Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
NUTTER, MCCLENNEN & FISH, LLP 401(K) SAVINGS AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 024

1c Effective date of plan 07/01/1986

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

SUSAN E LESTER

SEAPORT WEST 155 SEAPORT BLVD.
BOSTON, MA 02210

2b Employer Identification Number (EIN) 04-2106505

2c Plan Sponsor's telephone number 617-439-2839

2d Business code (see instructions) 541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2026	SUSAN LESTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	450
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	289
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	329
b	Retired or separated participants receiving benefits	**6b**	7
c	Other retired or separated participants entitled to future benefits	**6c**	134
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	470
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	470
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	448
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	450
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2G 2J 2K 2R 2S 2T 3B

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
NUTTER, MCCLENNEN & FISH, LLP 401(K) SAVINGS AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 024

C Plan sponsor's name as shown on line 2a of Form 5500
NUTTER, MCCLENNEN & FISH, LLP

D Employer Identification Number (EIN)
04-2106505

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).. . . . . [X] 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	50493	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

STRATEGIC ADVISERS LLC

04-2654524

(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	ADVISOR	11164	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDUCIENT ADVISORS LLC

36-4001764

(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?
16	CONSULTANT	7922	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CBIZ CPA'S P.C.

43-1947695

(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?
10	ACCOUNTANT/AUDITOR	7416	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MFS VALUE R3 - MFS SERVICE CENTER 04-2865649	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIMCO TOTAL RETURN R - SS&C GLOBAL	2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.70%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BLACKROCK TECHNOLOGYOPPORTUNITIES	40 EAST 52ND ST NEW YORK, NY 10022	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BROWN ADVISORY SUSTAIN GROWTH INV	777 E. WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.08%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
CALVERT US MID CAP CORE RSPNB IDX	4550 MONTGOMERY AVE STE 1000 N BETHESDA, MD 20814	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
CLIFFWATER CORPORATELENDING FUND I	4640 ADMIRALTY WAY 11TH FL MARINA DEL REY, CA 90292	0.18%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPMORGAN US LG CAP CORE PLUS CLASS	1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
KINETICS PARADIGM FUND	470 PARK AVE SOUTH NEW YORK, NY 10016	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TCW METWEST TOTAL RETURN BOND CLAS	865 S FIGUEROA ST 1400 LOS ANGELES, CA 90071	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PARNASSUS MID CAP FD INSTITUTIONAL	1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO, CA 94105	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BITCOIN STRATEGY FD INVESTOR	7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA, MD 20814	0.40%

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
NUTTER, MCCLENNEN & FISH, LLP 401(K) SAVINGS AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 024

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NUTTER, MCCLENNEN & FISH, LLP

D Employer Identification Number (EIN)
04-2106505

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: FID FRDM BLND 2025 Q

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-090	C	8038638

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2050 Q

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-095	C	4604736

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2060 Q

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-147	C	1696207

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2015 Q

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-088	C	905778

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2030 Q

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-091	C	12304479

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2065 Q

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-168	C	228901

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2055 Q

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-113	C	5633232

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2020 Q

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

c EIN-PN 20-4659714-089	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6870174

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2010 Q

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

c EIN-PN 20-4659714-087	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 620184

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2035 Q

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

c EIN-PN 20-4659714-092	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9857888

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2040 Q

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

c EIN-PN 20-4659714-093	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6940400

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2045 Q

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

c EIN-PN 20-4659714-094	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5149912

a Name of MTIA, CCT, PSA, or 103-12 IE: GS STABLE VAL INST1

b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY NA

c EIN-PN 13-4166989-025	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 138669

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLD RET Q

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

c EIN-PN 20-4659714-085	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3794316

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NUTTER, MCCLENNEN & FISH, LLP 401(K) SAVINGS AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 024

C Plan sponsor's name as shown on line 2a of Form 5500
NUTTER, MCCLENNEN & FISH, LLP

D Employer Identification Number (EIN)
04-2106505

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	672052	696747
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7223686	8871243
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	149
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	483301	615843
(9) Value of interest in common/collective trusts	1c(9)	57695213	66783514
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	86066691	93955551
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	152140943	170923047
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	152140943	170923047

