investments, at contract value (See Note 4)	150,975	220,299
Total investments	<b>3,232,058</b>	2,266,857
Receivables		
Notes receivable from participants	15,000	6,930
Total assets	<b>3,247,058</b>	2,273,787
<b>Liabilities</b>		
Excess contributions payable	297	1,365
<b>Net assets available for benefits</b>	<b>\$ 3,246,761</b>	<b>\$ 2,272,422</b>

See Accompanying Notes to the Financial Statements

**Lakeshore Legal Aid 403(b) Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2024**

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**Additions**

Investment income	
Net appreciation in fair value of investments	\$ 262,632
Interest and dividends	<u>40,955</u>
Net investment income	<u>303,587</u>
Interest income on notes receivable from participants	464
Contributions	
Participant	594,776
Employer	211,201
Rollover	<u>12,730</u>
Total contributions	<u>818,707</u>
Total additions	<u>1,122,758</u>
<b>Deductions</b>	
Benefit payments	136,708
Deemed loan distributions	7,394
Administrative expenses	<u>4,317</u>
Total deductions	<u>148,419</u>
Change in net assets	<u>974,339</u>
Net assets available for benefits, beginning of period	<u>2,272,422</u>
<b>Net assets available for benefits, end of period</b>	<u><u>\$ 3,246,761</u></u>

See Accompanying Notes to the Financial Statements

**Lakeshore Legal Aid 403(b) Plan**  
**Notes to the Financial Statements**  
**December 31, 2024 and 2023**

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**Note 1 – Description of the Plan**

The following description of the Lakeshore Legal Aid 403(b) Plan (Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution plan covering all employees of Lakeshore Legal Aid (Employer). The Plan was established effective January 1, 2009. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Eligibility**

Employees are eligible for plan participation in employee contributions immediately upon hire. Employees are eligible for employer contributions when they are at least age 21 and have completed at least 24 months of service period. Upon becoming eligible, employees will enter the Plan on the first day of the payroll period. Also, in order to share in the allocation of the nonelective employer contributions made to the Plan, eligible employees must be credited with 1,000 hours of service and employed at year end.

**Contributions**

Each year, participants may contribute a percentage of their annual compensation, not to exceed the limits of the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the Plan year are eligible to make catch up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Employer made a discretionary contribution equal to 100% of the first 3% of eligible compensation that a participant contributes to the plan during the year ended December 31, 2024.

An additional employer nonelective amount may be contributed at the option of the Employer's Board of Directors. During the year ended December 31, 2024, the Employer did not make a nonelective contribution to the Plan.

Contributions are subject to certain limitations as mandated by the IRC.

**Participant Accounts**

Each participant's account is credited with the participant's and employer contributions, as well as allocations of plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting**

Participants are 100% vested in their voluntary and employer contributions immediately upon their effective date of participation, plus actual earnings thereon.

**Notes Receivable from Participants**

Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and must bear reasonable rates of interest which are generally consistent with local borrowing rates as of the date of each loan. Principal and interest is paid ratably through home payroll deductions or billed monthly payments over the term of the loan.

**Lakeshore Legal Aid 403(b) Plan**  
**Notes to the Financial Statements**  
**December 31, 2024 and 2023**

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**Payment of Benefits**

The Plan provides for payment of 100% of the account balance to participants upon normal retirement (age 65). Participants terminating employment for any other reason are entitled to receive 100% of their vested account balances. Participant distributions from the Plan can be made in a single lump payment or partial distributions. If the participant's vested benefit under the Plan exceeds \$7,000, then the participant must consent to the distribution before it is made. However, if the participant's vested benefit under the Plan does not exceed \$7,000, then the benefit may be distributed as soon as possible following the event that entitles the participant to a distribution. There are minimum distribution requirements once a participant reaches a certain age as defined in the plan agreement. Generally, a participant may receive a distribution from the Plan prior to termination of employment if certain conditions are satisfied. A participant may be entitled to receive an in-service distribution from their account balance if they have reached the age of 59 ½. Participants may also request financial hardship distributions from their eligible account balance if they meet certain conditions defined in the plan agreement.

**Forfeited Accounts**

Participants are immediately 100% vested in their entire account balance upon their effective date of participation; therefore, the Plan does not maintain a forfeiture account.

**Note 2 – Summary of Significant Accounting Policies**

**Basis of Accounting**

The accompanying financial statements are prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

**Use of Estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the Plan's investment adviser, custodian, and insurance company. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

**Excess Contributions Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed 2024 and 2023 excess contributions to the applicable participants in 2025 and 2024, respectively.

**Lakeshore Legal Aid 403(b) Plan**  
**Notes to the Financial Statements**  
**December 31, 2024 and 2023**

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**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and recorded in the statement of changes in net assets available for benefits as a deemed distribution of participant notes receivable.

**Payment of Benefits**

Benefits are recorded when paid.

**Expenses**

Certain expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements. Fees related to the processing and administration of notes receivable from participants, benefit payments, general administration, and recordkeeping are charged directly to the participant's account and are included in administrative expenses on these financial statements. Certain other expenses, such as for recordkeeping, general administration, investment advice, etc. are included in investment income and paid through revenue sharing (indirect compensation). Investment-related expenses are included in investment income.

**Subsequent Events**

Management has evaluated subsequent events through October 8, 2025, which is the date the financial statements were available to be issued.

**Note 3 – Fair Value Measurements**

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under US GAAP 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 assets 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.

Classification within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

**Lakeshore Legal Aid 403(b) Plan**  
**Notes to the Financial Statements**  
**December 31, 2024 and 2023**

Mutual funds – valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market accounts – valued at the outstanding balance, which is the best estimate of fair value.

