

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/31/2024 and ending 03/29/2025

- 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 [] an amended return/report [X] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension... 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: MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P. C CASH BALANCE PLAN
1b Three-digit plan number (PN): 005
1c Effective date of plan: 04/01/2018
2a Plan sponsor's name (employer, if for a single-employer plan): ONE FINANCIAL CENTER BOSTON, MA 02111-2621
2b Employer Identification Number (EIN): 04-2718459
2c Plan Sponsor's telephone number: 617-542-6000
2d Business code (see instructions): 541110

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	125
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	115
	6a(2)	104
	6b	0
	6c	7
	6d	111
	6e	0
	6f	111
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1C 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 03/31/2024 and ending 03/29/2025

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P. C CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.</u>	D Employer Identification Number (EIN) <u>04-2718459</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>03</u>	Day <u>31</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>20249995</u>	
b Actuarial value	2b	<u>20249995</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants	<u>10</u>	<u>1494656</u>	<u>1494656</u>
c For active participants	<u>115</u>	<u>16388374</u>	<u>16736810</u>
d Total	<u>125</u>	<u>17883030</u>	<u>18231466</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>4.95 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>2928923</u>	
b Expected plan-related expenses	6b	<u>0</u>	
c Target normal cost	6c	<u>2928923</u>	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	
Signature of actuary	<u>01/12/2026</u>
<u>DANIEL B. JAFFE</u>	Date
Type or print name of actuary	<u>23-05782</u>
<u>GALLAGHER BENEFIT SERVICES, INC.</u>	Most recent enrollment number
Firm name	<u>415-395-9300</u>
<u>50 CALIFORNIA STREET</u> <u>12TH FLOOR</u> <u>SAN FRANCISCO, CA 94111</u>	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.86</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1674124
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.06</u> %		84711
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		1758835
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	111.07 %
15	Adjusted funding target attainment percentage	15	111.07 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	108.85 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/03/2025	3168193	0					
			Totals ▶	18(b)	3168193	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 3017161
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
		(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 2928923
b Excess assets, if applicable, but not greater than line 31a				31b 2018529
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 910394
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35)				36 910394
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 3017161
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 2106767
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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

For calendar plan year 2024 or fiscal plan year beginning **03/31/2024** and ending **03/29/2025**

A Name of plan MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P. C CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.	D Employer Identification Number (EIN) 04-2718459	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ALLIANCE BERNSTEIN LP

13-4064930

(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?
27 28 50	NONE	27028	Yes <input type="checkbox"/> No <input checked="" 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"/>

(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.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 03/31/2024 and ending 03/29/2025

A Name of plan <u>MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P. C CASH BALANCE PLAN</u>	B Three-digit plan number (PN)	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.</u>	D Employer Identification Number (EIN) <u>04-2718459</u>	

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

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

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

c EIN-PN <u>04-6948485-033</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2727062</u>
---------------------------------------	-------------------------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 03/31/2024 and ending 03/29/2025	
A Name of plan MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P. C CASH BALANCE PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.	D Employer Identification Number (EIN) 04-2718459

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 17196	62305
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 3460422	3168193
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 5361	420
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9) 2726475	2727062
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 14042418	15638914
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	20251872	21596894
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	20251872	21596894

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	3168193	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3168193
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1631	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1631
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1190456	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1190456
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		307292
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-404768
c Other income	2c		9137
d Total income. Add all income amounts in column (b) and enter total	2d		4271941

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2899891	
(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)		2899891
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	27028	
(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)		27028
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2926919

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1345022
l 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: CBIZ CPAS P.C

(2) EIN: 43-1947695

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 565331.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning **03/31/2024** and ending **03/29/2025**

A Name of plan MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P. C CASH BALANCE PLAN	B Three-digit plan number (PN)	005
C Plan sponsor's name as shown on line 2a of Form 5500 MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.	D Employer Identification Number (EIN) 04-2718459	

Part I	Distributions
---------------	----------------------

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 75-3182674

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	26
--	----------	-----------

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

53 State Street
17th Floor
Boston, MA 02109

P: 617.807.5000



Independent Auditors' Report

The Plan Administrator
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan
Boston, Massachusetts

Opinion

We have audited the financial statements of the Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of March 29, 2025 and March 30, 2024, the related statement of changes in net assets available for benefits for the year ended March 29, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of March 29, 2025 and March 30, 2024, and the changes in its net assets available for benefits for the year ended March 29, 2025, in accordance with accounting principles generally accepted in the United States of America.

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 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.

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 within one year after the date that the financial statements are issued or 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

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

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

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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, (1) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of March 29, 2025 and (2) Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended March 29, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 has been subjected to the auditing procedures applied in the audits 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 GAAS.



In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

CBIZ CPAs P.C.

Boston, Massachusetts
January 7, 2026

Attachment to 2024 Schedule SB (Form 5500)

Plan Sponsor: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

Plan Name: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan

EIN / PN: 04-2718459 / 005

Schedule SB, line 26a – Schedule of Active Participant Data

Age	Years of Credited Service									
	0 to 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over
Under 25										
25 – 29										
30 – 34		2								
35 – 39		5								
40 – 44		11	1							
45 – 49		10	4							
50 – 54	1	4	18							
55 – 59		2	19							
60 – 64	1		15							
65 – 69			13							
70 & Over			9							

Attachment to 2024 Schedule SB (Form 5500)

Plan Sponsor: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

Plan Name: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan

EIN / PN: 04-2718459 / 005

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Actuarial Basis

Overview

This 2024 Form 5500 Schedule SB for the Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan (“Plan”) has been prepared for the Internal Revenue Service, the Department of Labor, and the Pension Benefit Guaranty Corporation. The purpose of this 2024 Schedule SB is to provide reporting of the Plan’s minimum funding and other Plan information as requested to the Department of Labor’s Employee Benefits Security Administration (the “EBSA”), as stated in the instructions to the 2024 Form 5500. This 2024 Schedule SB consists of the three-page Schedule SB form provided by the EBSA and the associated attachments filed concurrently with this form.

This 2024 Schedule SB is signed and dated by Daniel B. Jaffe. Mr. Jaffe is the responsible actuary for this 2024 Schedule SB for the Plan, and as an Enrolled Actuary and a Member of the American Academy of Actuaries, is qualified to issue this 2024 Schedule SB. Mr. Jaffe is not aware of any conflict of interest which could potentially impact the objectiveness of this work.

This 2024 Schedule SB may not be relied upon by any other party or for any other purposes than as stated above. The funded status disclosed in this 2024 Schedule SB is produced on the basis discussed in this reporting. In particular, Plan assets and liabilities have been measured as of the March 31, 2024 valuation date according to the data, assumptions and methodologies as discussed in this reporting. Other than as disclosed in this reporting, the responsible actuary is not aware of any subsequent events that would have a material impact on the results published here.

Liabilities shown in this report were determined using actuarial valuation software designed for the specific purpose of modeling pension plan liabilities and costs. In our opinion, except as stated elsewhere in this report, the software is appropriate and produces reasonable results for this purpose. The results in this report are based on various inputs into the software model, including the plan provisions and assumptions shown in this report, demographic provided by Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C., and financial information provided by Matrix.

Other than as disclosed in this reporting, the responsible actuary is not aware of any subsequent events that would have a material impact on the results published here.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to a variety of factors. An analysis of the potential range of such future measurements is outside the scope of this report.

Attachment to 2024 Schedule SB (Form 5500)

Plan Sponsor: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

Plan Name: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan

EIN / PN: 04-2718459 / 005

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

Liability Method

For minimum funding purposes liabilities shown in this report have been computed using a method similar to the Unit Credit method. Use of this method for minimum funding is mandated by statute.

Liability Allocation

The objective of any liability method is to accrue for each participant's Plan benefit based on the allocation of liability between past, present and future.

Liability for past periods should be fully accrued, or if not, any unaccrued past service liability requires remedial accruals. Liability for the present period (e.g., the current plan year) should be accrued as expense for the current period. Liability assigned to future periods should be deferred to future years, and thus result in no current period accrual.

Thus, the current period expense will consist of benefit accruals for the current period, plus any remedial past service accrual.

Unit Credit

Under the Unit Credit method, liabilities are assigned to past, present and future periods based on the accrual of Plan benefits for those periods, as follows:

- Past service: the present value of the benefits accrued under the Plan as of the beginning of the plan year. For funding purposes, this is called the **Funding Target**.
- Current service: the present value of benefits accrued under the Plan during the plan year. For funding purposes, this is called the **Target Normal Cost**.
- Future service: the present value of benefits to accrue after the end of the plan year.

The current year's required contribution is generally determined as the Target Normal Cost, plus remedial funding of any unfunded Target Liability, minus any overfunding of the Target Liability.

Attachment to 2024 Schedule SB (Form 5500)

Plan Sponsor: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

Plan Name: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan

EIN / PN: 04-2718459 / 005

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

Asset Valuation Method

The actuarial value of assets is equal to the market value of assets as of the valuation date including receivable contributions for the prior plan year that are made after the valuation date. These receivable contributions are discounted back to the valuation date using the Effective Interest Rate for the prior plan year before adding to the actuarial value of assets.

Contributions that are made for the current plan year, whether made before or after the valuation date, are excluded from the actuarial value of assets.

Valuation Data

The valuation date for the 2024 actuarial valuation is March 31, 2024. Except as discussed below, the March 31, 2024 valuation date is also the information date for this report.

The Plan sponsor provided data on all relevant employees and participants as of the March 31, 2024 valuation date. Participant data was reviewed for reasonableness and consistency, but was otherwise relied upon for accuracy and completeness. If any of the reported data were inaccurate, or if the reported data were not complete, these results would require modification and could not be relied upon.

Any changes in participant data effective after the March 31, 2024 valuation date were not considered in this report.

Only those individuals who completed the Plan's eligibility requirements and became participants on or before the March 31, 2024 valuation date are included in this valuation. Participants who terminated without any vested Plan benefit prior to the March 31, 2024 valuation date are excluded from this valuation.

All financial data was provided by the Plan's asset custodian, Matrix. With the exception of the dates and amounts of subsequent Plan contributions, changes in financial data after the March 31, 2024 valuation date were not considered in this report, with any exceptions to this statement fully noted in this report. The financial data received was reviewed for consistency with the Plan's published funding recommendations, but was otherwise not reviewed or analyzed.

The limitations of Code section 415(b) have been incorporated into our calculations.

Attachment to 2024 Schedule SB (Form 5500)

Plan Sponsor: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

Plan Name: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan

EIN / PN: 04-2718459 / 005

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

The following assumptions were used in valuing the liabilities and benefits under the Plan.