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)	804531	
(B) Participants	2a(1)(B)	5177798	
(C) Others (including rollovers)	2a(1)(C)	1590186	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		7572515
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	330488	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	49031	
(F) Other	2b(1)(F)	182718	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		562237
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3520224	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3520224
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	19	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		19
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-423	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-423

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		10514358
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10541039
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		32709969
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13817451	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		13817451
f Corrective distributions (see instructions)	2f		6676
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	50493	
(4) IQPA audit fees	2i(4)	7416	
(5) Investment advisory and investment management fees	2i(5)	7922	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	37907	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		103738
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13927865
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		18782104
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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 PC **(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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
NUTTER, MCCLENNEN & FISH, LLP 401(K) SAVINGS AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 024

C Plan sponsor's name as shown on line 2a of Form 5500
NUTTER, MCCLENNEN & FISH, LLP

D Employer Identification Number (EIN)
04-2106505

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** |

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): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

CBIZ CPAs

Financial Statements
and Supplemental Schedule

Nutter, McClennen & Fish, LLP
401(k) Savings and Profit Sharing Plan

December 31, 2025 and 2024

NUTTER, MCCLENNEN & FISH, LLP
401(k) SAVINGS AND PROFIT SHARING PLAN

Financial Statements
and Supplemental Schedule

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 Schedule (2025 only):

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	15-17

CBIZ CPAs P.C.
53 State Street
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Boston, MA 02109
P: 617.807.5000

Independent Auditors' Report

To the Trustees
Nutter, McClennen & Fish, LLP
401(k) Savings and Profit Sharing Plan

Opinion

We have audited the financial statements of the Nutter, McClennen & Fish, LLP 401(k) Savings and Profit Sharing 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 December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 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 December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 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 there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on 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.

Other Matter - Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is 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
September 28, 2026

NUTTER, MCCLENNEN & FISH, LLP
401(k) SAVINGS AND PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2025	***2024***
Assets		
Investments at fair value	$ 169,610,457	$ 150,985,590
Receivables:		
Notes receivable from participants	615,843	483,301
Employer profit sharing contribution	696,747	672,052
Total receivables	**1,312,590**	**1,155,353**
Net assets available for benefits	**$ 170,923,047**	**$ 152,140,943**

See accompanying notes to the financial statements.

NUTTER, MCCLENNEN & FISH, LLP
401(k) SAVINGS AND PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	21,054,992
Interest and dividends		4,033,431
Total investment income		25,088,423
Interest income on notes receivable from participants		49,031
Contributions:		
Participant deferrals		5,177,798
Rollovers		1,590,186
Employer matching		124,807
Employer profit sharing		679,724
Total contributions		7,572,515
Total additions to net assets		**32,709,969**
Deductions from net assets attributed to:		
Benefits paid to participants		13,824,127
Administrative expenses		103,738
Total deductions from net assets		**13,927,865**
Net increase in net assets available for benefits		**18,782,104**
Net assets available for benefits, beginning of year		152,140,943
Net assets available for benefits, end of year	**$**	**170,923,047**

See accompanying notes to the financial statements.

NUTTER, MCCLENNEN & FISH, LLP
401(k) SAVINGS AND PROFIT SHARING PLAN

Notes to Financial Statements

Note 1 - Description of the Plan

The following is only a general description of the Nutter, McClennen & Fish, LLP 401(k) Savings and Profit Sharing Plan (the "Plan"). Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that is intended to meet the requirements of Sections 401(a) and 401(k) of the Internal Revenue Code and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. All employees of Nutter, McClennen & Fish, LLP and its subsidiary, Nutter Investment Advisors, L.P. (the "Firm"), who are at least 21 years of age, are eligible to participate in the Plan. The Plan is administered by a Retirement Committee consisting of partners (the "Trustees"), who are appointed by the Executive Committee of the Firm. Substantially all investments are participant directed.