Pooled separate accounts– valued at the net asset value (NAV) of units held by the Plan at year end. The NAV, as provided by Equitable Financial Life Insurance Company, is used as a practical expedient to estimate fair value and is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. The NAV is not a publicly-quoted price in an active market.

The following tables set forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2024 and 2023.

	Fair Value Measurements at Reporting Date Using			
	Fair Value	Level 1	Level 2	Level 3
<u>December 31, 2024</u>				
Mutual funds	\$ 1,152,906	\$ 1,152,906	\$ -	\$ -
Money market	1,912	1,912	-	-
Investments measured at net asset value *	1,926,265	-	-	-
	\$ 3,081,083	\$ 1,154,818	\$ -	\$ -
<u>December 31, 2023</u>				
Investments measured at net asset value *	\$ 2,046,558	\$ -	\$ -	\$ -

\* In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

**Investments Measured Using the Net Asset Value per Share Practical Expedient**

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023. There are no redemption restrictions for these investments.

**Lakeshore Legal Aid 403(b) Plan**  
**Notes to the Financial Statements**  
**December 31, 2024 and 2023**

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$ 1,926,265	N/A	Daily	1 day
<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$ 2,046,558	N/A	Daily	1 day

The index funds seek to reproduce the returns achieved by a specific index. The income funds seek to provide current income and some capital appreciation. The target retirement funds provide an asset allocation based on an investor's targeted retirement date. The asset allocation becomes more conservative as the fund approaches its target retirement date. The growth funds seek to provide growth of capital by primarily investing in common stocks of small and large companies

**Note 4 – Fully Benefit-Responsive Investment Contracts**

The Plan holds a traditional investment contract with Equitable Financial Life Insurance Company. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The following represents the contract value for the investment contract held by the Plan.

	December 31,	
	<u>2024</u>	<u>2023</u>
Traditional investment contract	<u>\$ 150,975</u>	<u>\$ 220,299</u>

With traditional investment contracts, the Plan owns only the contract itself. Traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuers. The traditional investment contract held by the Plan is a guaranteed interest account. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The crediting rate is reviewed monthly for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may vary depending on the contract. Examples of such events include, but are not limited to, the following:

- The Plan's failure to qualify under Section 401 (a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501 (a) of the Internal Revenue Code.
- Premature termination of the contract.

**Lakeshore Legal Aid 403(b) Plan**  
**Notes to the Financial Statements**  
**December 31, 2024 and 2023**

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- Plan termination or merger.
- Changes to the Plan's prohibition on competing investment options.
- Bankruptcy of the Company or other Company events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may vary depending on the contract. Examples of such events include, but are not limited to, the following:

- An uncured violation of the Plan's investment guidelines.
- A breach of material obligation under the contract.
- A material misrepresentation.
- A material amendment to the agreements without the consent of the issuer.

**Note 5 – Related-Party Transactions and Party-In-Interest Transactions**

Certain plan investments are managed by Equitable Financial Life Insurance Company and Ascensus Trust Company / Newport Trust Company, LLC, the custodians of the Plan. The Plan also holds notes receivable representing participant loans. These transactions qualify as party-in-interest transactions.

The Plan made payments to Equitable Financial Life Insurance Company and Ascensus Trust Company / Newport Trust Company, LLC relating to participant withdrawals, record-keeping, and general plan administration. Direct fees incurred by the Plan for these services totaled \$4,317 during the year ended December 31, 2024 and additional fees are netted with investment income and paid through revenue sharing (indirect compensation).

**Note 6 – Certified Investments**

Certain information in the accompanying financial statements and ERISA-required supplementary schedule related to investments and notes receivable from participants held as of December 31, 2024 and 2023, and net appreciation in fair value of investments, dividends, interest, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Ascensus Trust Company and Newport Trust Company, LLC, Equitable Financial Life Insurance Company, qualified institutions.

Effective March 15, 2024, the Plan added qualified institutions, Ascensus Trust Company and Newport Trust Company, LLC. Not all investments were transferred to these institutions; some remain with Equitable Financial Life Insurance Company.

**Note 7 – Plan Termination**

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

**Note 8 – Tax Status**

The Employer adopted a volume submitter plan, which received a favorable advisory letter from the Internal Revenue Service (IRS), dated March 31, 2017, indicating that the volume submitter plan is designed in

**Lakeshore Legal Aid 403(b) Plan**  
**Notes to the Financial Statements**  
**December 31, 2024 and 2023**

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accordance with applicable sections of the IRC. The Plan has been amended since receiving the letter, however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC 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 if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Note 9 – Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**Lakeshore Legal Aid 403(b) Plan**  
**Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**PLAN NUMBER: 001**  
**EIN: 38-1850908**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