Economic

Yield Curve Election:	The Plan sponsor did not elect to use the full yield curve.
Applicable Month:	The Plan sponsor elected to base segments rates on the fourth complete calendar month immediately preceding the plan year.
Segment Rates:	First Segment: 4.75% compounded annually. Second Segment: 4.87% compounded annually. Third Segment: 5.59% compounded annually.
Interest Crediting Rate:	3.9% per year. This assumption represents a reasonable estimate of anticipated future investment returns on the Plan's assets, taking into account the 7.0% cap on such interest crediting, the Plan's asset allocation and our expectation for long-term returns in the investment markets.

Other

Mortality:	IRS 2024 Static Mortality Table for small plans as described in IRS Regulation 1.430(h)(3)-1(c) for plan years on or after January 1, 2024. The IRS 2024 Static Mortality Table is the Pri-2012 Mortality Table, combined for annuitants and non-annuitants and projected for mortality improvement by 2024 Adjusted Scale MP-2021, as described in the applicable regulations.
------------	---

Attachment to 2024 Schedule SB (Form 5500)

Plan Sponsor: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

Plan Name: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan

EIN / PN: 04-2718459 / 005

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

Payment Commencement: Active participants who are under age 70 as of the valuation date will commence upon termination of employment.

Active participants who are at or over age 70 as of the valuation date will commence an in-service distribution of their accrued benefit in the valuation year, followed by commencement of a second distribution (i.e., of their benefit being earned during the valuation year) upon termination of employment.

Participants who are already terminated on the valuation date will commence in the current year.

This assumption was developed based on Plan experience for the Plan years 2018/2019 through 2020/2021 and, as such, represents a reasonable estimate of anticipated future experience under the Plan.

Withdrawal: Participants under age 70 as of the valuation date are assumed to terminate at the following rates:

<u>Ages</u>	<u>Assumption</u>
Under 45	0%
45-49	2%
50-54	5%
55-59	2%
60-64	2%
65-69	5%
70 & Over	100%

Participants already at or over age 70 as of the valuation date are assumed to in the year following the valuation year.

These rates were developed based on the Plan experience for the Plan years 2018/2019 through 2020/2021 and firm experience for the fiscal years 2015/2016 through 2017/2018 and, as such, represent a reasonable estimate of anticipated future experience under the Plan.

Disability: None assumed.

Expenses: None assumed.

Attachment to 2024 Schedule SB (Form 5500)

Plan Sponsor: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

Plan Name: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan

EIN / PN: 04-2718459 / 005

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (cont'd)

Form of Payment: 100% lump sum.

This assumption was developed based on Plan experience for the Plan years 2018/2019 through 2020/2021 and, as such, represents a reasonable estimate of anticipated future experience under the Plan.

PPA Benefit Restrictions: As required by IRS regulations under PPA, it is assumed that no PPA benefit restrictions apply in any future plan year, regardless of the Plan's current funded status or any current imposition of such restrictions.

Top 25 Restrictions: As required by IRS regulations under PPA, it is assumed that no Top 25 lump sum restrictions apply in any future plan year, regardless of the Plan's current funded status or any current imposition of such restrictions.

Changes in Assumptions

The Segment Rates and Mortality assumptions were updated for the 2024/2025 plan year, as required for minimum funding calculations by IRS regulations under IRC section 430 and associated final IRS regulations. As a result of these updates, funding liabilities increased by \$0.2M.

Otherwise, for this 2024/2025 actuarial valuation, there have been no other changes to the actuarial assumptions from the 2023/2024 actuarial valuation.

Nature of Assumptions

The Segment Rates and the Mortality assumptions are dictated by the provisions of the Pension Protection Act of 2006. These two assumptions were determined by IRC section 430 and the associated IRS regulations, and are based on Plan sponsor elections previously made.

In the opinion of the responsible actuary, except as dictated by IRC section 430 and the associated IRS regulations, each actuarial assumption is reasonable, taking into account the experience of the Plan and reasonable expectations, and which, in combination, represent the responsible actuary's best estimate of the anticipated experience under the Plan.

5% Reportable Transactions (Series by Security)
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan
CONSOLIDATED
Year Ended March 29, 2025

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 16,791,450.09 AND 5% VALUE OF 839,572.50						
AB Global Bond Advisor (CUSIP 01853W709)						
04/02/2024 PURCHASE	1,571.9650	6.9000	0.00	10,846.56	10,846.56	0.00
04/04/2024 PURCHASE	780.8840	6.8700	0.00	5,364.67	5,364.67	0.00
04/05/2024 PURCHASE	109,659.3570	6.8400	0.00	750,070.00	750,070.00	0.00
04/08/2024 PURCHASE	418.4920	6.8300	0.00	2,858.30	2,858.30	0.00
04/18/2024 SALE	1,299.2630	6.7600	0.00	10,014.39	8,783.02	-1,231.37
05/02/2024 PURCHASE	189.5440	6.7700	0.00	1,283.21	1,283.21	0.00
05/02/2024 PURCHASE	1,868.0670	6.7400	0.00	12,590.77	12,590.77	0.00
06/04/2024 PURCHASE	2,200.0440	6.7800	0.00	14,916.30	14,916.30	0.00
06/10/2024 SALE	3,428.5710	6.7900	0.00	26,404.65	23,280.00	-3,124.65
07/02/2024 PURCHASE	1,899.1170	6.8300	0.00	12,970.97	12,970.97	0.00
07/05/2024 PURCHASE	12.1500	6.8502	0.00	83.23	83.23	0.00
07/18/2024 SALE	1,414.0090	6.9000	0.00	10,886.04	9,756.66	-1,129.38
07/22/2024 PURCHASE	955.6220	6.8700	0.00	6,565.12	6,565.12	0.00
08/02/2024 PURCHASE	2,056.1930	6.9300	0.00	14,249.42	14,249.42	0.00
08/28/2024 SALE	10,372.8570	7.0000	0.00	79,818.57	72,610.00	-7,208.57
09/04/2024 PURCHASE	2,230.4050	6.9800	0.00	15,568.23	15,568.23	0.00
10/02/2024 PURCHASE	1,792.8240	7.0300	0.00	12,603.55	12,603.55	0.00
10/09/2024 PURCHASE	1,001.4470	6.9500	0.00	6,960.06	6,960.06	0.00
10/17/2024 SALE	1,472.8360	6.9700	0.00	11,325.07	10,265.67	-1,059.40
10/18/2024 PURCHASE	539.3040	6.9700	0.00	3,758.95	3,758.95	0.00
11/04/2024 PURCHASE	1,915.8750	6.8900	0.00	13,200.38	13,200.38	0.00
11/06/2024 PURCHASE	0.7900	6.8608	0.00	5.42	5.42	0.00
11/07/2024 PURCHASE	847.1630	6.8900	0.00	5,836.95	5,836.95	0.00
12/03/2024 PURCHASE	1,933.2370	6.9600	0.00	13,455.33	13,455.33	0.00
12/06/2024 PURCHASE	910.4900	6.9800	0.00	6,355.22	6,355.22	0.00
01/03/2025 PURCHASE	1,862.1020	6.8700	0.00	12,792.64	12,792.64	0.00
01/10/2025 PURCHASE	2,878.8190	6.7900	0.00	19,547.18	19,547.18	0.00
01/23/2025 SALE	1,361.5320	6.8400	0.00	10,450.41	9,312.88	-1,137.53
01/24/2025 PURCHASE	385.4960	6.8500	0.00	2,640.65	2,640.65	0.00
02/04/2025 PURCHASE	2,083.2700	6.8900	0.00	14,353.73	14,353.73	0.00
02/06/2025 PURCHASE	3.8990	6.9197	0.00	26.98	26.98	0.00
02/28/2025 SALE	17,223.4200	6.9600	0.00	132,144.91	119,875.00	-12,269.91
03/04/2025 PURCHASE	1,759.8160	6.9600	0.00	12,248.32	12,248.32	0.00
SECURITY TOTAL	178,328.8600		0.00	1,252,196.18	1,225,035.37	-27,160.81
Sanford C Bern Overlay A-1 (CUSIP 085568624)						
04/05/2024 PURCHASE	14,824.9440	13.5100	0.00	200,285.00	200,285.00	0.00
06/10/2024 SALE	3,966.2760	13.6400	0.00	51,174.20	54,100.00	2,925.80
08/28/2024 SALE	7,137.6600	14.3100	0.00	92,092.44	102,139.91	10,047.47
09/09/2024 PURCHASE	499.0100	13.9900	0.00	6,981.15	6,981.15	0.00
12/20/2024 PURCHASE	3,157.0890	10.1900	0.00	32,170.74	32,170.74	0.00
12/20/2024 PURCHASE	62,958.9400	10.1900	0.00	641,551.60	641,551.60	0.00
02/28/2025 SALE	2,463.1230	10.4400	0.00	29,922.35	25,715.00	-4,207.35
SECURITY TOTAL	95,007.0420		0.00	1,054,177.47	1,062,943.40	8,765.93

5% Reportable Transactions (Series by Security)
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan
CONSOLIDATED
Year Ended March 29, 2025

