

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify), the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months)
B This return/report is:
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: LIGHTHOUSE SCHOOL RETIREMENT PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 07/01/1996
2a Plan sponsor's name (employer, if for a single-employer plan): LIGHTHOUSE SCHOOL, INC.
2b Employer Identification Number (EIN): 04-2939326
2c Plan Sponsor's telephone number: 978-251-4050
2d Business code (see instructions): 611000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 03/10/2025, SUZANNE GRECCO; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 03/10/2025, SUZANNE GRECCO; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	226
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	185
	6a(2)	183
	6b	0
	6c	30
	6d	213
	6e	0
	6f	213
	6g(1)	207
6g(2)	212	
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 Characteristics Codes in the instructions:
2A 2E 3D

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan LIGHTHOUSE SCHOOL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 LIGHTHOUSE SCHOOL, INC.	D Employer Identification Number (EIN) 04-2939326	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

ROCKLAND TRUST

(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?
21	NONE	152944	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan LIGHTHOUSE SCHOOL RETIREMENT PLAN	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 LIGHTHOUSE SCHOOL, INC.	D Employer Identification Number (EIN) 04-2939326

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		1384
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1639565	1667042
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	5110237	6309739
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	3452773	4337269
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7394808	8506237
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8265213	8243734
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	25862596	29065405
Liabilities			
g Benefit claims payable	1g	541	731
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	541	731
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	25862055	29064674

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)	1667042	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1667042
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	142016	
(C) Corporate debt instruments	2b(1)(C)	135128	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		277144
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	112708	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	316788	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		429496
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	2340751	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2122570	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		218181
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1159327	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		393372
c Other income	2c		-666
d Total income. Add all income amounts in column (b) and enter total	2d		4143896

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	791588	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		791588
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	0	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	152944	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	-3345	
(11) Other expenses	2i(11)	90	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		149689
j Total expenses. Add all expense amounts in column (b) and enter total	2j		941277

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3202619
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CBIZ CPAS P.C.

(2) EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>LIGHTHOUSE SCHOOL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIGHTHOUSE SCHOOL, INC.</u>	D Employer Identification Number (EIN) <u>04-2939326</u>	

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): 33-6134835 20-1171923

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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



**Financial Statements
and Supplementary Information**

Lighthouse School Retirement Plan

June 30, 2024 and 2023

LIGHTHOUSE SCHOOL RETIREMENT PLAN

Financial Statements and Supplementary Information

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Independent Auditors' Report

To the Administrative Committee
Lighthouse School Retirement Plan
North Chelmsford, Massachusetts

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

We have performed the audits of the financial statements of the Lighthouse School Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended June 30, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of June 30, 2024 and 2023 and for the year ended June 30, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditors’ Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern 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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors’ report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, (1) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2024 and (2) Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended June 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CBIZ CPAs P.C.

Boston, Massachusetts
March 21, 2025

LIGHTHOUSE SCHOOL RETIREMENT PLAN

Statements of Net Assets Available for Benefits

	<i>June 30,</i>	
	2024	2023
Assets		
Investments, at fair value	\$ <u>27,398,363</u>	\$ <u>24,223,031</u>
Receivables:		
Employer contributions	1,667,042	1,639,565
Interest and dividends	<u>113,801</u>	<u>83,705</u>
Total receivables	<u>1,780,843</u>	<u>1,723,270</u>
Net assets available for plan benefits	<u>\$ 29,179,206</u>	<u>\$ 25,946,301</u>

LIGHTHOUSE SCHOOL RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended June 30, 2024

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 1,745,660
Interest and dividends	<u>761,290</u>

Total investment income	<u>2,506,950</u>
--------------------------------	-------------------------

Employer contributions	<u>1,667,042</u>
------------------------	------------------

Total additions to net assets	<u>4,173,992</u>
--------------------------------------	-------------------------

Deductions from net assets attributed to:

Benefits paid to participants	791,488
Administrative fees	<u>149,599</u>

Total deductions from net assets	<u>941,087</u>
---	-----------------------

Net increase in net assets available for benefits	3,232,905
--	------------------

Net assets available for benefits, beginning of year	<u>25,946,301</u>
--	-------------------

Net assets available for benefits, end of year	\$ <u><u>29,179,206</u></u>
---	------------------------------------

LIGHTHOUSE SCHOOL RETIREMENT PLAN

Notes to Financial Statements

Note 1 - Description of the Plan

The following description of the Lighthouse School Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined contribution plan, established on July 1, 1996 and restated on July 1, 2015, covering all employees of Lighthouse School, Inc. (the "Employer"). Employees who have completed at least 1,000 hours of service within a twelve-month period and are age twenty-one or older are eligible to participate in the Plan ("Participants"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Substantially all investments are non-participant directed.