(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
		<b>Mutual funds</b>		
	Fidelity	Fidelity Mid Cap Index	**	\$ 3,409
	Fidelity	Fidelity 500 Index Fund	**	113,328
*	Vanguard	Vanguard Windsor II Adm	**	2,359
	American Century	American Century Ultra R6	**	19,623
*	Vanguard	Vanguard Balanced Index Adm	**	11,621
*	Vanguard	Vanguard Small-Cap Index Adm	**	3,025
	Virtus	Virtus KAR Mid-Cap Growth R6	**	3,564
	American Century	American Century Small Cap Gr R6	**	1,006
	BNY Investments	BNY Mellon Global Fixed Income Y	**	626
	American Century	American Century Mid Cap Value R6	**	1,796
*	Vanguard	Vanguard Developed Mkts Index Adm	**	2,913
	American Funds	American Funds Gr & Income Port R6	**	1,193
	American Funds	American Funds Growth Portfolio R6	**	34,956
*	Vanguard	Vanguard Small-Cap Value Index Adm	**	2,177
	American Funds	American Funds Bond Fund of Amer R6	**	1,882
	American Funds	American Funds American Hi Inc Tr R6	**	636
	American Funds	American Funds Global Growth Port R6	**	385
	American Funds	American Funds Mod Growth and Inc R6	**	384
	Macquarie Asset Management	Macquarie System Emerg Mrkts Eqty R6	**	471
*	Vanguard	Vanguard Inflation-Protected Sec Adm	**	1,331
*	Vanguard	Vanguard Target Retirement 2020 Fund	**	48,498
*	Vanguard	Vanguard Target Retirement 2025 Fund	**	88,346
*	Vanguard	Vanguard Target Retirement 2030 Fund	**	108,063
*	Vanguard	Vanguard Target Retirement 2035 Fund	**	109,510
*	Vanguard	Vanguard Target Retirement 2040 Fund	**	93,296
*	Vanguard	Vanguard Target Retirement 2045 Fund	**	140,885
*	Vanguard	Vanguard Target Retirement 2050 Fund	**	157,306
*	Vanguard	Vanguard Target Retirement 2055 Fund	**	140,776
*	Vanguard	Vanguard Target Retirement 2060 Fund	**	38,450
*	Vanguard	Vanguard Target Retirement 2065 Fund	**	5,087
*	Vanguard	Vanguard Target Retirement 2070 Fund	**	3,478
	American Funds	American Funds Cons Growth and Inc R6	**	383
	American Funds	American Funds Interm Bd Fd of Amer R6	**	380
	Dimensional Funds Advisors	DFA Real Estate Securities Portfolio I	**	2,261
*	Vanguard	Vanguard Target Retirement Income Fund	**	9,502
		<b>Total</b>		<u>\$ 1,152,906</u>

**Lakeshore Legal Aid 403(b) Plan**  
**Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**PLAN NUMBER: 001**  
**EIN: 38-1850908**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

(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
		<b>Pooled separate accounts</b>		
*	Equitable Financial Life Insurance	EQ/JP Morgan Growth Stock	**	\$ 111,410
*	Equitable Financial Life Insurance	EQ/JPMorgan Val Opportunities	**	88,974
*	Equitable Financial Life Insurance	AXA/AB Small Cap Growth	**	94,742
*	Equitable Financial Life Insurance	EQ/Com Stck Index	**	195,240
*	Equitable Financial Life Insurance	EQ/GAMCO Small Company Value	**	118,616
*	Equitable Financial Life Insurance	EQ/MFS International Growth	**	66,873
*	Equitable Financial Life Insurance	EQ/Intermediate Government Bond	**	30,070
*	Equitable Financial Life Insurance	Templeton Global Bond VIP	**	29,180
*	Equitable Financial Life Insurance	Macquarie VIP Strategy	**	18,284
*	Equitable Financial Life Insurance	EQ/PIMCO Global Real Return	**	35,397
*	Equitable Financial Life Insurance	EQ/American Century Mid Cap Val	**	79,899
*	Equitable Financial Life Insurance	EQ/Invesco Global Real Estate	**	82,291
*	Equitable Financial Life Insurance	EQ/MFS International Value	**	69,952
*	Equitable Financial Life Insurance	EQ/MFS Technology	**	84,836
*	Equitable Financial Life Insurance	EQ/MFS Mid Cap Focused Grwth	**	49,492
*	Equitable Financial Life Insurance	EQ/Lazard Emerging Mrkts Eqty	**	49,749
*	Equitable Financial Life Insurance	EQ/MFS Utilities Series	**	62,641
*	Equitable Financial Life Insurance	EQ/Morgan Stanley Sml Cap Grw	**	1,627
*	Equitable Financial Life Insurance	Target 2035 Allocation	**	53,519
*	Equitable Financial Life Insurance	Target 2045 Allocation	**	72,754
*	Equitable Financial Life Insurance	Target 2055 Allocation	**	4,570
*	Equitable Financial Life Insurance	Multimanager Aggressive Equity	**	7,590
*	Equitable Financial Life Insurance	Multimanager Technology	**	25,869
*	Equitable Financial Life Insurance	Fidelity VIP Mid Cap	**	18,446
*	Equitable Financial Life Insurance	AXA Aggressive Allocation	**	28,473
*	Equitable Financial Life Insurance	AXA Balanced Strategy	**	10,092
*	Equitable Financial Life Insurance	AXA Global Equity Managed Vol	**	25,232
*	Equitable Financial Life Insurance	AXA/Horizon Small Cap Value	**	15,468
*	Equitable Financial Life Insurance	AXA International Managed Vol	**	288
*	Equitable Financial Life Insurance	1290 VT SmartBeta Equity ESG	**	44,682
*	Equitable Financial Life Insurance	AXA Mid Cap Val Managed Vol	**	14,350
*	Equitable Financial Life Insurance	AXA Moderate Allocation	**	37,288
*	Equitable Financial Life Insurance	AXA 500 Managed Vol	**	47,677
*	Equitable Financial Life Insurance	AXA 2000 Managed Vol	**	37,992
*	Equitable Financial Life Insurance	EQ/Equity 500 Index	**	60,084
*	Equitable Financial Life Insurance	EQ/Wellington Energy	**	143
*	Equitable Financial Life Insurance	EQ/Fidelity Instntl Am Large Cap	**	36
*	Equitable Financial Life Insurance	EQ/Mid Cap Index	**	25,138
*	Equitable Financial Life Insurance	EQ/Small Company Index	**	5,949
*	Equitable Financial Life Insurance	EQ/Core Bond Index	**	2,771
*	Equitable Financial Life Insurance	EQ/Large Cap Growth Index	**	30,146
*	Equitable Financial Life Insurance	EQ/Large Cap Value Index	**	27,955
*	Equitable Financial Life Insurance	EQ/Janus Enterprise	**	7,012
*	Equitable Financial Life Insurance	Macquarie VIP High Inc Series	**	53,468
		<b>Total</b>		<u>\$ 1,926,265</u>