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 16,791,450.09 AND 5% VALUE OF 839,572.50						
BROKER: Sanford Bernstein						
AB Bd Inf-1						
(CUSIP 018528513)						
04/05/2024 PURCHASE	24,729.6990	10.0900	0.00	249,522.66	249,522.66	0.00
04/05/2024 PURCHASE	574.4700	10.0700	0.00	5,784.91	5,784.91	0.00
05/10/2024 PURCHASE	1,026.7120	10.0000	0.00	10,267.12	10,267.12	0.00
06/07/2024 PURCHASE	834.2540	10.0900	0.00	8,417.62	8,417.62	0.00
06/10/2024 SALE	2,351.0000	10.0000	0.00	25,402.27	23,510.00	-1,892.27
07/08/2024 PURCHASE	610.2310	10.0400	0.00	6,126.72	6,126.72	0.00
08/09/2024 PURCHASE	498.2240	10.1300	0.00	5,047.01	5,047.01	0.00
08/28/2024 SALE	2,039.0630	10.2400	0.00	22,019.32	20,880.00	-1,139.32
09/13/2024 PURCHASE	354.2120	10.2600	0.00	3,634.21	3,634.21	0.00
10/11/2024 PURCHASE	323.7000	10.2200	0.00	3,308.21	3,308.21	0.00
11/08/2024 PURCHASE	285.1910	10.1300	0.00	2,888.98	2,888.98	0.00
12/06/2024 PURCHASE	601.3050	10.1700	0.00	6,115.27	6,115.27	0.00
01/10/2025 PURCHASE	94.7450	10.0500	0.00	952.19	952.19	0.00
02/07/2025 PURCHASE	161.2450	10.2000	0.00	1,644.70	1,644.70	0.00
02/28/2025 SALE	3,635.6590	10.3200	0.00	39,229.55	37,520.00	-1,709.55
03/07/2025 PURCHASE	283.0370	10.2800	0.00	2,909.62	2,909.62	0.00
AB Emerging Markets Multi-Asset Advisor						
(CUSIP 01877E545)						
04/05/2024 PURCHASE	3,423.1230	8.3900	0.00	28,720.00	28,720.00	0.00
06/07/2024 PURCHASE	442.8760	8.5600	0.00	3,791.02	3,791.02	0.00
06/10/2024 SALE	1,569.5910	8.5500	0.00	13,295.67	13,420.00	124.33
08/28/2024 SALE	839.5900	8.7900	0.00	7,111.99	7,380.00	268.01
09/13/2024 PURCHASE	574.6990	8.5300	0.00	4,902.18	4,902.18	0.00
12/06/2024 PURCHASE	1,131.6670	8.6500	0.00	9,788.92	9,788.92	0.00
02/28/2025 SALE	2,834.4630	8.8500	0.00	24,025.24	25,085.00	1,059.76
03/07/2025 PURCHASE	175.3020	9.0200	0.00	1,581.22	1,581.22	0.00
AB Global Bond Advisor						
(CUSIP 01853W709)						
04/02/2024 PURCHASE	1,571.9650	6.9000	0.00	10,846.56	10,846.56	0.00
04/04/2024 PURCHASE	780.8840	6.8700	0.00	5,364.67	5,364.67	0.00
04/05/2024 PURCHASE	109,659.3570	6.8400	0.00	750,070.00	750,070.00	0.00
04/08/2024 PURCHASE	418.4920	6.8300	0.00	2,858.30	2,858.30	0.00
04/18/2024 SALE	1,299.2630	6.7600	0.00	10,014.39	8,783.02	-1,231.37
05/02/2024 PURCHASE	189.5440	6.7700	0.00	1,283.21	1,283.21	0.00
05/02/2024 PURCHASE	1,868.0670	6.7400	0.00	12,590.77	12,590.77	0.00
06/04/2024 PURCHASE	2,200.0440	6.7800	0.00	14,916.30	14,916.30	0.00
06/10/2024 SALE	3,428.5710	6.7900	0.00	26,404.65	23,280.00	-3,124.65
07/02/2024 PURCHASE	1,899.1170	6.8300	0.00	12,970.97	12,970.97	0.00
07/05/2024 PURCHASE	12.1500	6.8502	0.00	83.23	83.23	0.00
07/18/2024 SALE	1,414.0090	6.9000	0.00	10,886.04	9,756.66	-1,129.38
07/22/2024 PURCHASE	955.6220	6.8700	0.00	6,565.12	6,565.12	0.00
08/02/2024 PURCHASE	2,056.1930	6.9300	0.00	14,249.42	14,249.42	0.00
08/28/2024 SALE	10,372.8570	7.0000	0.00	79,818.57	72,610.00	-7,208.57
09/04/2024 PURCHASE	2,230.4050	6.9800	0.00	15,568.23	15,568.23	0.00
10/02/2024 PURCHASE	1,792.8240	7.0300	0.00	12,603.55	12,603.55	0.00

5% Reportable Transactions (Series by Security)
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan
CONSOLIDATED
Year Ended March 29, 2025

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 16,791,450.09 AND 5% VALUE OF 839,572.50						
10/09/2024 PURCHASE	1,001.4470	6.9500	0.00	6,960.06	6,960.06	0.00
10/17/2024 SALE	1,472.8360	6.9700	0.00	11,325.07	10,265.67	-1,059.40
10/18/2024 PURCHASE	539.3040	6.9700	0.00	3,758.95	3,758.95	0.00
11/04/2024 PURCHASE	1,915.8750	6.8900	0.00	13,200.38	13,200.38	0.00
11/06/2024 PURCHASE	0.7900	6.8608	0.00	5.42	5.42	0.00
11/07/2024 PURCHASE	847.1630	6.8900	0.00	5,836.95	5,836.95	0.00
12/03/2024 PURCHASE	1,933.2370	6.9600	0.00	13,455.33	13,455.33	0.00
12/06/2024 PURCHASE	910.4900	6.9800	0.00	6,355.22	6,355.22	0.00
01/03/2025 PURCHASE	1,862.1020	6.8700	0.00	12,792.64	12,792.64	0.00
01/10/2025 PURCHASE	2,878.8190	6.7900	0.00	19,547.18	19,547.18	0.00
01/23/2025 SALE	1,361.5320	6.8400	0.00	10,450.41	9,312.88	-1,137.53
01/24/2025 PURCHASE	385.4960	6.8500	0.00	2,640.65	2,640.65	0.00
02/04/2025 PURCHASE	2,083.2700	6.8900	0.00	14,353.73	14,353.73	0.00
02/06/2025 PURCHASE	3.8990	6.9197	0.00	26.98	26.98	0.00
02/28/2025 SALE	17,223.4200	6.9600	0.00	132,144.91	119,875.00	-12,269.91
03/04/2025 PURCHASE	1,759.8160	6.9600	0.00	12,248.32	12,248.32	0.00
AB Global Core Equity-Ad (CUSIP 01878T244)						
04/05/2024 PURCHASE	5,582.1710	16.4900	0.00	92,050.00	92,050.00	0.00
04/19/2024 PURCHASE	214.8130	15.9200	0.00	3,419.83	3,419.83	0.00
06/10/2024 SALE	2,924.7220	17.0700	0.00	48,397.04	49,925.00	1,527.96
08/28/2024 SALE	1,226.0080	17.6100	0.00	20,287.45	21,590.00	1,302.55
12/17/2024 PURCHASE	563.4970	17.4400	0.00	9,827.38	9,827.38	0.00
12/17/2024 PURCHASE	233.2650	17.4400	0.00	4,068.15	4,068.15	0.00
12/17/2024 PURCHASE	624.7860	17.4400	0.00	10,896.27	10,896.27	0.00
02/28/2025 SALE	1,401.7500	17.7100	0.00	23,228.12	24,825.00	1,596.88
AB Govt Mmkt Port-1 (CUSIP 018616656)						
04/02/2024 PURCHASE	564.8900	1.0000	0.00	564.89	564.89	0.00
04/10/2024 PURCHASE	320,000.0300	1.0000	0.00	320,000.03	320,000.03	0.00
04/26/2024 SALE	30,000.0000	1.0000	0.00	30,000.00	30,000.00	0.00
05/02/2024 PURCHASE	45.5400	1.0000	0.00	45.54	45.54	0.00
05/02/2024 PURCHASE	1,474.8900	1.0000	0.00	1,474.89	1,474.89	0.00
06/04/2024 PURCHASE	1,967.9900	1.0000	0.00	1,967.99	1,967.99	0.00
06/10/2024 SALE	422,651.9900	1.0000	0.00	422,651.99	422,651.99	0.00
07/02/2024 PURCHASE	420.6300	1.0000	0.00	420.63	420.63	0.00
08/02/2024 PURCHASE	2.2200	1.0000	0.00	2.22	2.22	0.00
09/04/2024 PURCHASE	2.3600	1.0000	0.00	2.36	2.36	0.00
10/02/2024 PURCHASE	1.9600	1.0000	0.00	1.96	1.96	0.00
11/04/2024 PURCHASE	2.1300	1.0000	0.00	2.13	2.13	0.00
12/03/2024 PURCHASE	1.9800	1.0000	0.00	1.98	1.98	0.00
01/03/2025 PURCHASE	1.8500	1.0000	0.00	1.85	1.85	0.00
02/04/2025 PURCHASE	2.0000	1.0000	0.00	2.00	2.00	0.00
03/04/2025 PURCHASE	1.6800	1.0000	0.00	1.68	1.68	0.00
Ab Income Fund-Adv (CUSIP 01881M442)						
04/02/2024 PURCHASE	723.9950	6.4100	0.00	4,640.81	4,640.81	0.00

5% Reportable Transactions (Series by Security)
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan
CONSOLIDATED
Year Ended March 29, 2025

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 16,791,450.09 AND 5% VALUE OF 839,572.50						
04/05/2024 PURCHASE	38,566.2460	6.3400	0.00	244,510.00	244,510.00	0.00
05/02/2024 PURCHASE	890.2470	6.2000	0.00	5,519.53	5,519.53	0.00
06/04/2024 PURCHASE	1,005.0570	6.2800	0.00	6,311.76	6,311.76	0.00
06/10/2024 SALE	2,123.8100	6.3000	0.00	15,342.63	13,380.00	-1,962.63
07/02/2024 PURCHASE	907.9340	6.3400	0.00	5,756.30	5,756.30	0.00
08/02/2024 PURCHASE	908.1610	6.4600	0.00	5,866.72	5,866.72	0.00
08/28/2024 SALE	6,658.2950	6.5700	0.00	48,052.18	43,745.00	-4,307.18
09/04/2024 PURCHASE	966.6240	6.5500	0.00	6,331.39	6,331.39	0.00
10/02/2024 PURCHASE	819.9920	6.6000	0.00	5,411.95	5,411.95	0.00
11/04/2024 PURCHASE	917.6380	6.4000	0.00	5,872.88	5,872.88	0.00
12/03/2024 PURCHASE	919.1740	6.4500	0.00	5,928.67	5,928.67	0.00
01/03/2025 PURCHASE	880.7720	6.3200	0.00	5,566.48	5,566.48	0.00
02/04/2025 PURCHASE	979.4760	6.3400	0.00	6,209.88	6,209.88	0.00
02/28/2025 SALE	3,421.8270	6.4600	0.00	24,624.36	22,105.00	-2,519.36
03/04/2025 PURCHASE	816.7060	6.4600	0.00	5,275.92	5,275.92	0.00
AB Real Ast-1						
(CUSIP 018528364)						
04/05/2024 PURCHASE	5,536.6400	8.8700	0.00	49,110.00	49,110.00	0.00
06/10/2024 SALE	2,859.0030	8.8300	0.00	24,134.37	25,245.00	1,110.63
06/11/2024 PURCHASE	375.2660	8.8000	0.00	3,302.34	3,302.34	0.00
08/29/2024 PURCHASE	344.1010	9.0900	0.00	3,127.88	3,127.88	0.00
09/04/2024 PURCHASE	3.2340	8.9610	0.00	28.98	28.98	0.00
12/11/2024 PURCHASE	927.8820	9.0700	0.00	8,415.89	8,415.89	0.00
02/28/2025 SALE	138.2160	9.0800	0.00	1,169.91	1,255.00	85.09
AB Short Duration High Yield Port Adv (syfi 6/07/24)						
(CUSIP 018528331)						
04/02/2024 PURCHASE	645.4870	9.2400	0.00	5,964.30	5,964.30	0.00
04/05/2024 PURCHASE	19,081.5220	9.2000	0.00	175,550.00	175,550.00	0.00
05/02/2024 PURCHASE	718.8370	9.1400	0.00	6,570.17	6,570.17	0.00
06/04/2024 PURCHASE	818.7300	9.1800	0.00	7,515.94	7,515.94	0.00
06/06/2024 PURCHASE	126.5550	9.1900	0.00	1,163.04	1,163.04	0.00
AB Short Duration High Yield ETF						
(CUSIP 00039J830)						
08/28/2024 SALE	796.0000	35.6600	0.00	29,120.16	28,385.36	-734.80
10/03/2024 PURCHASE	182.0000	35.6876	0.00	6,495.14	6,495.14	0.00
02/28/2025 SALE	946.0000	36.1100	0.00	34,603.48	34,160.06	-443.42
Alliancebernstein Collective Invt Tr Brnstin Gbl Lw Vol P						
(CUSIP 018564245)						
04/05/2024 PURCHASE	2,912.7460	44.6400	0.00	130,025.00	130,025.00	0.00
06/10/2024 SALE	3,173.2510	46.3200	0.00	99,320.56	146,985.00	47,664.44
08/07/2024 PURCHASE	170.7270	45.6000	0.00	7,785.15	7,785.15	0.00
08/28/2024 SALE	1,910.2670	48.3100	0.00	59,867.26	92,285.00	32,417.74
02/28/2025 SALE	4,152.4150	52.1900	0.00	130,135.59	216,714.53	86,578.94
03/07/2025 PURCHASE	223.8000	51.2499	0.00	11,469.73	11,469.73	0.00