The Plan administrator, who is appointed by the Employer's Board of Directors, has appointed Rockland Trust ("Rockland") as Trustee and Custodian of the Plan, to hold the Plan's assets, execute investment transactions and administer participants' accounts.

Contributions

The Employer, at its sole discretion, may elect to make contributions to the Plan on behalf of the eligible Plan participants. The Employer's contribution is allocated to eligible participants based on a percentage of compensation as specified for each employee classification for which the participant is a member. Under the Plan, the participants are not allowed to make voluntary contributions. Participants may contribute amounts representing distributions from other qualified defined benefit or contribution plans ("Participant Rollovers").

Participant Accounts

Each participant's account is credited with allocations of: (a) the Employer's contributions, (b) Plan earnings, (c) forfeitures of terminated participants' non-vested accounts, and (d) an allocation of administrative expenses. Allocations are based upon earnings, participant account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Vesting in the Employer's contributions plus earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service. Upon death or disability, Participants become fully vested in their account balances.

LIGHTHOUSE SCHOOL RETIREMENT PLAN

Notes to Financial Statements

Note 1 - Description of the Plan (Continued)

Forfeitures

The non-vested portion of a participant's account balance is forfeited upon the earlier of the distribution of the entire vested portion, upon termination of employment or five consecutive years of break in service. Forfeited amounts are used: (1) to restore any account balance that was forfeited and for which the participant has repaid his/her vested distribution, and (2) to supplement the Employer's contribution to the Plan through an allocation to all eligible Participants in the same manner as the Employer's contribution is allocated. For the year ended June 30, 2024, forfeitures of \$13,738 were re-allocated to eligible participants. At June 30, 2024 and 2023, forfeited amounts to be re-allocated to Participants in later years totaled \$5,489 and \$8,022, respectively.

Payment of Benefits

In-service withdrawals from a participant's total vested account balance are permitted upon attaining 59½ years of age and 10 years of service. Upon termination of service due to death, disability or retirement, a participant (or their designated beneficiary) may elect to receive a lump-sum amount equal to the value of the participant's vested interest. If a participant's vested account is less than \$1,000, the Plan administrator, after notification, may distribute the entire non-forfeited account balance to the participant. If a participant's vested account is greater than \$1,000 but less than \$5,000, the Plan administrator, after notification, may distribute his/her entire vested account balance to the participant in the form of an IRA rollover account.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Investments, Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Payment of Benefits

Benefits are recorded when paid.

LIGHTHOUSE SCHOOL RETIREMENT PLAN

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies (Continued)

Administrative Fees

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

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 the estimates that were used.

Subsequent Events

The Plan has evaluated subsequent events through March 21, 2025, the date that the financial statements were available to be issued. There were no significant matters identified for disclosure during this evaluation.

Note 3 - Non-Participant Directed Investments Certified by the Trustee and Custodian

Plan investments are held by Rockland, the Trustee and Custodian of the Plan. The fair value of all investments as of June 30, 2024 and 2023 and all investment transactions for the year ended June 30, 2024, including net appreciation in fair values, interest and dividends, are reported to the Plan and certified as complete and accurate by Rockland. Information included in the supplemental schedules has also been derived from information certified by Rockland.

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 unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

LIGHTHOUSE SCHOOL RETIREMENT PLAN

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

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 for the asset or liability.

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

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 June 30, 2024 and 2023.

Common Stocks

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

Money Market Fund and Mutual Funds

Valued at the daily closing price as reported by the fund. Money market and 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 money market fund and mutual funds held by the Plan are deemed to be actively traded.

Corporate Bonds and Debt Securities

Certain bonds are valued at the closing price reported on the active market on which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

The categorization of an investment within the fair value hierarchy is based upon the pricing transparency of the investment and does not necessarily correspond to Plan management's perceived risk of that investment.