**Lakeshore Legal Aid 403(b) Plan**  
**Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**PLAN NUMBER: 001**  
**EIN: 38-1850908**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

(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
		<b>Insurance company general account</b>		
*	Equitable Financial Life Insurance	Guaranteed Interest Account	**	<u>\$ 150,975</u>
*	Vanguard	Money market	**	<u>\$ 1,912</u>
*	Participant loans	Interest rate 8.75%	-0-	<u>\$ 15,000</u>

(a) An asterisk in this column identifies an entity known to be a party-in-interest.

\*\* Cost information not required for participant-directed investments.

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... [x] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... [x] D Check box if filing under: [x] Form 5558 [ ] automatic extension [ ] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: Lakeshore Legal Aid 403(b) Plan
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1987
2a Plan sponsor's name (employer, if for a single-employer plan): Lakeshore Legal Aid
2b Employer Identification Number (EIN): 38-1850908
2c Plan Sponsor's telephone number: (586) 510-1814
2d Business code (see instructions): 541190

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, Date, Name. Rows for Ashley Lowe as plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

**Lakeshore Legal Aid 403(b) Plan**

**Financial Statements**

**December 31, 2024 and 2023**



**YEO & YEO**

**BUSINESS SUCCESS  
PARTNERS**

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## Independent Auditors' Report

To the Plan Administrator, Plan Management, Board of Directors, Trustees, and Participants of  
Lakeshore Legal Aid 403(b) Plan  
Warren, MI

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

We have performed audits of the accompanying financial statements of Lakeshore Legal Aid 403(b) Plan (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 statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits 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 audits 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 Equitable Financial Life Insurance Company as of December 31, 2024 and for the period from January 1, 2024 to December 31, 2024, and Ascensus Trust Company and Newport Trust Company, LLC, as of December 31, 2024 and for the period from March 15, 2024 to December 31, 2024 stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### Opinion

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

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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 audits in accordance with auditing standards generally accepted in the United States of America (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 audits. 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 audits 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**

### **Supplementary Schedule Required by ERISA**

The supplementary Schedule of Assets (Held at End of Year) as of December 31, 2024, 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 supplementary schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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 generally accepted auditing standards. For information included in the supplementary 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 supplementary schedule, we evaluated whether the supplementary schedule, other than the information agreed to or derived from the certified investment information, including their 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 supplementary schedule, other than the information in the supplementary schedule that agreed to or is derived from the certified investment information, are 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 supplementary 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).

*Yeo & Yeo, P.C.*

Troy, Michigan  
October 8, 2025

**Lakeshore Legal Aid 403(b) Plan**  
**Statement of Net Assets Available for Benefits**

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	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
Investments		
Investments, at fair value (See Note 3)	\$ 3,081,083	\$ 2,046,558
Investments, at contract value (See Note 4)	<u>150,975</u>	<u>220,299</u>
Total investments	<b>3,232,058</b>	2,266,857
Receivables		
Notes receivable from participants	<u>15,000</u>	<u>6,930</u>
Total assets	<u><b>3,247,058</b></u>	<u>2,273,787</u>
<b>Liabilities</b>		
Excess contributions payable	<u>297</u>	<u>1,365</u>
<b>Net assets available for benefits</b>	<u><b>\$ 3,246,761</b></u>	<u>\$ 2,272,422</u>

See Accompanying Notes to the Financial Statements

**Lakeshore Legal Aid 403(b) Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2024**

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**Additions**

Investment income		
Net appreciation in fair value of investments	\$	262,632
Interest and dividends		<u>40,955</u>
Net investment income		<u>303,587</u>
Interest income on notes receivable from participants		464
Contributions		
Participant		594,776
Employer		211,201
Rollover		<u>12,730</u>
Total contributions		<u>818,707</u>
Total additions		<u>1,122,758</u>
<b>Deductions</b>		
Benefit payments		136,708
Deemed loan distributions		7,394
Administrative expenses		<u>4,317</u>
Total deductions		<u>148,419</u>
Change in net assets		<u>974,339</u>
Net assets available for benefits, beginning of period		<u>2,272,422</u>
<b>Net assets available for benefits, end of period</b>	<b>\$</b>	<b><u>3,246,761</u></b>

**Lakeshore Legal Aid 403(b) Plan**  
**Notes to the Financial Statements**  
**December 31, 2024 and 2023**

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**Note 1 – Description of the Plan**

The following description of the Lakeshore Legal Aid 403(b) Plan (Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution plan covering all employees of Lakeshore Legal Aid (Employer). The Plan was established effective January 1, 2009. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Eligibility**

Employees are eligible for plan participation in employee contributions immediately upon hire. Employees are eligible for employer contributions when they are at least age 21 and have completed at least 24 months of service period. Upon becoming eligible, employees will enter the Plan on the first day of the payroll period. Also, in order to share in the allocation of the nonelective employer contributions made to the Plan, eligible employees must be credited with 1,000 hours of service and employed at year end.

**Contributions**

Each year, participants may contribute a percentage of their annual compensation, not to exceed the limits of the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the Plan year are eligible to make catch up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Employer made a discretionary contribution equal to 100% of the first 3% of eligible compensation that a participant contributes to the plan during the year ended December 31, 2024.

An additional employer nonelective amount may be contributed at the option of the Employer's Board of Directors. During the year ended December 31, 2024, the Employer did not make a nonelective contribution to the Plan.