5% Reportable Transactions (Series by Security)
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan
CONSOLIDATED
Year Ended March 29, 2025

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 16,791,450.09 AND 5% VALUE OF 839,572.50						
iShares Core MSCI EAFE ETF (CUSIP 46432F842)						
04/05/2024 PURCHASE	1,151.0000	73.4344	0.00	84,522.99	84,522.99	0.00
06/10/2024 SALE	243.0000	75.3200	0.00	15,516.16	18,302.76	2,786.60
07/01/2024 PURCHASE	196.0000	72.6637	0.00	14,242.09	14,242.09	0.00
08/28/2024 SALE	236.0000	76.5456	0.00	15,122.97	18,064.76	2,941.79
iShares Core S&P 500 ETF (CUSIP 464287200)						
04/05/2024 PURCHASE	47.0000	520.9160	0.00	24,483.05	24,483.05	0.00
06/10/2024 SALE	158.0000	537.7477	0.00	55,504.73	84,964.14	29,459.41
08/07/2024 PURCHASE	2.0000	531.4700	0.00	1,062.94	1,062.94	0.00
08/28/2024 SALE	109.0000	558.9574	0.00	38,303.87	60,926.36	22,622.49
02/28/2025 SALE	151.0000	590.9955	0.00	53,063.16	89,240.32	36,177.16
03/24/2025 PURCHASE	8.0000	576.1425	0.00	4,609.14	4,609.14	0.00
Sanford C Bern Overlay A-1 (CUSIP 085568624)						
04/05/2024 PURCHASE	14,824.9440	13.5100	0.00	200,285.00	200,285.00	0.00
06/10/2024 SALE	3,966.2760	13.6400	0.00	51,174.20	54,100.00	2,925.80
08/28/2024 SALE	7,137.6600	14.3100	0.00	92,092.44	102,139.91	10,047.47
09/09/2024 PURCHASE	499.0100	13.9900	0.00	6,981.15	6,981.15	0.00
12/20/2024 PURCHASE	3,157.0890	10.1900	0.00	32,170.74	32,170.74	0.00
12/20/2024 PURCHASE	62,958.9400	10.1900	0.00	641,551.60	641,551.60	0.00
02/28/2025 SALE	2,463.1230	10.4400	0.00	29,922.35	25,715.00	-4,207.35
Sanford C Bern Overlay B-1 (CUSIP 085568574)						
04/05/2024 PURCHASE	22,810.3830	9.1500	0.00	208,715.00	208,715.00	0.00
06/10/2024 SALE	1,902.5050	9.1800	0.00	19,088.23	17,465.00	-1,623.23
08/28/2024 SALE	4,654.7250	9.6300	0.00	46,701.84	44,825.00	-1,876.84
12/20/2024 PURCHASE	7,039.0330	9.0500	0.00	63,703.25	63,703.25	0.00
02/28/2025 SALE	1,954.6930	9.2700	0.00	19,517.75	18,120.00	-1,397.75
BROKER TOTAL			0.00	5,642,430.18	5,872,152.70	229,722.52

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 03/31/2024 and ending 03/29/2025


▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P. C CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.	D Employer Identification Number (EIN) 04-2718459	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>03</u> Day <u>31</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	20,249,995
	b Actuarial value	2b	20,249,995
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	0	0
	b For terminated vested participants	10	1,494,656
	c For active participants	115	16,388,374
	d Total	125	17,883,030
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	4.95%
6	Target normal cost		
	a Present value of current plan year accruals	6a	2,928,923
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	2,928,923

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	January 12, 2026 Date
	DANIEL B. JAFFE Type or print name of actuary	2305782 Most recent enrollment number
	GALLAGHER BENEFIT SERVICES, INC. Firm name	415-395-9300 Telephone number (including area code)
	50 CALIFORNIA STREET 12TH FLOOR SAN FRANCISCO CA 94111 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 2,928,923
b Excess assets, if applicable, but not greater than line 31a				31b 2,018,529
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 910,394
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35).....				36 910,394
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 3,017,161
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 2,106,767
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Attachment to 2024 Form 5500

Plan Sponsor: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

Plan Name: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan

EIN / PN: 04-2718459 / 005

Form 5500, Part I, Line B

The plan year is defined in the plan document as "...the period beginning on the Sunday following the Saturday nearest March 31st of the calendar year, and ending on the Saturday nearest March 31st of the following calendar year." The plan year reported on this 2024 Form 5500 begins Sunday, March 31, 2024 and ends Saturday, March 29, 2025. This is a full plan year. It is not a short plan year.

Attachment to 2024 Schedule SB (Form 5500)

Plan Sponsor: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

Plan Name: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan

EIN / PN: 04-2718459 / 005

Schedule SB, line 22 – Description of Weighted Average Retirement Age

(A)	(B)	(C)	(D)	(E)
Age	Rate of Retirement	Percent Remaining	Weight	Weighted Retirement Ages
45	2.00%	100.00%	0.020	0.90
46	2.00%	98.00%	0.020	0.90
47	2.00%	96.04%	0.019	0.90
48	2.00%	94.12%	0.019	0.90
49	2.00%	92.24%	0.018	0.90
50	5.00%	90.39%	0.045	2.25
51	5.00%	85.87%	0.043	2.18
52	5.00%	81.58%	0.041	2.12
53	5.00%	77.50%	0.039	2.05
54	5.00%	73.62%	0.037	1.98
55	2.00%	69.94%	0.014	0.76
56	2.00%	68.54%	0.014	0.76
57	2.00%	67.17%	0.013	0.76
58	2.00%	65.83%	0.013	0.76
59	2.00%	64.51%	0.013	0.76
60	2.00%	63.22%	0.013	0.75
61	2.00%	61.96%	0.012	0.75
62	2.00%	60.72%	0.012	0.75
63	2.00%	59.51%	0.012	0.74
64	2.00%	58.32%	0.012	0.74
65	5.00%	57.15%	0.029	1.85
66	5.00%	54.29%	0.027	1.79
67	5.00%	51.58%	0.026	1.72
68	5.00%	49.00%	0.024	1.66
69	5.00%	46.55%	0.023	1.60
70	100.00%	44.22%	0.442	30.95

Weighted Average Retirement Age 62.18

Nearest Whole Age 62.00

Column (C) = (1.0 - Column (B) for prior age) x (Column (C) for prior age)

Column (D) = (Column (B)) x (Column (C))

Column (E) = (Column (A)) x (Column (D))



**Financial Statements
and Supplemental Schedules**

**Mintz, Levin, Cohn, Ferris, Glovsky
and Popeo, P.C.
Cash Balance Plan**

March 29, 2025 and March 30, 2024

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.
CASH BALANCE PLAN

***Financial Statements
and Supplemental Schedules***

Table of Contents

Financial Statements:

Independent Auditors' Report	1-3
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits (2025 only)	5
Notes to Financial Statements	6-14

Supplemental Schedules (2025 only):

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	15
Schedule H, Line 4j - Schedule of Reportable Transactions	16-20



CBIZ CPAs P.C.

53 State Street
17th Floor
Boston, MA 02109

P: 617.807.5000

Independent Auditors' Report

The Plan Administrator
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan
Boston, Massachusetts

Opinion

We have audited the financial statements of the Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of March 29, 2025 and March 30, 2024, the related statement of changes in net assets available for benefits for the year ended March 29, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of March 29, 2025 and March 30, 2024, and the changes in its net assets available for benefits for the year ended March 29, 2025, in accordance with accounting principles generally accepted in the United States of America.

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 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.

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 within one year after the date that the financial statements are issued or 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

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

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

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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, (1) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of March 29, 2025 and (2) Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended March 29, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 has been subjected to the auditing procedures applied in the audits 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 GAAS.



In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

CBIZ CPAs P.C.

Boston, Massachusetts
January 7, 2026

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.
CASH BALANCE PLAN

Statements of Net Assets Available for Benefits

	<i>March 29,</i> <i>2025</i>	<i>March 30,</i> <i>2024</i>
Assets		
Investments at fair value	\$ 18,428,701	\$ 16,791,450
Employer contribution receivable	<u>3,168,193</u>	<u>3,460,422</u>
Net assets available for benefits	<u>\$ 21,596,894</u>	<u>\$ 20,251,872</u>

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.
CASH BALANCE PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended March 29, 2025

Additions to net assets attributed to:

Investment income (loss):

Interest and dividends	\$ 1,201,224
Net depreciation in fair value of investments	<u>(97,476)</u>

Total investment income	<u>1,103,748</u>
--------------------------------	------------------

Employer contributions	<u>3,168,193</u>
------------------------	------------------

Total additions to net assets	<u>4,271,941</u>
--------------------------------------	-------------------------

Deductions from net assets attributed to:

Benefits paid to participants	2,899,891
Investment and administrative expenses	<u>27,028</u>

Total deductions from net assets	<u>2,926,919</u>
---	-------------------------

Net increase in net assets available for benefits	1,345,022
--	------------------

Net assets available for benefits, beginning of year	<u>20,251,872</u>
--	-------------------

Net assets available for benefits, end of year	\$ <u><u>21,596,894</u></u>
---	------------------------------------

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.
CASH BALANCE PLAN

Notes to Financial Statements

Note 1 - Description of the Plan

The following description of the Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. (the “Firm”) Cash Balance Plan (the “Plan”) is intended to give a general summary of its principal provisions. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a noncontributory defined benefit plan established on April 1, 2018 that covers members and certain other employees of the Firm. Members are defined as Capital Members in the Firm’s governing documents which excludes retired members and members who are nonresident aliens with no United States source income from the Firm (“participants”), unless the member enters into a written agreement with the Firm to be a participant in the Plan. Each eligible employee as of April 1, 2018 became a participant on that date. Subsequent to April 1, 2018, an employee becomes eligible upon the completion of an hour of service, with certain exceptions as defined. A participant must complete the Benefit Service, as defined, in order to receive an allocation of Employer contributions. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and the Internal Revenue Code (the “Code”). The day-to-day operations of the Plan are supervised by the Retirement and Investment Committee appointed by the Firm.