Participant Deferral Contributions

Active participants may elect, but shall not be required, to contribute between 1% and 99% of eligible compensation on a pre-tax basis, or to an after-tax Roth option. Participants who have reached age 50 are also eligible to contribute an additional catch-up contribution. Both regular Roth and catch-up contributions are subject to annual IRS dollar limits. Employees, whether or not active participants, may contribute distributions from other qualified plans if the contribution satisfies the tax law requirements for a qualified rollover.

The Plan has an auto enroll feature for eligible employees equal to 6% of eligible compensation unless an alternative election is made. The Plan has an auto increase feature whereby contributions will increase by 1% on each January 1st until the contribution reaches 10%.

Profit Sharing Contribution

Each year, the Firm contributes a profit sharing contribution for eligible non-legal staff employees equal to a percentage of gross compensation. For 2025, the profit sharing contribution was equal to 4% of eligible gross compensation. To be eligible for the profit sharing contribution, employees must have attained the age of 21, worked a minimum of 1,000 hours in the calendar year and be an active employee on December 31. During the year ended December 31, 2025, the Firm made a profit sharing contribution of $679,724.

Employer Matching Contributions

Each year, the Firm contributes for each non-legal staff employee with at least one year of service, an amount equal to 50% of the Participant's elective contribution, up to an annual maximum of $1,000 per participant. During the year ended December 31, 2025, the Firm made a matching contribution of $124,807, net of forfeitures of $18,636.

Note 1 - Description of the Plan (Continued)

Participant Accounts

Each participant's account is credited with their elective contribution, rollover contribution, the Firm's profit sharing and matching contributions and allocations of the Plan's investment earnings/losses and charged for administrative fees related to participant loans. Earnings are allocated based on the proportion of a participant's balance to the total of all accounts covered by the allocation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are fully vested in all amounts related to their elective and rollover contributions, Firm matching contributions and earnings thereon. Participants become vested in the Firm profit sharing contributions and related earnings upon completion of three credited years of service or attainment of normal retirement age. A participant receives a credited year of service for the anniversary year in which he or she works at least 1,000 hours.

Forfeitures

Forfeitures are used to reduce future Firm contributions and pay administrative expenses. At December 31, 2025 and 2024, unused forfeited account balances totaled $6,103 and $15,151, respectively. Forfeitures totaling $56,512 were utilized to reduce Firm contributions and to pay administrative expenses during the year ended December 31, 2025.

Payment of Benefits

The Plan provides for benefit payments to participants upon retirement, disability, death or termination in accordance with the Plan document. Participants who retire or terminate employment with the Firm for any reason other than death shall be entitled to a benefit equal to his or her vested balance valued as of the date coinciding with or immediately preceding the date the distribution is to be made.

In the event of the death of a participant, his or her beneficiary will have a non-forfeitable interest in, and will be entitled to receive, a benefit equal to the balance in the Participant's account valued as of the date coinciding with or immediately preceding the date the distribution is to be made.

Upon the retirement or termination of a participant, vested account balances greater than $1,000, but not more than $7,000, will be transferred to a rollover IRA unless a cash or rollover distribution is requested. Account balances of $1,000 or less will automatically be distributed to participants.

Note 1 - Description of the Plan (Continued)

Payments of Benefits (Continued)

In-service withdrawals from a participant's account are permitted due to (1) financial hardship or (2) in special circumstances for participants who have achieved age 59½, and are on an authorized leave from the Firm that is expected to continue for an uninterrupted period of the shorter of six months or the remainder of the participant's life. Participants must exhaust all other options before financial hardship withdrawals are allowed except in the case of hardships that are approved under the special circumstances.

Notes Receivable from Participants

Participants may borrow against their vested account balance for any reason. The amount of the loan is restricted to the lesser of $50,000, or 50% of the vested account balance, and must be a minimum of $1,000. All loans are secured by the Participant's account balance and bear interest at the prime rate at time of borrowing, plus 2%. Principal and interest are paid ratably through payroll deductions over a term not to exceed five years, unless the proceeds of the loan are used to acquire a principal residence for the participant and only two outstanding loans are allowed at a time.

Plan Expenses

Certain expenses incurred in the administration of the Plan are paid by the Firm as well as with Fidelity rebates, with the exception of fees relating to individual accounts, which are paid by the Plan and charged to the participant's account.