Contributions are subject to certain limitations as mandated by the IRC.

**Participant Accounts**

Each participant's account is credited with the participant's and employer contributions, as well as allocations of plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting**

Participants are 100% vested in their voluntary and employer contributions immediately upon their effective date of participation, plus actual earnings thereon.

**Notes Receivable from Participants**

Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and must bear reasonable rates of interest which are generally consistent with local borrowing rates as of the date of each loan. Principal and interest is paid ratably through home payroll deductions or billed monthly payments over the term of the loan.

**Lakeshore Legal Aid 403(b) Plan**  
**Notes to the Financial Statements**  
**December 31, 2024 and 2023**

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**Payment of Benefits**

The Plan provides for payment of 100% of the account balance to participants upon normal retirement (age 65). Participants terminating employment for any other reason are entitled to receive 100% of their vested account balances. Participant distributions from the Plan can be made in a single lump payment or partial distributions. If the participant's vested benefit under the Plan exceeds \$7,000, then the participant must consent to the distribution before it is made. However, if the participant's vested benefit under the Plan does not exceed \$7,000, then the benefit may be distributed as soon as possible following the event that entitles the participant to a distribution. There are minimum distribution requirements once a participant reaches a certain age as defined in the plan agreement. Generally, a participant may receive a distribution from the Plan prior to termination of employment if certain conditions are satisfied. A participant may be entitled to receive an in-service distribution from their account balance if they have reached the age of 59 ½. Participants may also request financial hardship distributions from their eligible account balance if they meet certain conditions defined in the plan agreement.

**Forfeited Accounts**

Participants are immediately 100% vested in their entire account balance upon their effective date of participation; therefore, the Plan does not maintain a forfeiture account.

**Note 2 – Summary of Significant Accounting Policies**

**Basis of Accounting**

The accompanying financial statements are prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

**Use of Estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the Plan's investment adviser, custodian, and insurance company. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

**Excess Contributions Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed 2024 and 2023 excess contributions to the applicable participants in 2025 and 2024, respectively.

**Lakeshore Legal Aid 403(b) Plan**  
**Notes to the Financial Statements**  
**December 31, 2024 and 2023**

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**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and recorded in the statement of changes in net assets available for benefits as a deemed distribution of participant notes receivable.

**Payment of Benefits**

Benefits are recorded when paid.

**Expenses**

Certain expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements. Fees related to the processing and administration of notes receivable from participants, benefit payments, general administration, and recordkeeping are charged directly to the participant's account and are included in administrative expenses on these financial statements. Certain other expenses, such as for recordkeeping, general administration, investment advice, etc. are included in investment income and paid through revenue sharing (indirect compensation). Investment-related expenses are included in investment income.

**Subsequent Events**

Management has evaluated subsequent events through October 8, 2025, which is the date the financial statements were available to be issued.

**Note 3 – Fair Value Measurements**

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under US GAAP 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 assets 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.

Classification within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

**Lakeshore Legal Aid 403(b) Plan**  
**Notes to the Financial Statements**  
**December 31, 2024 and 2023**

Mutual funds – valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market accounts – valued at the outstanding balance, which is the best estimate of fair value.

Pooled separate accounts– valued at the net asset value (NAV) of units held by the Plan at year end. The NAV, as provided by Equitable Financial Life Insurance Company, is used as a practical expedient to estimate fair value and is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. The NAV is not a publicly-quoted price in an active market.

The following tables set forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2024 and 2023.

	Fair Value Measurements at Reporting Date Using			
	Fair Value	Level 1	Level 2	Level 3
<u>December 31, 2024</u>				
Mutual funds	\$ 1,152,906	\$ 1,152,906	\$ -	\$ -
Money market	1,912	1,912	-	-
Investments measured at net asset value *	1,926,265	-	-	-
	\$ 3,081,083	\$ 1,154,818	\$ -	\$ -
<u>December 31, 2023</u>				
Investments measured at net asset value *	\$ 2,046,558	\$ -	\$ -	\$ -

\* In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

**Investments Measured Using the Net Asset Value per Share Practical Expedient**

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023. There are no redemption restrictions for these investments.

**Lakeshore Legal Aid 403(b) Plan**  
**Notes to the Financial Statements**  
**December 31, 2024 and 2023**

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$ 1,926,265	N/A	Daily	1 day
<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$ 2,046,558	N/A	Daily	1 day

The index funds seek to reproduce the returns achieved by a specific index. The income funds seek to provide current income and some capital appreciation. The target retirement funds provide an asset allocation based on an investor's targeted retirement date. The asset allocation becomes more conservative as the fund approaches its target retirement date. The growth funds seek to provide growth of capital by primarily investing in common stocks of small and large companies

**Note 4 – Fully Benefit-Responsive Investment Contracts**

The Plan holds a traditional investment contract with Equitable Financial Life Insurance Company. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The following represents the contract value for the investment contract held by the Plan.

	December 31,	
	<u>2024</u>	<u>2023</u>
Traditional investment contract	<u>\$ 150,975</u>	<u>\$ 220,299</u>

With traditional investment contracts, the Plan owns only the contract itself. Traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuers. The traditional investment contract held by the Plan is a guaranteed interest account. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The crediting rate is reviewed monthly for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may vary depending on the contract. Examples of such events include, but are not limited to, the following:

- The Plan's failure to qualify under Section 401 (a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501 (a) of the Internal Revenue Code.
- Premature termination of the contract.