Contributions (Funding Policy)

The Firm’s funding policy is to make contributions to the Plan that are available for deduction under the Internal Revenue Code and meet minimum funding requirements as determined by an independent actuary. The Plan has met the minimum funding requirements of ERISA for the Plan year ended March 29, 2025. A participant’s cash balance allocation for the Plan year is determined by the following chart:

Group 1	\$	10,000
Group 2	\$	20,000
Group 3	\$	45,000
Group 4	\$	55,000

Vesting and Forfeitures

Participants become fully vested in their retirement benefit upon the latter of completion of three years of service or attainment of age 62, but in no event later than age 65. Upon death, disability or attainment of normal retirement age, a participant is fully vested in his or her retirement benefit.

Forfeitures arising in any given year are applied to reduce the Firm contribution or administrative expenses for that year. During the Plan year ended March 29, 2025, no forfeitures were used to offset a portion of the cash balance allocation funded. As of March 29, 2025 and March 30, 2024, \$0 of unvested balances available to reduce the cash balance allocations.

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.
CASH BALANCE PLAN

Notes to Financial Statements

Note 1 - Description of the Plan (Continued)

Pension Benefits

Each participant shall be entitled to the vested portion of his or her retirement benefit and shall have no right to any portion of his or her retirement benefit which is nonvested, nor shall any such portion increase the retirement benefit of any other participant.

A participant's cash balance account consists of the sum of the hypothetical credits to the account of the participant consisting of his or her Cash Balance Allocations and interest credited on such allocations. The participant's cash balance account represents the benefit promised by the Plan and is not an actual account to which Plan assets and investment income are allocated. The interest rate used for a Plan year will equal the rate of annual return determined on the Plan's assets for that Plan year, but in no event will exceed 7%.

Plan participants are entitled to pension benefits upon retirement, death or termination prior to retirement. In addition, participants are entitled to a full distribution upon the latter of attainment of age 59.5 and completion of three years of service, even if still employed at the Firm. Adjustments are made to the benefits in the event the participant works beyond age 59.5 as well as if benefits commence prior to age 59.5. Participants may elect to receive their distributions, subject to Plan provisions, in the form of a Single-Life Annuity, 50% Joint and Survivor Annuity, 75% Joint and Survivor Annuity and a Single Lump-Sum Payment. If a participant's residual balance is not more than \$7,000, such accrued benefit will be paid in a single lump-sum payment.

Death and Disability Benefits

If a participant dies prior to receiving benefits, his or her designated beneficiary shall be entitled to a death benefit based upon the participant's vested retirement benefit. If the surviving beneficiary is not the participant's spouse or domestic partner, the benefit will be paid in the form of a lump-sum distribution. If the beneficiary is the participant's spouse or domestic partner, the benefit will be paid in the form of a preretirement survivor annuity, in accordance with the terms of the Plan document, unless the surviving spouse or domestic partner elects to receive the benefit as a lump-sum distribution. If a participant dies after commencing to receive benefits, his or her designated beneficiary shall be entitled to a death benefit strictly in accordance with the form of benefit which had been in effect prior to the participant's death.

Administrative Expenses

The Firm will pay all expenses of the Plan and the trust fund, except reasonable expenses paid out of the trust fund, directly or by reimbursement to the Firm, pursuant to the directions of the Firm and the terms of the Trust agreement.

Plan Year End

The Plan's year end is the Saturday nearest to March 31. The last day for the Plan years 2025 and 2024 was March 29 and March 30, respectively.

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.
CASH BALANCE PLAN

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Plan are prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America.

Investments, Investment Valuation and Income Recognition

Investments are reported at fair 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. The Plan administrator determines the Plan's valuation policies utilizing information provided by Alliance Bernstein.

Purchases and sales are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could vary from those estimates.

Unit Values

Individual participant accounts for the collective trust account are maintained on a unit value basis. Participants do not have beneficial ownership in their specific underlying securities or other assets in the trust, but do have an interest therein represented by units which are valued daily. The trust earns dividends and interest, which are automatically reinvested in additional units. Generally, contributions to and withdrawals from each trust are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participant's accounts are charged or credited with the number of units properly attributable to each participant.

Benefits Paid

Benefits are recorded when paid.

Subsequent Events

The Firm has evaluated subsequent events through January 7, 2026, the date that the financial statements were available to be issued. No significant items were noted for disclosure during this evaluation.

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C. **CASH BALANCE PLAN**

Notes to Financial Statements

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 I) and the lowest priority to unobservable inputs (Level III). Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

Level I – 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 II – Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level II input must be observable for substantially the full term of the asset or liability.

Level III – Inputs that are unobservable inputs for the asset or liability.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 29, 2025 and March 30, 2024.

Mutual Funds

Valued at daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. 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.

Collective Investment Trust

Valued at the NAV of units of a collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimating fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.
CASH BALANCE PLAN

Notes to Financial Statements

Note 3 - Fair Value Measurements (Continued)

Exchange Traded Funds

Valued at closing price reported on the active market on which the securities are traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of March 29, 2025 and March 30, 2024:

Assets at Fair Value as of March 29, 2025				
Description	Level I	Level II	Level III	Total
Mutual funds	\$ 13,545,450	\$ -	\$ -	\$ 13,545,450
Exchange traded funds	<u>2,156,189</u>	<u>-</u>	<u>-</u>	<u>2,156,189</u>
Total investments in the fair value hierarchy	\$ <u>15,701,639</u>	\$ <u>-</u>	\$ <u>-</u>	\$ 15,701,639
Investments measured at NAV practical expedient (a)				<u>2,727,062</u>
Total investments at fair value				\$ <u>18,428,701</u>

Assets at Fair Value as of March 30, 2024				
Description	Level I	Level II	Level III	Total
Mutual funds	\$ 11,892,001	\$ -	\$ -	\$ 11,892,001
Exchange traded funds	<u>2,172,974</u>	<u>-</u>	<u>-</u>	<u>2,172,974</u>
Total investments in the fair value hierarchy	\$ <u>14,064,975</u>	\$ <u>-</u>	\$ <u>-</u>	\$ 14,064,975
Investments measured at NAV practical expedient (a)				<u>2,726,475</u>
Total investments at fair value				\$ <u>16,791,450</u>

(a) In accordance with Accounting Standards Codification (ASC) Subtopic 820-10, "Fair Value Measurements," certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified within the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy amounts to amounts presented in the Statements of Net Assets Available for Benefits.

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.
CASH BALANCE PLAN

Notes to Financial Statements

Note 4 - Fair Value of Investments that Calculate Net Asset Value Practical Expedient

The following table summarizes investments for which fair value is based on NAV per share as of March 29, 2025 and March 30, 2024, respectively:

<i>Investments</i>	<i>Fair Value</i> <i>3/29/2025</i>	<i>Fair Value</i> <i>3/30/2024</i>	<i>Unfunded</i> <i>Commitments</i>	<i>Redemption</i> <i>Frequency</i>	<i>Redemption</i> <i>Notice</i> <i>Period</i>
Alliance Bernstein CIT Bernstein Global Low Volume Portfolio	\$ 2,727,062	\$ 2,726,475	\$ -	Daily	Daily

Note 5 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated participants or their beneficiaries, beneficiaries of participants who have died, and present employees using the Unit Credit method. Benefits payable under the Plan are accumulated based on participants' compensation during each year of credited service. The accumulated plan benefits for active employees equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to participant service rendered through the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits was calculated by the actuarial firm Gallagher Benefit Services, Inc. and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of March 29, 2025 and March 30, 2024 include (a) life expectancy of participants for 2021 using the Pri-2012 Mortality tables with mortality improvements using scale MP-2021 for both the years ended March 29, 2025 and March 30, 2024, (b) normal retirement age is the attainment of age 62 and the completion of three years of service but in no event later than age 65, and (c) discount rate and assumed rate of return of 6.85% and 6.75% as of March 29, 2025 and March 30, 2024, respectively.

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.
CASH BALANCE PLAN

Notes to Financial Statements

Note 5 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated plan benefits as of March 29, 2025 and March 30, 2024 are as follows:

	<i>March 29, 2025</i>	<i>March 30, 2024</i>
Vested benefits:		
Active participants	\$ 15,923,044	\$ 14,156,517
Other	1,142,320	1,494,656
subtotal	<u>17,065,364</u>	<u>15,651,173</u>
Nonvested benefits	<u>346,339</u>	<u>296,716</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 17,411,703</u>	<u>\$ 15,947,889</u>

The present value of accumulated plan benefits was calculated on the assumption of an ongoing Plan. If the Plan were to terminate, the value shown above would be revised to reflect assumptions and methods appropriate upon Plan termination.

A summary of the changes in accumulated plan benefits for the year ended March 29, 2025 is as follows:

Actuarial present value of accumulated plan benefits, beginning of year	<u>\$ 15,947,889</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated	3,592,917
Plan experience	56,539
Change in assumptions	(119,383)
Benefits paid	(2,899,891)
Increase for interest	<u>833,632</u>
Net increase	<u>1,463,814</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 17,411,703</u>

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C. CASH BALANCE PLAN

Notes to Financial Statements

Note 6 - Risks and Uncertainties

It is the intention that the Plan will invest in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events such as an international conflict that could have an effect on investment securities. 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 Statements of Net Assets Available for Benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Note 7 - Exempt Party-in-Interest Transactions

Certain investments are held and managed by Alliance Bernstein, and, therefore, these transactions qualify as exempt party-in-interest transactions. For the Plan year ended March 29, 2025, \$27,028 of administrative fees were paid to Alliance Bernstein.

The actuarial computations of the Plan are prepared by Gallagher Benefit Services, Inc., and, therefore, these transactions qualify as exempt party-in-interest transactions. For the Plan year ended March 29, 2025, there were no administrative fees paid to Gallagher Benefit Services, Inc.