LIGHTHOUSE SCHOOL RETIREMENT PLAN

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

Based on the fair value hierarchy levels, the investments held by the Plan as of June 30, 2024 and 2023 are as follows:

Fair Value Measurements as of June 30, 2024				
Description	Level I	Level II	Level III	Total
Money market fund	\$ 262,453	\$ -	\$ -	\$ 262,453
Common stocks	8,506,237	-	-	8,506,237
Mutual funds	7,982,665	-	-	7,982,665
Debt securities	-	6,309,739	-	6,309,739
Corporate bonds	-	4,337,269	-	4,337,269
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total	\$ 16,751,355	\$ 10,647,008	\$ -	\$ 27,398,363

Fair Value Measurements as of June 30, 2023				
Description	Level I	Level II	Level III	Total
Money market fund	\$ 329,394	\$ -	\$ -	\$ 329,394
Common stocks	7,394,808	-	-	7,394,808
Mutual funds	7,935,819	-	-	7,935,819
Debt securities	-	5,110,237	-	5,110,237
Corporate bonds	-	3,452,773	-	3,452,773
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total	\$ 15,660,021	\$ 8,563,010	\$ -	\$ 24,223,031

Note 5 - 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 6 - Plan Termination

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

LIGHTHOUSE SCHOOL RETIREMENT PLAN

Notes to Financial Statements

Note 7 - Tax Status

The Plan has adopted the Pension Works, Inc. Volume Submitter Defined Contribution Plan that received its latest opinion letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress.

Note 8 - Related-Party Transactions and Exempt Party-in-Interest Transactions

For the year ended June 30, 2024, the Plan paid administrative fees to Rockland, the Trustee and Custodian of the Plan, in the amount of \$149,599, which qualify as party-in-interest transactions.

Note 9 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of Plan net assets available for benefits per the financial statements to Form 5500 as of June 30:

	2024	2023
Net assets available for benefits per the financial statements at June 30	\$ 29,179,206	\$ 25,946,301
Interest and dividends receivable recorded on the financial statements not recorded on Form 5500	(113,801)	(83,705)
Benefits payable recorded on Form 5500	<u>(731)</u>	<u>(541)</u>
Net assets available for benefits per Form 5500	<u>\$ 29,064,674</u>	<u>\$ 25,862,055</u>

LIGHTHOUSE SCHOOL RETIREMENT PLAN

Notes to Financial Statements

Note 9 - Reconciliation of Financial Statements to Form 5500 (Continued)

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income per Form 5500 for the year ended June 30, 2024:

Net increase in net assets available for benefits per the financial statements	\$ 3,232,905
Net change in interest and dividends receivable recorded on the financial statements not recorded on Form 5500	(30,096)
Net change in benefits payable recorded on Form 5500	<u>(190)</u>
Net income per Form 5500	<u><u>\$ 3,202,619</u></u>

The accompanying Statements of Net Assets Available for Benefits and Statement of Changes in Net Assets Available for Benefits have been prepared in accordance with accounting principles generally accepted in the United States of America. The information listed on Schedule H of Form 5500 has been prepared in accordance with procedures established by the third-party administrator; therefore, some items may have been classified differently.

Supplementary Information

LIGHTHOUSE SCHOOL RETIREMENT PLAN

(E.I.N. 04-2939326 - Plan Number 003)