**Lakeshore Legal Aid 403(b) Plan**  
**Notes to the Financial Statements**  
**December 31, 2024 and 2023**

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- Plan termination or merger.
- Changes to the Plan's prohibition on competing investment options.
- Bankruptcy of the Company or other Company events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may vary depending on the contract. Examples of such events include, but are not limited to, the following:

- An uncured violation of the Plan's investment guidelines.
- A breach of material obligation under the contract.
- A material misrepresentation.
- A material amendment to the agreements without the consent of the issuer.

**Note 5 – Related-Party Transactions and Party-In-Interest Transactions**

Certain plan investments are managed by Equitable Financial Life Insurance Company and Ascensus Trust Company / Newport Trust Company, LLC, the custodians of the Plan. The Plan also holds notes receivable representing participant loans. These transactions qualify as party-in-interest transactions.

The Plan made payments to Equitable Financial Life Insurance Company and Ascensus Trust Company / Newport Trust Company, LLC relating to participant withdrawals, record-keeping, and general plan administration. Direct fees incurred by the Plan for these services totaled \$4,317 during the year ended December 31, 2024 and additional fees are netted with investment income and paid through revenue sharing (indirect compensation).

**Note 6 – Certified Investments**

Certain information in the accompanying financial statements and ERISA-required supplementary schedule related to investments and notes receivable from participants held as of December 31, 2024 and 2023, and net appreciation in fair value of investments, dividends, interest, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Ascensus Trust Company and Newport Trust Company, LLC, Equitable Financial Life Insurance Company, qualified institutions.

Effective March 15, 2024, the Plan added qualified institutions, Ascensus Trust Company and Newport Trust Company, LLC. Not all investments were transferred to these institutions; some remain with Equitable Financial Life Insurance Company.

**Note 7 – Plan Termination**

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

**Note 8 – Tax Status**

The Employer adopted a volume submitter plan, which received a favorable advisory letter from the Internal Revenue Service (IRS), dated March 31, 2017, indicating that the volume submitter plan is designed in

**Lakeshore Legal Aid 403(b) Plan**  
**Notes to the Financial Statements**  
**December 31, 2024 and 2023**

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accordance with applicable sections of the IRC. The Plan has been amended since receiving the letter, however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC 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 if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Note 9 – Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**Lakeshore Legal Aid 403(b) Plan**  
**Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**PLAN NUMBER: 001**  
**EIN: 38-1850908**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

(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
		<b>Mutual funds</b>		
	Fidelity	Fidelity Mid Cap Index	**	\$ 3,409
	Fidelity	Fidelity 500 Index Fund	**	113,328
*	Vanguard	Vanguard Windsor II Adm	**	2,359
	American Century	American Century Ultra R6	**	19,623
*	Vanguard	Vanguard Balanced Index Adm	**	11,621
*	Vanguard	Vanguard Small-Cap Index Adm	**	3,025
	Virtus	Virtus KAR Mid-Cap Growth R6	**	3,564
	American Century	American Century Small Cap Gr R6	**	1,006
	BNY Investments	BNY Mellon Global Fixed Income Y	**	626
	American Century	American Century Mid Cap Value R6	**	1,796
*	Vanguard	Vanguard Developed Mkts Index Adm	**	2,913
	American Funds	American Funds Gr & Income Port R6	**	1,193
	American Funds	American Funds Growth Portfolio R6	**	34,956
*	Vanguard	Vanguard Small-Cap Value Index Adm	**	2,177
	American Funds	American Funds Bond Fund of Amer R6	**	1,882
	American Funds	American Funds American Hi Inc Tr R6	**	636
	American Funds	American Funds Global Growth Port R6	**	385
	American Funds	American Funds Mod Growth and Inc R6	**	384
	Macquarie Asset Management	Macquarie System Emerg Mrkts Eqty R6	**	471
*	Vanguard	Vanguard Inflation-Protected Sec Adm	**	1,331
*	Vanguard	Vanguard Target Retirement 2020 Fund	**	48,498
*	Vanguard	Vanguard Target Retirement 2025 Fund	**	88,346
*	Vanguard	Vanguard Target Retirement 2030 Fund	**	108,063
*	Vanguard	Vanguard Target Retirement 2035 Fund	**	109,510
*	Vanguard	Vanguard Target Retirement 2040 Fund	**	93,296
*	Vanguard	Vanguard Target Retirement 2045 Fund	**	140,885
*	Vanguard	Vanguard Target Retirement 2050 Fund	**	157,306
*	Vanguard	Vanguard Target Retirement 2055 Fund	**	140,776
*	Vanguard	Vanguard Target Retirement 2060 Fund	**	38,450
*	Vanguard	Vanguard Target Retirement 2065 Fund	**	5,087
*	Vanguard	Vanguard Target Retirement 2070 Fund	**	3,478
	American Funds	American Funds Cons Growth and Inc R6	**	383
	American Funds	American Funds Interm Bd Fd of Amer R6	**	380
	Dimensional Funds Advisors	DFA Real Estate Securities Portfolio I	**	2,261
*	Vanguard	Vanguard Target Retirement Income Fund	**	9,502
		<b>Total</b>		<u>\$ 1,152,906</u>

**Lakeshore Legal Aid 403(b) Plan**  
**Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**PLAN NUMBER: 001**  
**EIN: 38-1850908**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