Note 8 - Plan Termination

Although it has not expressed any intention to do so, the Firm can terminate the Plan at any time subject to provisions of ERISA. If it does, the trust fund must be held for the benefit of the participants (and beneficiaries), and all accrued benefits become fully vested.

The Pension Benefit Guaranty Corporation ("PBGC") insures benefits under the Plan if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Firm and the level of benefits guaranteed by the PBGC.

MINTZ. LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.
CASH BALANCE PLAN

Notes to Financial Statements

Note 9 - Tax Status

The Plan obtained an IRS determination letter on July 21, 2020 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and continues to qualify under Section 401(a) and the related trust continues to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax 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.

Supplemental Schedules

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.
CASH BALANCE PLAN

(E.I.N. 04-2718459 - Plan Number 005)

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

March 29, 2025

(a)	(b) <i>Identity of Issue</i>	(c) <i>Description of Investment</i>	(d) Cost	(e) Current Value
*	Alliance Bernstein Global Bond Advisor	Mutual Fund	\$ 4,819,367	\$ 4,341,633
*	Sanford C. Bernstein Fund, Inc. - Overlay A	Mutual Fund	2,849,855	2,331,845
*	Alliance Bernstein Bond Inflation	Mutual Fund	1,373,887	1,323,068
*	Alliance Bernstein Income Fund	Mutual Fund	1,464,726	1,309,298
*	Sanford C. Bernstein Fund, Inc. - Overlay B	Mutual Fund	1,416,042	1,293,361
*	Alliance Bernstein Short Duration High Yield Portfolio	Mutual Fund	1,325,321	1,287,685
*	Alliance Bernstein Global Core Equity	Mutual Fund	881,539	913,415
*	Alliance Bernstein Real Asset	Mutual Fund	347,850	374,381
*	Alliance Bernstein Emerging Markets Multi-Asset Advisor	Mutual Fund	354,281	370,227
*	Alliance Bernstein Government Money Market	Mutual Fund	537	537
*	Alliance Bernstein CIT Bernstein Global Low Volume	Collective Investment Trust	1,714,106	2,727,062
	Ishares Core S&P 500	Exchange Traded Fund	1,006,132	1,595,107
	Ishares Core MSCI EAFE	Exchange Traded Fund	470,606	561,082
			\$ 18,024,249	\$ 18,428,701

* Party-in-interest as defined by ERISA.

5% Reportable Transactions (Series by Security)
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan
CONSOLIDATED
 Year Ended March 29, 2025

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 16,791,450.09 AND 5% VALUE OF 839,572.50						
AB Global Bond Advisor (CUSIP 01853W709)						
04/02/2024 PURCHASE	1,571.9650	6.9000	0.00	10,846.56	10,846.56	0.00
04/04/2024 PURCHASE	780.8840	6.8700	0.00	5,364.67	5,364.67	0.00
04/05/2024 PURCHASE	109,659.3570	6.8400	0.00	750,070.00	750,070.00	0.00
04/08/2024 PURCHASE	418.4920	6.8300	0.00	2,858.30	2,858.30	0.00
04/18/2024 SALE	1,299.2630	6.7600	0.00	10,014.39	8,783.02	-1,231.37
05/02/2024 PURCHASE	189.5440	6.7700	0.00	1,283.21	1,283.21	0.00
05/02/2024 PURCHASE	1,868.0670	6.7400	0.00	12,590.77	12,590.77	0.00
06/04/2024 PURCHASE	2,200.0440	6.7800	0.00	14,916.30	14,916.30	0.00
06/10/2024 SALE	3,428.5710	6.7900	0.00	26,404.65	23,280.00	-3,124.65
07/02/2024 PURCHASE	1,899.1170	6.8300	0.00	12,970.97	12,970.97	0.00
07/05/2024 PURCHASE	12.1500	6.8502	0.00	83.23	83.23	0.00
07/18/2024 SALE	1,414.0090	6.9000	0.00	10,886.04	9,756.66	-1,129.38
07/22/2024 PURCHASE	955.6220	6.8700	0.00	6,565.12	6,565.12	0.00
08/02/2024 PURCHASE	2,056.1930	6.9300	0.00	14,249.42	14,249.42	0.00
08/28/2024 SALE	10,372.8570	7.0000	0.00	79,818.57	72,610.00	-7,208.57
09/04/2024 PURCHASE	2,230.4050	6.9800	0.00	15,568.23	15,568.23	0.00
10/02/2024 PURCHASE	1,792.8240	7.0300	0.00	12,603.55	12,603.55	0.00
10/09/2024 PURCHASE	1,001.4470	6.9500	0.00	6,960.06	6,960.06	0.00
10/17/2024 SALE	1,472.8360	6.9700	0.00	11,325.07	10,265.67	-1,059.40
10/18/2024 PURCHASE	539.3040	6.9700	0.00	3,758.95	3,758.95	0.00
11/04/2024 PURCHASE	1,915.8750	6.8900	0.00	13,200.38	13,200.38	0.00
11/06/2024 PURCHASE	0.7900	6.8608	0.00	5.42	5.42	0.00
11/07/2024 PURCHASE	847.1630	6.8900	0.00	5,836.95	5,836.95	0.00
12/03/2024 PURCHASE	1,933.2370	6.9600	0.00	13,455.33	13,455.33	0.00
12/06/2024 PURCHASE	910.4900	6.9800	0.00	6,355.22	6,355.22	0.00
01/03/2025 PURCHASE	1,862.1020	6.8700	0.00	12,792.64	12,792.64	0.00
01/10/2025 PURCHASE	2,878.8190	6.7900	0.00	19,547.18	19,547.18	0.00
01/23/2025 SALE	1,361.5320	6.8400	0.00	10,450.41	9,312.88	-1,137.53
01/24/2025 PURCHASE	385.4960	6.8500	0.00	2,640.65	2,640.65	0.00
02/04/2025 PURCHASE	2,083.2700	6.8900	0.00	14,353.73	14,353.73	0.00
02/06/2025 PURCHASE	3.8990	6.9197	0.00	26.98	26.98	0.00
02/28/2025 SALE	17,223.4200	6.9600	0.00	132,144.91	119,875.00	-12,269.91
03/04/2025 PURCHASE	1,759.8160	6.9600	0.00	12,248.32	12,248.32	0.00
SECURITY TOTAL	178,328.8600		0.00	1,252,196.18	1,225,035.37	-27,160.81
Sanford C Bern Overlay A-1 (CUSIP 085568624)						
04/05/2024 PURCHASE	14,824.9440	13.5100	0.00	200,285.00	200,285.00	0.00
06/10/2024 SALE	3,966.2760	13.6400	0.00	51,174.20	54,100.00	2,925.80
08/28/2024 SALE	7,137.6600	14.3100	0.00	92,092.44	102,139.91	10,047.47
09/09/2024 PURCHASE	499.0100	13.9900	0.00	6,981.15	6,981.15	0.00
12/20/2024 PURCHASE	3,157.0890	10.1900	0.00	32,170.74	32,170.74	0.00
12/20/2024 PURCHASE	62,958.9400	10.1900	0.00	641,551.60	641,551.60	0.00
02/28/2025 SALE	2,463.1230	10.4400	0.00	29,922.35	25,715.00	-4,207.35
SECURITY TOTAL	95,007.0420		0.00	1,054,177.47	1,062,943.40	8,765.93

5% Reportable Transactions (Series by Security)
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan
CONSOLIDATED
 Year Ended March 29, 2025

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 16,791,450.09 AND 5% VALUE OF 839,572.50						
BROKER: Sanford Bernstein						
AB Bd Inf-1						
(CUSIP 018528513)						
04/05/2024 PURCHASE	24,729.6990	10.0900	0.00	249,522.66	249,522.66	0.00
04/05/2024 PURCHASE	574.4700	10.0700	0.00	5,784.91	5,784.91	0.00
05/10/2024 PURCHASE	1,026.7120	10.0000	0.00	10,267.12	10,267.12	0.00
06/07/2024 PURCHASE	834.2540	10.0900	0.00	8,417.62	8,417.62	0.00
06/10/2024 SALE	2,351.0000	10.0000	0.00	25,402.27	23,510.00	-1,892.27
07/08/2024 PURCHASE	610.2310	10.0400	0.00	6,126.72	6,126.72	0.00
08/09/2024 PURCHASE	498.2240	10.1300	0.00	5,047.01	5,047.01	0.00
08/28/2024 SALE	2,039.0630	10.2400	0.00	22,019.32	20,880.00	-1,139.32
09/13/2024 PURCHASE	354.2120	10.2600	0.00	3,634.21	3,634.21	0.00
10/11/2024 PURCHASE	323.7000	10.2200	0.00	3,308.21	3,308.21	0.00
11/08/2024 PURCHASE	285.1910	10.1300	0.00	2,888.98	2,888.98	0.00
12/06/2024 PURCHASE	601.3050	10.1700	0.00	6,115.27	6,115.27	0.00
01/10/2025 PURCHASE	94.7450	10.0500	0.00	952.19	952.19	0.00
02/07/2025 PURCHASE	161.2450	10.2000	0.00	1,644.70	1,644.70	0.00
02/28/2025 SALE	3,635.6590	10.3200	0.00	39,229.55	37,520.00	-1,709.55
03/07/2025 PURCHASE	283.0370	10.2800	0.00	2,909.62	2,909.62	0.00
AB Emerging Markets Multi-Asset Advisor						
(CUSIP 01877E545)						
04/05/2024 PURCHASE	3,423.1230	8.3900	0.00	28,720.00	28,720.00	0.00
06/07/2024 PURCHASE	442.8760	8.5600	0.00	3,791.02	3,791.02	0.00
06/10/2024 SALE	1,569.5910	8.5500	0.00	13,295.67	13,420.00	124.33
08/28/2024 SALE	839.5900	8.7900	0.00	7,111.99	7,380.00	268.01
09/13/2024 PURCHASE	574.6990	8.5300	0.00	4,902.18	4,902.18	0.00
12/06/2024 PURCHASE	1,131.6670	8.6500	0.00	9,788.92	9,788.92	0.00
02/28/2025 SALE	2,834.4630	8.8500	0.00	24,025.24	25,085.00	1,059.76
03/07/2025 PURCHASE	175.3020	9.0200	0.00	1,581.22	1,581.22	0.00
AB Global Bond Advisor						
(CUSIP 01853W709)						
04/02/2024 PURCHASE	1,571.9650	6.9000	0.00	10,846.56	10,846.56	0.00
04/04/2024 PURCHASE	780.8840	6.8700	0.00	5,364.67	5,364.67	0.00
04/05/2024 PURCHASE	109,659.3570	6.8400	0.00	750,070.00	750,070.00	0.00
04/08/2024 PURCHASE	418.4920	6.8300	0.00	2,858.30	2,858.30	0.00
04/18/2024 SALE	1,299.2630	6.7600	0.00	10,014.39	8,783.02	-1,231.37
05/02/2024 PURCHASE	189.5440	6.7700	0.00	1,283.21	1,283.21	0.00
05/02/2024 PURCHASE	1,868.0670	6.7400	0.00	12,590.77	12,590.77	0.00
06/04/2024 PURCHASE	2,200.0440	6.7800	0.00	14,916.30	14,916.30	0.00
06/10/2024 SALE	3,428.5710	6.7900	0.00	26,404.65	23,280.00	-3,124.65
07/02/2024 PURCHASE	1,899.1170	6.8300	0.00	12,970.97	12,970.97	0.00
07/05/2024 PURCHASE	12.1500	6.8502	0.00	83.23	83.23	0.00
07/18/2024 SALE	1,414.0090	6.9000	0.00	10,886.04	9,756.66	-1,129.38
07/22/2024 PURCHASE	955.6220	6.8700	0.00	6,565.12	6,565.12	0.00
08/02/2024 PURCHASE	2,056.1930	6.9300	0.00	14,249.42	14,249.42	0.00
08/28/2024 SALE	10,372.8570	7.0000	0.00	79,818.57	72,610.00	-7,208.57
09/04/2024 PURCHASE	2,230.4050	6.9800	0.00	15,568.23	15,568.23	0.00
10/02/2024 PURCHASE	1,792.8240	7.0300	0.00	12,603.55	12,603.55	0.00