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

The Plan's 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.

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 appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Note 2 - Summary of Significant Accounting Policies (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded on the cash basis. Related fees are recorded as administrative expenses and are charged to expense as incurred.

Unit Values

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

Benefits Paid

Benefit payments to participants are recorded upon distribution.

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.

Contributions

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation.

Subsequent Events

The Firm has evaluated subsequent events through September 28, 2026, the date that the financial statements were available to be issued. No matters of significance were identified for disclosure during this evaluation.

Note 3 - Investments

Under the Plan, a participant selects the manner in which his or her account will be invested by choosing from a variety of mutual funds, commingled funds or a collective trust fund. If the participant makes no investment election, their 401(k) contributions and their Employer contributions will be invested in the age-appropriate Fidelity Freedom Fund. Participants may make transfers within the various mutual funds offered at any time.

Note 4 - 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 quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
>
> *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.

The 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 December 31, 2025 and 2024.

Mutual Funds

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

Note 4 - Fair Value Measurements (Continued)

Stable Value Collective Trust Fund

Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. Participant transactions (purchases and sales) may occur daily. The 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. 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.

Commingled Funds

Commingled funds are valued by calculating the NAV of each investment by multiplying the investment's total capital from audited financial statements by the Plan's ownership percentage in that investment. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. Redemptions may be processed daily.

Mutual Funds, Exchange Traded Funds, and Cash Funds (Self-Directed Brokerage Account)

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

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

	Assets at Fair Value as of December 31, 2025			
Description	***Level I***	***Level II***	***Level III***	***Total***
Mutual funds	$ 96,098,369	$ -	$ -	$ 96,098,369
Self-directed brokerage:				
Mutual funds	3,089,157	-	-	3,089,157
Exchange traded funds	2,107,508	-	-	2,107,508
Cash funds	1,531,909	-	-	1,531,909
Self-directed brokerage total	6,728,574	-	-	6,728,574
Total investments in the fair value hierarchy	**$ 102,826,943**	**$ -**	**$ -**	**102,826,943**
Investments measured at NAV practical expedient (a)				66,783,514
Investments at fair value				**$ 169,610,457**

Note 4 - Fair Value Measurements (Continued)

Description	*Assets at Fair Value as of December 31, 2024*			
	Level I	*Level II*	*Level III*	*Total*
Mutual funds	$ 88,147,672	$ -	$ -	$ 88,147,672
Self-directed brokerage:				
Mutual funds	2,420,424	-	-	2,420,424
Exchange traded funds	1,674,113	-	-	1,674,113
Government bond	1,048,167			1,048,167
Self-directed brokerage total	5,142,704	-	-	5,142,704
Total investments in the fair value hierarchy	**$ 93,290,376**	**$ -**	**$ -**	**93,290,376**
Investments measured at NAV practical expedient (a)				57,695,214
Investments at fair value				**$ 150,985,590**

(a) In accordance with 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.

Note 5 - Fair Value of Investments in Entities that Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2025 and 2024, respectively:

Investments	*Fair Value 12/31/2025*	*Fair Value 12/31/2024*	*Unfunded Commitments*	*Redemption Frequency*	*Redemption Notice Period*
Stable Value Fund	$ 138,669	$ 385,764	$ -	Daily	None
Commingled Funds	66,644,845	57,309,450	-	Daily	1 Day
Total	**$ 66,783,514**	**$ 57,695,214**	**$ -**		

Note 6 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events such as an international conflict, which could impact the value of 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.

Note 7 - Related-Party Transactions and Exempt Party-In-Interest Transactions

Plan investments include shares of mutual funds managed by FMR Corp., commonly known as Fidelity Investments, of which Fidelity Management Trust Company is an affiliated company. Fidelity Management Trust Company is the recordkeeper and directed custodian, as defined by the Plan, and therefore, these transactions qualify as party-in-interest. Notes receivable from participants are also considered party-in-interest transactions.