(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
		<b>Pooled separate accounts</b>		
*	Equitable Financial Life Insurance	EQ/JP Morgan Growth Stock	**	\$ 111,410
*	Equitable Financial Life Insurance	EQ/JPMorgan Val Opportunities	**	88,974
*	Equitable Financial Life Insurance	AXA/AB Small Cap Growth	**	94,742
*	Equitable Financial Life Insurance	EQ/Com Stck Index	**	195,240
*	Equitable Financial Life Insurance	EQ/GAMCO Small Company Value	**	118,616
*	Equitable Financial Life Insurance	EQ/MFS International Growth	**	66,873
*	Equitable Financial Life Insurance	EQ/Intermediate Government Bond	**	30,070
*	Equitable Financial Life Insurance	Templeton Global Bond VIP	**	29,180
*	Equitable Financial Life Insurance	Macquarie VIP Strategy	**	18,284
*	Equitable Financial Life Insurance	EQ/PIMCO Global Real Return	**	35,397
*	Equitable Financial Life Insurance	EQ/American Century Mid Cap Val	**	79,899
*	Equitable Financial Life Insurance	EQ/Invesco Global Real Estate	**	82,291
*	Equitable Financial Life Insurance	EQ/MFS International Value	**	69,952
*	Equitable Financial Life Insurance	EQ/MFS Technology	**	84,836
*	Equitable Financial Life Insurance	EQ/MFS Mid Cap Focused Grwth	**	49,492
*	Equitable Financial Life Insurance	EQ/Lazard Emerging Mrkts Eqty	**	49,749
*	Equitable Financial Life Insurance	EQ/MFS Utilities Series	**	62,641
*	Equitable Financial Life Insurance	EQ/Morgan Stanley Sml Cap Grw	**	1,627
*	Equitable Financial Life Insurance	Target 2035 Allocation	**	53,519
*	Equitable Financial Life Insurance	Target 2045 Allocation	**	72,754
*	Equitable Financial Life Insurance	Target 2055 Allocation	**	4,570
*	Equitable Financial Life Insurance	Multimanager Aggressive Equity	**	7,590
*	Equitable Financial Life Insurance	Multimanager Technology	**	25,869
*	Equitable Financial Life Insurance	Fidelity VIP Mid Cap	**	18,446
*	Equitable Financial Life Insurance	AXA Aggressive Allocation	**	28,473
*	Equitable Financial Life Insurance	AXA Balanced Strategy	**	10,092
*	Equitable Financial Life Insurance	AXA Global Equity Managed Vol	**	25,232
*	Equitable Financial Life Insurance	AXA/Horizon Small Cap Value	**	15,468
*	Equitable Financial Life Insurance	AXA International Managed Vol	**	288
*	Equitable Financial Life Insurance	1290 VT SmartBeta Equity ESG	**	44,682
*	Equitable Financial Life Insurance	AXA Mid Cap Val Managed Vol	**	14,350
*	Equitable Financial Life Insurance	AXA Moderate Allocation	**	37,288
*	Equitable Financial Life Insurance	AXA 500 Managed Vol	**	47,677
*	Equitable Financial Life Insurance	AXA 2000 Managed Vol	**	37,992
*	Equitable Financial Life Insurance	EQ/Equity 500 Index	**	60,084
*	Equitable Financial Life Insurance	EQ/Wellington Energy	**	143
*	Equitable Financial Life Insurance	EQ/Fidelity Instntl Am Large Cap	**	36
*	Equitable Financial Life Insurance	EQ/Mid Cap Index	**	25,138
*	Equitable Financial Life Insurance	EQ/Small Company Index	**	5,949
*	Equitable Financial Life Insurance	EQ/Core Bond Index	**	2,771
*	Equitable Financial Life Insurance	EQ/Large Cap Growth Index	**	30,146
*	Equitable Financial Life Insurance	EQ/Large Cap Value Index	**	27,955
*	Equitable Financial Life Insurance	EQ/Janus Enterprise	**	7,012
*	Equitable Financial Life Insurance	Macquarie VIP High Inc Series	**	53,468
		<b>Total</b>		<u>\$ 1,926,265</u>

**Lakeshore Legal Aid 403(b) Plan**  
**Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**PLAN NUMBER: 001**  
**EIN: 38-1850908**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

(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
		<b>Insurance company general account</b>		
*	Equitable Financial Life Insurance	Guaranteed Interest Account	**	<u>\$ 150,975</u>
*	Vanguard	Money market	**	<u>\$ 1,912</u>
*	Participant loans	Interest rate 8.75%	-0-	<u>\$ 15,000</u>

(a) An asterisk in this column identifies an entity known to be a party-in-interest.

\*\* Cost information not required for participant-directed investments.

**Lakeshore Legal Aid 403(b) Plan**  
**Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**PLAN NUMBER: 001**  
**EIN: 38-1850908**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

(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
		<b>Mutual funds</b>		
	Fidelity	Fidelity Mid Cap Index	**	\$ 3,409
	Fidelity	Fidelity 500 Index Fund	**	113,328
*	Vanguard	Vanguard Windsor II Adm	**	2,359
	American Century	American Century Ultra R6	**	19,623
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	BNY Investments	BNY Mellon Global Fixed Income Y	**	626
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	American Funds	American Funds Gr & Income Port R6	**	1,193
	American Funds	American Funds Growth Portfolio R6	**	34,956
*	Vanguard	Vanguard Small-Cap Value Index Adm	**	2,177
	American Funds	American Funds Bond Fund of Amer R6	**	1,882
	American Funds	American Funds American Hi Inc Tr R6	**	636
	American Funds	American Funds Global Growth Port R6	**	385
	American Funds	American Funds Mod Growth and Inc R6	**	384
	Macquarie Asset Management	Macquarie System Emerg Mrkts Eqty R6	**	471
*	Vanguard	Vanguard Inflation-Protected Sec Adm	**	1,331
*	Vanguard	Vanguard Target Retirement 2020 Fund	**	48,498
*	Vanguard	Vanguard Target Retirement 2025 Fund	**	88,346
*	Vanguard	Vanguard Target Retirement 2030 Fund	**	108,063
*	Vanguard	Vanguard Target Retirement 2035 Fund	**	109,510
*	Vanguard	Vanguard Target Retirement 2040 Fund	**	93,296
*	Vanguard	Vanguard Target Retirement 2045 Fund	**	140,885
*	Vanguard	Vanguard Target Retirement 2050 Fund	**	157,306
*	Vanguard	Vanguard Target Retirement 2055 Fund	**	140,776
*	Vanguard	Vanguard Target Retirement 2060 Fund	**	38,450
*	Vanguard	Vanguard Target Retirement 2065 Fund	**	5,087
*	Vanguard	Vanguard Target Retirement 2070 Fund	**	3,478
	American Funds	American Funds Cons Growth and Inc R6	**	383
	American Funds	American Funds Interm Bd Fd of Amer R6	**	380
	Dimensional Funds Advisors	DFA Real Estate Securities Portfolio I	**	2,261
*	Vanguard	Vanguard Target Retirement Income Fund	**	9,502
		<b>Total</b>		<b>\$ 1,152,906</b>