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

June 30, 2024

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Federated Hermes Government Obligations Fund	Money Market Fund	\$ 262,453	\$ 262,453
	Total Money Market Fund		262,453	262,453
	United States Treasury Note/Bond 4.25% 30 Sep 2024	Debt Securities	394,970	398,900
	Federal Home Loan Mortgage Corp 6.25% 15 Jul 2032	Debt Securities	395,980	391,692
	Federal Home Loan Mortgage Corp 6.625% 15 Nov 2030	Debt Securities	405,411	391,192
	United States Treasury Note/Bond 2.75% 15 Aug 2032	Debt Securities	364,877	355,952
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	United States Treasury Note/Bond 2.875% 15 Aug 2028	Debt Securities	295,325	259,102
	Federal National Mortgage Association 1.75% 02 Jul 2024	Debt Securities	211,437	199,978
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	United States Treasury Note/Bond 4.125% 131 Aug 2030	Debt Securities	197,056	197,454
	United States Treasury Note/Bond 3.875% 15 Jan 2026	Debt Securities	199,485	196,992
	Federal National Mortgage Association 1.625% 07 Jan 2025	Debt Securities	211,033	196,268
	United States Treasury Note/Bond 3.875% 31 Dec 2027	Debt Securities	198,321	196,164
	United States Treasury Note/Bond 2% 15 Feb 2025	Debt Securities	215,407	195,912
	United States Treasury Note/Bond 2.125% 15 May 2025	Debt Securities	215,876	194,820
	United States Treasury Note/Bond 3.625% NTS 31 May 2028	Debt Securities	196,587	194,304
	United States Treasury Note/Bond 2.625% 31 Dec 2025	Debt Securities	199,102	193,484
	Federal National Mortgage Association 2.125% 24 Apr 2026	Debt Securities	219,172	190,858
	Federal Home Loan Banks 3.25% 16 Nov 2028	Debt Securities	240,422	190,850
	United States Treasury Note/Bond 1.875% 30 Jun 2026	Debt Securities	210,516	189,282
	United States Treasury Note/Bond 1.625% 15 May 2026	Debt Securities	214,376	188,828
	United States Treasury Note/Bond 2.25% 15 Feb 2027	Debt Securities	223,407	188,554
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	United States Treasury Note/Bond 1.375% 31 Jan 2025	Debt Securities	154,401	146,640
	United States Treasury Note/Bond 1.125% 28 Feb 2025	Debt Securities	149,322	141,124
	Total Debt Securities		6,716,803	6,309,739
	Merck & Co Inc 4.5% 17 May 2033	Corporate Bonds	492,705	484,048
	UnitedHealth Group Inc 3.1% 15 Mar 2026	Corporate Bonds	488,463	459,339
	Visa Inc 3.15% 14 Dec 2025	Corporate Bonds	415,784	388,922
	Home Depot Inc 4.5% 15 Sep 2032	Corporate Bonds	387,384	388,521
	Chevron Corp 2.954% 16 May 2026	Corporate Bonds	412,848	384,810
	Coca-Cola 3.45% 25 Mar 2030	Corporate Bonds	372,736	374,321
	JPMorgan Chase & Co 3.3% 01 Apr 2026	Corporate Bonds	265,697	266,200
	Toyota Motor Credit Corp 3.375% 01 Apr 2030	Corporate Bonds	287,125	253,209
	Target Corp 3.5% 01 Jul 2024	Corporate Bonds	221,956	200,000
	Deere & Co 2.75% 15 Apr 2025	Corporate Bonds	217,024	195,826
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	Walt Disney Co/The 3.8% 22 Mar 2030	Corporate Bonds	237,768	189,595
	NIKE Inc 2.75% 27 Mar 2027	Corporate Bonds	216,196	189,416
	Amazon.com Inc 1.65% 12 May 2028	Corporate Bonds	201,724	178,154
	Total Corporate Bonds		4,632,318	4,337,269

LIGHTHOUSE SCHOOL RETIREMENT PLAN

(E.I.N. 04-2939326 - Plan Number 003)