For the year ended December 31, 2025, Fidelity charged participant accounts $44,834 for fees related to recordkeeping, loans, distributions, RMD's, and portfolio advisory fees and charged the Plan $5,659 for account maintenance and annual testing fees. During 2025, participant accounts were credited with $163,085 of revenue sharing credits from Fidelity and the Plan received credits of $19,634. These amounts are netted with interest and dividends on the Statement of Changes in Net Assets. The Plan revenue sharing credits were used to pay Plan service providers.

Note 8 - Plan Termination

Although it has not expressed any intent to do so, the Firm has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in all of their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Firm may determine.

Note 9 - Tax Status

The Plan obtained its latest determination letter dated August 3, 2017, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 9 - Tax Status (Continued)

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 Schedule

NUTTER, MCCLENNEN & FISH, LLP
401(k) SAVINGS AND PROFIT SHARING PLAN

(E.I.N. 04-2106505 - Plan Number 024)

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

December 31, 2025

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
	GS Stable Value Inst1	Stable Value Collective Trust Fund		$ 138,669
*	Fidelity 500 Index	Mutual Fund		28,139,178
*	Fidelity Contrafund	Mutual Fund		16,781,016
*	Fidelity Puritan	Mutual Fund		12,069,496
*	Fidelity Government Money Market PRM	Mutual Fund		7,339,334
*	Fidelity Blue Chip Growth	Mutual Fund		6,866,043
*	Fidelity Extended Market Index	Mutual Fund		4,946,447
*	Fidelity Diversified International	Mutual Fund		4,446,376
	Vanguard Total Bond Market Adm	Mutual Fund		3,770,653
*	Fidelity Strategic Income	Mutual Fund		3,732,261
*	Fidelity Total Intl Index	Mutual Fund		2,902,753
	MFS Value R3	Mutual Fund		2,252,754
*	Fidelity Stock Selector Small Cap	Mutual Fund		1,282,058
	PIMCO Total Return R	Mutual Fund		1,080,244
	Vanguard FTSE Social Index Adm	Mutual Fund		489,756
*	Fidelity Capital & Income	Mutual Fund		330,632
	Brown Advisory Sustain Growth Inv	Mutual Fund		289,368
	Cliffwater Corporate Lending Fund I	Mutual Fund		282,630
	Parnassus Mid Cap Fund Institutional	Mutual Fund		261,592
	JP Morgan US Lg Cap Core Plus Select Shs	Mutual Fund		211,138
*	Fidelity Equity Income	Mutual Fund		195,480
*	Fidelity Investment Grade	Mutual Fund		193,606
*	Fidelity Strategic Dividend & Income	Mutual Fund		167,457
*	Fidelity Equity Income II	Mutual Fund		156,044
*	Fidelity Structured Mid Cap Value	Mutual Fund		151,056
	Metropolitan West Total Return Class I	Mutual Fund		127,544
	Blackrock Global Science & Tech Cl A	Mutual Fund		114,002
*	Fidelity Select Utilities Growth	Mutual Fund		103,927
	Calvert US Mid Cap Core RSPNB Idx I	Mutual Fund		94,217
*	Fidelity Europe	Mutual Fund		66,774
*	Fidelity Real Estate Index Instituional	Mutual Fund		65,454
*	Fidelity Select Banking Portfilio	Mutual Fund		64,608
*	Fidelity Inflation Protected Bond Index Inst Prem	Mutual Fund		49,511
*	Fidelity Zero Total Market Index	Mutual Fund		49,332
*	Fidelity Intermediate Treasury Bond Index Inst Prem	Mutual Fund		34,801
*	Fidelity Long Term Treasury Bond Index Inst Premium	Mutual Fund		30,140
	Bitcoin Strategy FD Investor	Mutual Fund		24,035
*	Fidelity Dividend Growth	Mutual Fund		10,160
*	Fidelity Emerging Markets	Mutual Fund		7,832
*	Fidelity Select Energy	Mutual Fund		7,165
*	Fidelity Growth & Income	Mutual Fund		525
	The Internet New Paradigm	Mutual Fund		127
		Total Mutual Funds		99,187,526

NUTTER, MCCLENNEN & FISH, LLP
401(k) SAVINGS AND PROFIT SHARING PLAN

(E.I.N. 04-2106505 - Plan Number 024)