**Lakeshore Legal Aid 403(b) Plan**  
**Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**PLAN NUMBER: 001**  
**EIN: 38-1850908**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

(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
		<b>Pooled separate accounts</b>		
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*	Equitable Financial Life Insurance	EQ/JPMorgan Val Opportunities	**	88,974
*	Equitable Financial Life Insurance	AXA/AB Small Cap Growth	**	94,742
*	Equitable Financial Life Insurance	EQ/Com Stck Index	**	195,240
*	Equitable Financial Life Insurance	EQ/GAMCO Small Company Value	**	118,616
*	Equitable Financial Life Insurance	EQ/MFS International Growth	**	66,873
*	Equitable Financial Life Insurance	EQ/Intermediate Government Bond	**	30,070
*	Equitable Financial Life Insurance	Templeton Global Bond VIP	**	29,180
*	Equitable Financial Life Insurance	Macquarie VIP Strategy	**	18,284
*	Equitable Financial Life Insurance	EQ/PIMCO Global Real Return	**	35,397
*	Equitable Financial Life Insurance	EQ/American Century Mid Cap Val	**	79,899
*	Equitable Financial Life Insurance	EQ/Invesco Global Real Estate	**	82,291
*	Equitable Financial Life Insurance	EQ/MFS International Value	**	69,952
*	Equitable Financial Life Insurance	EQ/MFS Technology	**	84,836
*	Equitable Financial Life Insurance	EQ/MFS Mid Cap Focused Grwth	**	49,492
*	Equitable Financial Life Insurance	EQ/Lazard Emerging Mrkts Eqty	**	49,749
*	Equitable Financial Life Insurance	EQ/MFS Utilities Series	**	62,641
*	Equitable Financial Life Insurance	EQ/Morgan Stanley Sml Cap Grw	**	1,627
*	Equitable Financial Life Insurance	Target 2035 Allocation	**	53,519
*	Equitable Financial Life Insurance	Target 2045 Allocation	**	72,754
*	Equitable Financial Life Insurance	Target 2055 Allocation	**	4,570
*	Equitable Financial Life Insurance	Multimanager Aggressive Equity	**	7,590
*	Equitable Financial Life Insurance	Multimanager Technology	**	25,869
*	Equitable Financial Life Insurance	Fidelity VIP Mid Cap	**	18,446
*	Equitable Financial Life Insurance	AXA Aggressive Allocation	**	28,473
*	Equitable Financial Life Insurance	AXA Balanced Strategy	**	10,092
*	Equitable Financial Life Insurance	AXA Global Equity Managed Vol	**	25,232
*	Equitable Financial Life Insurance	AXA/Horizon Small Cap Value	**	15,468
*	Equitable Financial Life Insurance	AXA International Managed Vol	**	288
*	Equitable Financial Life Insurance	1290 VT SmartBeta Equity ESG	**	44,682
*	Equitable Financial Life Insurance	AXA Mid Cap Val Managed Vol	**	14,350
*	Equitable Financial Life Insurance	AXA Moderate Allocation	**	37,288
*	Equitable Financial Life Insurance	AXA 500 Managed Vol	**	47,677
*	Equitable Financial Life Insurance	AXA 2000 Managed Vol	**	37,992
*	Equitable Financial Life Insurance	EQ/Equity 500 Index	**	60,084
*	Equitable Financial Life Insurance	EQ/Wellington Energy	**	143
*	Equitable Financial Life Insurance	EQ/Fidelity Instntl Am Large Cap	**	36
*	Equitable Financial Life Insurance	EQ/Mid Cap Index	**	25,138
*	Equitable Financial Life Insurance	EQ/Small Company Index	**	5,949
*	Equitable Financial Life Insurance	EQ/Core Bond Index	**	2,771
*	Equitable Financial Life Insurance	EQ/Large Cap Growth Index	**	30,146
*	Equitable Financial Life Insurance	EQ/Large Cap Value Index	**	27,955
*	Equitable Financial Life Insurance	EQ/Janus Enterprise	**	7,012
*	Equitable Financial Life Insurance	Macquarie VIP High Inc Series	**	53,468
		<b>Total</b>		<u>\$ 1,926,265</u>

**Lakeshore Legal Aid 403(b) Plan**  
**Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

**PLAN NUMBER: 001**  
**EIN: 38-1850908**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

(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
		<b>Insurance company general account</b>		
*	Equitable Financial Life Insurance	Guaranteed Interest Account	**	<u>\$ 150,975</u>
*	Vanguard	Money market	**	<u>\$ 1,912</u>
*	Participant loans	Interest rate 8.75%	-0-	<u>\$ 15,000</u>

(a) An asterisk in this column identifies an entity known to be a party-in-interest.

\*\* Cost information not required for participant-directed investments.