5% Reportable Transactions (Series by Security)
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan
CONSOLIDATED
 Year Ended March 29, 2025

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 16,791,450.09 AND 5% VALUE OF 839,572.50						
10/09/2024 PURCHASE	1,001.4470	6.9500	0.00	6,960.06	6,960.06	0.00
10/17/2024 SALE	1,472.8360	6.9700	0.00	11,325.07	10,265.67	-1,059.40
10/18/2024 PURCHASE	539.3040	6.9700	0.00	3,758.95	3,758.95	0.00
11/04/2024 PURCHASE	1,915.8750	6.8900	0.00	13,200.38	13,200.38	0.00
11/06/2024 PURCHASE	0.7900	6.8608	0.00	5.42	5.42	0.00
11/07/2024 PURCHASE	847.1630	6.8900	0.00	5,836.95	5,836.95	0.00
12/03/2024 PURCHASE	1,933.2370	6.9600	0.00	13,455.33	13,455.33	0.00
12/06/2024 PURCHASE	910.4900	6.9800	0.00	6,355.22	6,355.22	0.00
01/03/2025 PURCHASE	1,862.1020	6.8700	0.00	12,792.64	12,792.64	0.00
01/10/2025 PURCHASE	2,878.8190	6.7900	0.00	19,547.18	19,547.18	0.00
01/23/2025 SALE	1,361.5320	6.8400	0.00	10,450.41	9,312.88	-1,137.53
01/24/2025 PURCHASE	385.4960	6.8500	0.00	2,640.65	2,640.65	0.00
02/04/2025 PURCHASE	2,083.2700	6.8900	0.00	14,353.73	14,353.73	0.00
02/06/2025 PURCHASE	3.8990	6.9197	0.00	26.98	26.98	0.00
02/28/2025 SALE	17,223.4200	6.9600	0.00	132,144.91	119,875.00	-12,269.91
03/04/2025 PURCHASE	1,759.8160	6.9600	0.00	12,248.32	12,248.32	0.00
AB Global Core Equity-Ad (CUSIP 01878T244)						
04/05/2024 PURCHASE	5,582.1710	16.4900	0.00	92,050.00	92,050.00	0.00
04/19/2024 PURCHASE	214.8130	15.9200	0.00	3,419.83	3,419.83	0.00
06/10/2024 SALE	2,924.7220	17.0700	0.00	48,397.04	49,925.00	1,527.96
08/28/2024 SALE	1,226.0080	17.6100	0.00	20,287.45	21,590.00	1,302.55
12/17/2024 PURCHASE	563.4970	17.4400	0.00	9,827.38	9,827.38	0.00
12/17/2024 PURCHASE	233.2650	17.4400	0.00	4,068.15	4,068.15	0.00
12/17/2024 PURCHASE	624.7860	17.4400	0.00	10,896.27	10,896.27	0.00
02/28/2025 SALE	1,401.7500	17.7100	0.00	23,228.12	24,825.00	1,596.88
AB Govt Mmkt Port-1 (CUSIP 018616656)						
04/02/2024 PURCHASE	564.8900	1.0000	0.00	564.89	564.89	0.00
04/10/2024 PURCHASE	320,000.0300	1.0000	0.00	320,000.03	320,000.03	0.00
04/26/2024 SALE	30,000.0000	1.0000	0.00	30,000.00	30,000.00	0.00
05/02/2024 PURCHASE	45.5400	1.0000	0.00	45.54	45.54	0.00
05/02/2024 PURCHASE	1,474.8900	1.0000	0.00	1,474.89	1,474.89	0.00
06/04/2024 PURCHASE	1,967.9900	1.0000	0.00	1,967.99	1,967.99	0.00
06/10/2024 SALE	422,651.9900	1.0000	0.00	422,651.99	422,651.99	0.00
07/02/2024 PURCHASE	420.6300	1.0000	0.00	420.63	420.63	0.00
08/02/2024 PURCHASE	2.2200	1.0000	0.00	2.22	2.22	0.00
09/04/2024 PURCHASE	2.3600	1.0000	0.00	2.36	2.36	0.00
10/02/2024 PURCHASE	1.9600	1.0000	0.00	1.96	1.96	0.00
11/04/2024 PURCHASE	2.1300	1.0000	0.00	2.13	2.13	0.00
12/03/2024 PURCHASE	1.9800	1.0000	0.00	1.98	1.98	0.00
01/03/2025 PURCHASE	1.8500	1.0000	0.00	1.85	1.85	0.00
02/04/2025 PURCHASE	2.0000	1.0000	0.00	2.00	2.00	0.00
03/04/2025 PURCHASE	1.6800	1.0000	0.00	1.68	1.68	0.00
Ab Income Fund-Adv (CUSIP 01881M442)						
04/02/2024 PURCHASE	723.9950	6.4100	0.00	4,640.81	4,640.81	0.00

5% Reportable Transactions (Series by Security)
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan
CONSOLIDATED
Year Ended March 29, 2025

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 16,791,450.09 AND 5% VALUE OF 839,572.50						
04/05/2024 PURCHASE	38,566.2460	6.3400	0.00	244,510.00	244,510.00	0.00
05/02/2024 PURCHASE	890.2470	6.2000	0.00	5,519.53	5,519.53	0.00
06/04/2024 PURCHASE	1,005.0570	6.2800	0.00	6,311.76	6,311.76	0.00
06/10/2024 SALE	2,123.8100	6.3000	0.00	15,342.63	13,380.00	-1,962.63
07/02/2024 PURCHASE	907.9340	6.3400	0.00	5,756.30	5,756.30	0.00
08/02/2024 PURCHASE	908.1610	6.4600	0.00	5,866.72	5,866.72	0.00
08/28/2024 SALE	6,658.2950	6.5700	0.00	48,052.18	43,745.00	-4,307.18
09/04/2024 PURCHASE	966.6240	6.5500	0.00	6,331.39	6,331.39	0.00
10/02/2024 PURCHASE	819.9920	6.6000	0.00	5,411.95	5,411.95	0.00
11/04/2024 PURCHASE	917.6380	6.4000	0.00	5,872.88	5,872.88	0.00
12/03/2024 PURCHASE	919.1740	6.4500	0.00	5,928.67	5,928.67	0.00
01/03/2025 PURCHASE	880.7720	6.3200	0.00	5,566.48	5,566.48	0.00
02/04/2025 PURCHASE	979.4760	6.3400	0.00	6,209.88	6,209.88	0.00
02/28/2025 SALE	3,421.8270	6.4600	0.00	24,624.36	22,105.00	-2,519.36
03/04/2025 PURCHASE	816.7060	6.4600	0.00	5,275.92	5,275.92	0.00
AB Real Ast-1						
(CUSIP 018528364)						
04/05/2024 PURCHASE	5,536.6400	8.8700	0.00	49,110.00	49,110.00	0.00
06/10/2024 SALE	2,859.0030	8.8300	0.00	24,134.37	25,245.00	1,110.63
06/11/2024 PURCHASE	375.2660	8.8000	0.00	3,302.34	3,302.34	0.00
08/29/2024 PURCHASE	344.1010	9.0900	0.00	3,127.88	3,127.88	0.00
09/04/2024 PURCHASE	3.2340	8.9610	0.00	28.98	28.98	0.00
12/11/2024 PURCHASE	927.8820	9.0700	0.00	8,415.89	8,415.89	0.00
02/28/2025 SALE	138.2160	9.0800	0.00	1,169.91	1,255.00	85.09
AB Short Duration High Yield Port Adv (syfi 6/07/24)						
(CUSIP 018528331)						
04/02/2024 PURCHASE	645.4870	9.2400	0.00	5,964.30	5,964.30	0.00
04/05/2024 PURCHASE	19,081.5220	9.2000	0.00	175,550.00	175,550.00	0.00
05/02/2024 PURCHASE	718.8370	9.1400	0.00	6,570.17	6,570.17	0.00
06/04/2024 PURCHASE	818.7300	9.1800	0.00	7,515.94	7,515.94	0.00
06/06/2024 PURCHASE	126.5550	9.1900	0.00	1,163.04	1,163.04	0.00
AB Short Duration High Yield ETF						
(CUSIP 00039J830)						
08/28/2024 SALE	796.0000	35.6600	0.00	29,120.16	28,385.36	-734.80
10/03/2024 PURCHASE	182.0000	35.6876	0.00	6,495.14	6,495.14	0.00
02/28/2025 SALE	946.0000	36.1100	0.00	34,603.48	34,160.06	-443.42
Alliancebernstein Collective Invt Tr Brnstin Gbl Lw Vol P						
(CUSIP 018564245)						
04/05/2024 PURCHASE	2,912.7460	44.6400	0.00	130,025.00	130,025.00	0.00
06/10/2024 SALE	3,173.2510	46.3200	0.00	99,320.56	146,985.00	47,664.44
08/07/2024 PURCHASE	170.7270	45.6000	0.00	7,785.15	7,785.15	0.00
08/28/2024 SALE	1,910.2670	48.3100	0.00	59,867.26	92,285.00	32,417.74
02/28/2025 SALE	4,152.4150	52.1900	0.00	130,135.59	216,714.53	86,578.94
03/07/2025 PURCHASE	223.8000	51.2499	0.00	11,469.73	11,469.73	0.00