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

December 31, 2025

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
*	Fidelity Cash Reserves	Exchange Traded Fund		$ 1,531,909
	SPDR Gold TR Gold Shares	Exchange Traded Fund		232,456
	IShares TR S&P 500 Index Fund	Exchange Traded Fund		174,244
	Invesco QQQ Trust Unit Ser 1	Exchange Traded Fund		145,212
	Blackrock ETF Trust US EQT Factor	Exchange Traded Fund		118,838
	IShares Trust Core Total USD BD Mkt ETF	Exchange Traded Fund		108,868
	IShares TR MSCI USA Quality Factor	Exchange Traded Fund		106,945
	IShares TR S&P 500/Barra Growth Index	Exchange Traded Fund		97,031
	Vaneck Vectors ETF TR Semiconductor ET	Exchange Traded Fund		78,552
	S&P 500 Depository Receipt	Exchange Traded Fund		76,181
	IShares TR MSCI EAFE Value Index Fund	Exchange Traded Fund		68,232
	RBB FD Income Motley Fool GBL	Exchange Traded Fund		60,878
	IShares TR MSCI EAFE Growth Index Fund	Exchange Traded Fund		55,793
	SHP ETF Trust NEOS S&P 500 HI	Exchange Traded Fund		45,215
	Ishares TR Dow Jones US Technology	Exchange Traded Fund		44,875
	IShares TR Lehman MBS Fixed Rate	Exchange Traded Fund		41,514
	Gabelli Util TR	Exchange Traded Fund		39,926
	IShares MSCI EMR MRK EX Chna	Exchange Traded Fund		35,075
*	Fidelity MSCI Real Estate Index ETF	Exchange Traded Fund		34,076
	SPDR Ser TR S&P Divid ETF	Exchange Traded Fund		33,037
	JP Morgan Exchange Traded Fund NASDAQ EQT	Exchange Traded Fund		31,604
	IShares TR S&P MidCap 400 Index Fund	Exchange Traded Fund		30,657
	SPDR Ser TR DJ Wilshire Large	Exchange Traded Fund		28,302
	IShares TR 20+ Treas Index Fund	Exchange Traded Fund		27,786
	IShares Trust IShares Currency	Exchange Traded Fund		26,621
	IShares TR MSCI EAFE Index Fund	Exchange Traded Fund		26,389
	Sector SPDR TR Shs Ben Int Financial	Exchange Traded Fund		22,052
	Sector SPDR TR Shs Ben Int Cyclicals	Exchange Traded Fund		21,324
	SPD Series Trust Barclays 1-10 Yr	Exchange Traded Fund		19,705
	JP Morgan Exchange Traded Fund	Exchange Traded Fund		19,214
	Blackrock ETF Trust II Flexible Income	Exchange Traded Fund		17,818
	Dimensional ETF Trust Intl Core EQT	Exchange Traded Fund		17,515
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	Sector SPDR TR Shs Ben Int Consumer	Exchange Traded Fund		15,892
	IShares Silver TR Ishares	Exchange Traded Fund		14,237
	IShares Inc Core MSCI Emerging Markets	Exchange Traded Fund		14,023
	IShares TR US Infrastructure	Exchange Traded Fund		13,224
	Vanguard Index FDS Vanguard Small Cap	Exchange Traded Fund		12,266
	Vanguard Index Tr Vanguard Total Stock	Exchange Traded Fund		12,243
	IShares TR NASDAQ Biotechnology Index	Exchange Traded Fund		11,463
	Vanguard Admiral FDS Inc & S&P Midcap 400	Exchange Traded Fund		11,125
	IShares TR S&P Global Enegy Sector	Exchange Traded Fund		11,064
	Vanguard Index FDS Mid-Cap Growth Index	Exchange Traded Fund		10,270
	Global X Funds Data Ctr REITS	Exchange Traded Fund		10,233
	Vaneck Vectors ETF TR Uranium Nuclear	Exchange Traded Fund		10,117
	Vanguard Sector Index FDS Vanguard	Exchange Traded Fund		10,002
*	Fidelity MSCI Telecommunications	Exchange Traded Fund		8,763
*	Fidelity MSCI Energy Index ETF	Exchange Traded Fund		8,153
*	Fidelity Disruptive Tech ETF	Exchange Traded Fund		8,148

NUTTER, MCCLENNEN & FISH, LLP
401(k) SAVINGS AND PROFIT SHARING PLAN

(E.I.N. 04-2106505 - Plan Number 024)

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

December 31, 2025

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
*	Fidelity Crypto Industry and Digital	Exchange Traded Fund		4,320
	Ark ETF TR Innovation ETF	Exchange Traded Fund		3,231
	Ark ETF Tr Web X.0 ETF	Exchange Traded Fund		3,151
	IShares TR S&P Aggressive	Exchange Traded Fund		2,907
	Ark ETF Fintech Innovation	Exchange Traded Fund		2,860
	SPDR Ser TR SP500 Fosl ETF	Exchange Traded Fund		1,954
	Vaneck Vectors ETF TR Gold Miners ETF	Exchange Traded Fund		1,866
*	Fidelity Wise Origin Bitcoin Fund	Exchange Traded Fund		1,471
	World Gold TR SPDR GLD Minis	Exchange Traded Fund		1,158
	Amplify ETF TR Alternmative Harv	Exchange Traded Fund		147
		Total Exchange Traded Funds		3,639,417
*	Fidelity Freedom Blnd 2030 Q	Commingled Funds		$ 12,304,479
*	Fidelity Freedom Blnd 2035 Q	Commingled Funds		9,857,888
*	Fidelity Freedom Blnd 2025 Q	Commingled Funds		8,038,638
*	Fidelity Freedom Blnd 2040 Q	Commingled Funds		6,940,400
*	Fidelity Freedom Blnd 2020 Q	Commingled Funds		6,870,173
*	Fidelity Freedom Blnd 2055 Q	Commingled Funds		5,633,232
*	Fidelity Freedom Blnd 2045 Q	Commingled Funds		5,149,912
*	Fidelity Freedom Blnd 2050 Q	Commingled Funds		4,604,736
*	Fidelity Freedom Blend Inc Q	Commingled Funds		3,794,316
*	Fidelity Freedom Blnd 2060 Q	Commingled Funds		1,696,207
*	Fidelity Freedom Blnd 2015 Q	Commingled Funds		905,778
*	Fidelity Freedom Blnd 2010 Q	Commingled Funds		620,184
*	Fidelity Freedom Blnd 2065 Q	Commingled Funds		228,902
		Total Commingled Funds		66,644,845
*	Participant Loans	Loans (5.25% -10.50%)	-0-	615,843
				$ 170,226,300

* Party-in-interest as defined by ERISA.

Supplemental Schedule

NUTTER, MCCLENNEN & FISH, LLP
401(k) SAVINGS AND PROFIT SHARING PLAN

(E.I.N. 04-2106505 - Plan Number 024)