5% Reportable Transactions (Series by Security)
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan
CONSOLIDATED
Year Ended March 29, 2025

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 16,791,450.09 AND 5% VALUE OF 839,572.50						
iShares Core MSCI EAFE ETF (CUSIP 46432F842)						
04/05/2024 PURCHASE	1,151.0000	73.4344	0.00	84,522.99	84,522.99	0.00
06/10/2024 SALE	243.0000	75.3200	0.00	15,516.16	18,302.76	2,786.60
07/01/2024 PURCHASE	196.0000	72.6637	0.00	14,242.09	14,242.09	0.00
08/28/2024 SALE	236.0000	76.5456	0.00	15,122.97	18,064.76	2,941.79
iShares Core S&P 500 ETF (CUSIP 464287200)						
04/05/2024 PURCHASE	47.0000	520.9160	0.00	24,483.05	24,483.05	0.00
06/10/2024 SALE	158.0000	537.7477	0.00	55,504.73	84,964.14	29,459.41
08/07/2024 PURCHASE	2.0000	531.4700	0.00	1,062.94	1,062.94	0.00
08/28/2024 SALE	109.0000	558.9574	0.00	38,303.87	60,926.36	22,622.49
02/28/2025 SALE	151.0000	590.9955	0.00	53,063.16	89,240.32	36,177.16
03/24/2025 PURCHASE	8.0000	576.1425	0.00	4,609.14	4,609.14	0.00
Sanford C Bern Overlay A-1 (CUSIP 085568624)						
04/05/2024 PURCHASE	14,824.9440	13.5100	0.00	200,285.00	200,285.00	0.00
06/10/2024 SALE	3,966.2760	13.6400	0.00	51,174.20	54,100.00	2,925.80
08/28/2024 SALE	7,137.6600	14.3100	0.00	92,092.44	102,139.91	10,047.47
09/09/2024 PURCHASE	499.0100	13.9900	0.00	6,981.15	6,981.15	0.00
12/20/2024 PURCHASE	3,157.0890	10.1900	0.00	32,170.74	32,170.74	0.00
12/20/2024 PURCHASE	62,958.9400	10.1900	0.00	641,551.60	641,551.60	0.00
02/28/2025 SALE	2,463.1230	10.4400	0.00	29,922.35	25,715.00	-4,207.35
Sanford C Bern Overlay B-1 (CUSIP 085568574)						
04/05/2024 PURCHASE	22,810.3830	9.1500	0.00	208,715.00	208,715.00	0.00
06/10/2024 SALE	1,902.5050	9.1800	0.00	19,088.23	17,465.00	-1,623.23
08/28/2024 SALE	4,654.7250	9.6300	0.00	46,701.84	44,825.00	-1,876.84
12/20/2024 PURCHASE	7,039.0330	9.0500	0.00	63,703.25	63,703.25	0.00
02/28/2025 SALE	1,954.6930	9.2700	0.00	19,517.75	18,120.00	-1,397.75
BROKER TOTAL			0.00	5,642,430.18	5,872,152.70	229,722.52

Attachment to 2024 Schedule SB (Form 5500)

Plan Sponsor: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

Plan Name: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan

EIN / PN: 04-2718459 / 005

Schedule SB, Part V – Summary of Plan Provisions

This valuation is based on the Plan’s provisions effective as of the March 31, 2024 valuation date. Any amendments to the Plan’s provisions that are adopted or effective after the March 31, 2024 valuation date are not reflected in this valuation except as noted in this report.

EIN/PN

04-2718459 / 005

Effective Date

April 1, 2018.

Recent Amendments

The plan was amended on December 29, 2023, effective April 2, 2023 to remove a requirement of domestic partners’ consent for Plan distribution elections, to make changes regarding required minimum distributions, to increase to the cash-out limit, and to make other clarifications.

The Plan was further amended on March 29, 2024 effective April 2, 2023 to reflect changes in Plan participation during the Plan’s fiscal year.

Plan Year

The period beginning on the Sunday following the Saturday nearest March 31st of the calendar year and ending on the Saturday nearest March 31st of the following calendar year. The 2024/2025 plan year runs from March 31, 2024 through March 29, 2025.

Eligibility

Generally, the Firm Capital Members are Eligible Employees except certain otherwise-eligible individuals are excluded as listed in the Plan document Appendix B.

Employees who are Eligible Employees on April 1, 2018 become participants on April 1, 2018. Employees who become Eligible Employees after April 1, 2018 become participants on the first Entry Date (first of any calendar month during the Plan Year) after their elevation except new hires who are Eligible Employees and Highly Compensated Employees become participants on first day of the Plan Year following their first hour of service.

Compensation

Wages as defined in Code Section 3401(a) (for purposes of income tax withholding at the source) plus amounts that would be included in wages but for an election under Code Section 125(a), 132(f)(4), 402(e)(3), 402(h)(1)(B), 402(k), or 457(b) and all other payments of compensation to an Employee by an Affiliated Employer for services to the Affiliated Employer while employed as an Employee. Compensation is limited to the 401(a)(17) Compensation Limit and excludes any Severance Amounts except those listed in the Plan document.

Attachment to 2024 Schedule SB (Form 5500)

Plan Sponsor: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

Plan Name: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan

EIN / PN: 04-2718459 / 005

Schedule SB, Part V – Summary of Plan Provisions (cont'd)

Service

Any period or periods during which a person is an Employee in active status. Service will be measured in elapsed years and fractions of years whereby each 12 complete calendar months will constitute one year.

Benefit Service

Benefit Service is granted for a Plan Year in which the participant is credited with 1,000 hours of service. In such a Plan Year, the Participant is credited with one month of Benefit Service for each completed calendar month of service as an eligible employee. No Benefit Service is granted for a Plan Year in which less than 1,000 hours of service is credited.

For purposes of determining Benefit Service, Hours of Service are imputed at the rate of 190 hours per month for each month during which a member works or is credited with one or more hours of work.

Vesting Service

Completion of a 12-month period of Service beginning with the individual's Employment Date. Service prior to the Plan's Effective Date is included.

Vesting

Benefits vest after three years of Vesting Service or attainment of age 65, death or disability while in service with the Firm.

Cash Balance Account

The sum of Cash Balance Allocations and Interest Credits.

Cash Balance Allocations

For Participants who are Capital Members, the Cash Balance Allocation is shown below:

Group	Cash Balance Allocation
1	\$10,000
2	\$20,000
3	\$45,000
4	\$55,000

Attachment to 2024 Schedule SB (Form 5500)

Plan Sponsor: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

Plan Name: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan

EIN / PN: 04-2718459 / 005

Schedule SB, Part V – Summary of Plan Provisions (cont'd)

If a Participant earns less than a year of Benefit Service, the Cash Balance Allocation will be multiplied by the fractional year of Benefit Service.

If a Participant earns less than \$150,000 in “adjusted compensation”, where “adjusted compensation” for this purpose is Compensation calculated as if the Participant has no Cash Balance Allocation for the Plan Year, the Participant’s Cash Balance Allocation for the Plan Year will be zero.

Allocations will be fully credited on the April 30th of the immediately-following Plan Year and for Participants with a Termination Date and Annuity Starting Date in the year on the later of the Participant’s Termination Date and Annuity Starting Date.

No Cash Balance Allocations accrue for Plan Years prior to the Effective Date.

Interest Credits

No interest is credited for the 2018/2019 Plan Year.

Interest Credits are calculated based on the participant’s Cash Balance Account on the first day of each calendar month and credited on the last day of the month, with adjustments for distributions during the year.

Interest Credits are calculated based on the Plan’s investment return for the Plan Year, with the annualized return limited to 7.0%.

Normal Retirement Age

Attainment of age 62 and the completion of three Years of Vesting Service but in no event later than age 65.

Pre-Retirement Death Benefit

The participant’s Cash Balance Account.

Attachment to 2024 Schedule SB (Form 5500)

Plan Sponsor: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

Plan Name: Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. Cash Balance Plan

EIN / PN: 04-2718459 / 005

Schedule SB, Part V – Summary of Plan Provisions (cont'd)

Benefit Commencement

By election, at termination of service, or, if earlier, upon attainment of Normal Retirement Age.

Terminated participants shall commence not later than June 1 following the Plan Year in which they attain age 70-1/2.

Active participants with at least three Years of Vesting Service may take in-service distributions prior to Normal Retirement Age on the June 1 on or following their attainment of age 59-1/2. In no case, however, shall active participants commence later than June 1 following the calendar year in which they attain age 70-1/2.

Payment Form

Participants may elect a single life annuity, 50% joint and spousal or domestic partner survivor annuity, 75% joint and spousal or domestic partner survivor annuity, or a lump sum payment.

Annuity Conversion

Cash Balance Accounts are converted to annuities using interest rates based on:

An interest rate which is the lesser of:

- 1) the 30-Year Treasury Rate for the second month preceding the calendar quarter containing the determination date, reduced by 30 basis points; and
- 2) 5.0%.

Mortality is the Applicable Mortality Table under 417(e) for the Plan Year containing the determination date.

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.
CASH BALANCE PLAN

(E.I.N. 04-2718459 - Plan Number 005)

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

March 29, 2025

(a)	(b) <i>Identity of Issue</i>	(c) <i>Description of Investment</i>	(d) Cost	(e) Current Value
*	Alliance Bernstein Global Bond Advisor	Mutual Fund	\$ 4,819,367	\$ 4,341,633
*	Sanford C. Bernstein Fund, Inc. - Overlay A	Mutual Fund	2,849,855	2,331,845
*	Alliance Bernstein Bond Inflation	Mutual Fund	1,373,887	1,323,068
*	Alliance Bernstein Income Fund	Mutual Fund	1,464,726	1,309,298
*	Sanford C. Bernstein Fund, Inc. - Overlay B	Mutual Fund	1,416,042	1,293,361
*	Alliance Bernstein Short Duration High Yield Portfolio	Mutual Fund	1,325,321	1,287,685
*	Alliance Bernstein Global Core Equity	Mutual Fund	881,539	913,415
*	Alliance Bernstein Real Asset	Mutual Fund	347,850	374,381
*	Alliance Bernstein Emerging Markets Multi-Asset Advisor	Mutual Fund	354,281	370,227
*	Alliance Bernstein Government Money Market	Mutual Fund	537	537
*	Alliance Bernstein CIT Bernstein Global Low Volume	Collective Investment Trust	1,714,106	2,727,062
	Ishares Core S&P 500	Exchange Traded Fund	1,006,132	1,595,107
	Ishares Core MSCI EAFE	Exchange Traded Fund	470,606	561,082
			<u>\$ 18,024,249</u>	<u>\$ 18,428,701</u>

* Party-in-interest as defined by ERISA.