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

December 31, 2025

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
	GS Stable Value Inst1	Stable Value Collective Trust Fund		$ 138,669
*	Fidelity 500 Index	Mutual Fund		28,139,178
*	Fidelity Contrafund	Mutual Fund		16,781,016
*	Fidelity Puritan	Mutual Fund		12,069,496
*	Fidelity Government Money Market PRM	Mutual Fund		7,339,334
*	Fidelity Blue Chip Growth	Mutual Fund		6,866,043
*	Fidelity Extended Market Index	Mutual Fund		4,946,447
*	Fidelity Diversified International	Mutual Fund		4,446,376
	Vanguard Total Bond Market Adm	Mutual Fund		3,770,653
*	Fidelity Strategic Income	Mutual Fund		3,732,261
*	Fidelity Total Intl Index	Mutual Fund		2,902,753
	MFS Value R3	Mutual Fund		2,252,754
*	Fidelity Stock Selector Small Cap	Mutual Fund		1,282,058
	PIMCO Total Return R	Mutual Fund		1,080,244
	Vanguard FTSE Social Index Adm	Mutual Fund		489,756
*	Fidelity Capital & Income	Mutual Fund		330,632
	Brown Advisory Sustain Growth Inv	Mutual Fund		289,368
	Cliffwater Corporate Lending Fund I	Mutual Fund		282,630
	Parnassus Mid Cap Fund Institutional	Mutual Fund		261,592
	JP Morgan US Lg Cap Core Plus Select Shs	Mutual Fund		211,138
*	Fidelity Equity Income	Mutual Fund		195,480
*	Fidelity Investment Grade	Mutual Fund		193,606
*	Fidelity Strategic Dividend & Income	Mutual Fund		167,457
*	Fidelity Equity Income II	Mutual Fund		156,044
*	Fidelity Structured Mid Cap Value	Mutual Fund		151,056
	Metropolitan West Total Return Class I	Mutual Fund		127,544
	Blackrock Global Science & Tech Cl A	Mutual Fund		114,002
*	Fidelity Select Utilities Growth	Mutual Fund		103,927
	Calvert US Mid Cap Core RSPNB Idx I	Mutual Fund		94,217
*	Fidelity Europe	Mutual Fund		66,774
*	Fidelity Real Estate Index Instituional	Mutual Fund		65,454
*	Fidelity Select Banking Portfilio	Mutual Fund		64,608
*	Fidelity Inflation Protected Bond Index Inst Prem	Mutual Fund		49,511
*	Fidelity Zero Total Market Index	Mutual Fund		49,332
*	Fidelity Intermediate Treasury Bond Index Inst Prem	Mutual Fund		34,801
*	Fidelity Long Term Treasury Bond Index Inst Premium	Mutual Fund		30,140
	Bitcoin Strategy FD Investor	Mutual Fund		24,035
*	Fidelity Dividend Growth	Mutual Fund		10,160
*	Fidelity Emerging Markets	Mutual Fund		7,832
*	Fidelity Select Energy	Mutual Fund		7,165
*	Fidelity Growth & Income	Mutual Fund		525
	The Internet New Paradigm	Mutual Fund		127
		Total Mutual Funds		99,187,526

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December 31, 2025

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
*	Fidelity Cash Reserves	Exchange Traded Fund		$ 1,531,909
	SPDR Gold TR Gold Shares	Exchange Traded Fund		232,456
	IShares TR S&P 500 Index Fund	Exchange Traded Fund		174,244
	Invesco QQQ Trust Unit Ser 1	Exchange Traded Fund		145,212
	Blackrock ETF Trust US EQT Factor	Exchange Traded Fund		118,838
	IShares Trust Core Total USD BD Mkt ETF	Exchange Traded Fund		108,868
	IShares TR MSCI USA Quality Factor	Exchange Traded Fund		106,945
	IShares TR S&P 500/Barra Growth Index	Exchange Traded Fund		97,031
	Vaneck Vectors ETF TR Semiconductor ET	Exchange Traded Fund		78,552
	S&P 500 Depository Receipt	Exchange Traded Fund		76,181
	IShares TR MSCI EAFE Value Index Fund	Exchange Traded Fund		68,232
	RBB FD Income Motley Fool GBL	Exchange Traded Fund		60,878
	IShares TR MSCI EAFE Growth Index Fund	Exchange Traded Fund		55,793
	SHP ETF Trust NEOS S&P 500 HI	Exchange Traded Fund		45,215
	Ishares TR Dow Jones US Technology	Exchange Traded Fund		44,875
	IShares TR Lehman MBS Fixed Rate	Exchange Traded Fund		41,514
	Gabelli Util TR	Exchange Traded Fund		39,926
	IShares MSCI EMR MRK EX Chna	Exchange Traded Fund		35,075
*	Fidelity MSCI Real Estate Index ETF	Exchange Traded Fund		34,076
	SPDR Ser TR S&P Divid ETF	Exchange Traded Fund		33,037
	JP Morgan Exchange Traded Fund NASDAQ EQT	Exchange Traded Fund		31,604
	IShares TR S&P MidCap 400 Index Fund	Exchange Traded Fund		30,657
	SPDR Ser TR DJ Wilshire Large	Exchange Traded Fund		28,302
	IShares TR 20+ Treas Index Fund	Exchange Traded Fund		27,786
	IShares Trust IShares Currency	Exchange Traded Fund		26,621
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