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

June 30, 2024

(a)	(b) <i>Identity of Issue</i>	(c) <i>Description of Investment</i>	(d) <i>Cost</i>	(e) <i>Current Value</i>
	Microsoft Corp	Common Stock	\$ 419,632	\$ 737,021
	Alphabet Inc	Common Stock	335,733	674,684
	UnitedHealth Group Inc	Common Stock	254,442	335,093
	JPMorgan Chase & Co	Common Stock	159,897	318,762
	Merck & Co Inc	Common Stock	203,250	311,728
	Berkshire Hathaway Inc	Common Stock	216,694	308,761
	Visa Inc	Common Stock	270,070	304,728
	Texas Instruments Inc	Common Stock	240,407	273,898
	Chubb Ltd	Common Stock	177,353	251,764
	Apple Inc	Common Stock	176,588	232,735
	Copart Inc	Common Stock	127,886	227,255
	NextEra Energy Inc	Common Stock	193,393	227,017
	TJX Cos Inc/The	Common Stock	134,812	222,292
	Union Pacific Corp	Common Stock	188,884	212,006
	Starbucks Corp	Common Stock	250,455	210,584
	Intuit Inc	Common Stock	130,568	209,650
	Air Products and Chemicals Inc	Common Stock	189,149	207,730
	EOG Resources Inc	Common Stock	102,016	200,637
	Exxon Mobil Corp	Common Stock	143,142	199,503
	Colgate-Palmolive Co	Common Stock	154,621	195,342
	Meta Platforms Inc	Common Stock	63,094	192,612
	Roper Technologies Inc	Common Stock	155,449	185,444
	Procter & Gamble Co/The	Common Stock	165,234	184,545
	Accenture PLC	Common Stock	164,796	183,563
	Mastercard Inc	Common Stock	137,384	182,199
	PepsiCo Inc	Common Stock	135,185	168,394
	Schlumberger NV	Common Stock	176,218	163,762
	Automatic Data Processing Inc	Common Stock	86,553	157,058
	Veeva Systems Inc	Common Stock	151,715	153,362
	West Pharmaceutical Services Inc	Common Stock	140,813	150,531
	Danaher Corp	Common Stock	135,201	140,915
	Verizon Communications Inc	Common Stock	178,822	133,700
	S&P Global Inc	Common Stock	96,464	105,256
	Ecolab Inc	Common Stock	85,879	104,720
	NIKE Inc	Common Stock	139,956	100,393
	BlackRock Inc	Common Stock	93,067	91,329
	Thermo Fisher Scientific Inc	Common Stock	73,132	88,480
	Wec Energy Group Inc	Common Stock	90,966	87,248
	Honeywell International Inc	Common Stock	67,248	71,536
	Total Common Stock		6,406,168	8,506,237

LIGHTHOUSE SCHOOL RETIREMENT PLAN

(E.I.N. 04-2939326 - Plan Number 003)

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

June 30, 2024

(a)	(b) <i>Identity of Issue</i>	(c) <i>Description of Investment</i>	(d) <i>Cost</i>	(e) <i>Current Value</i>
	Pioneer Floating Rate Fund	Mutual Funds	\$ 641,388	\$ 620,347
	Stone Ridge High Yield Reinsurance Risk Premium Fund	Mutual Funds	612,579	607,803
	SPDR Gold Shares	Mutual Funds	478,781	588,912
	Vanguard Mortgage-Backed Securities Index Fund	Mutual Funds	656,304	565,625
	The Payden & Rygel Investment Group - Payden Equity Income Fund	Mutual Funds	505,724	543,916
	SPDR Barclays Long Term Corporate Bond ETF	Mutual Funds	551,729	542,170
	PIMCO High Yield Spectrum Fund	Mutual Funds	532,548	514,404
	Bright Rock Mid Cap Growth Fund	Mutual Funds	453,570	507,294
	Russell Global Infrastructure Fund	Mutual Funds	500,000	506,889
	TCW Emerging Markets Income Fund	Mutual Funds	570,837	500,994
	Vanguard S&P Mid-Cap 400 Value ETF	Mutual Funds	295,681	463,245
	Causeway International Value Fund	Mutual Funds	388,280	454,178
	Fidelity Diversified International Fund	Mutual Funds	432,916	446,056
	Parametric Emerging Markets Fund	Mutual Funds	364,943	400,796
	Virtus AlphaSimplex Managed Futures Strategy Fund	Mutual Funds	397,839	373,760
	Cohen & Steers International Realty Fund Inc	Mutual Funds	<u>350,000</u>	<u>346,276</u>
	Total Mutual Funds		<u>7,733,119</u>	<u>7,982,665</u>
	Total Investments		<u>\$ 25,750,861</u>	<u>\$ 27,398,363</u>

LIGHTHOUSE SCHOOL RETIREMENT PLAN

(E.I.N. 04-2939326 - Plan Number 003)

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended June 30, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Single Transactions:								
Federated Hermes Gov't Oblig Fund	Money Market Fund	\$ 1,639,565	\$ -	\$ -	\$ -	\$ 1,639,565	\$ 1,639,565	\$ -
Series of Transactions:								
Federated Hermes Gov't Oblig Fund	Money Market Fund	\$ 3,646,487	\$ -	\$ -	\$ -	\$ 3,646,487	\$ 3,646,487	\$ -
Federated Hermes Gov't Oblig Fund	Money Market Fund	\$ -	\$ 3,714,811	\$ -	\$ -	\$ 3,714,811	\$ 3,714,811	\$ -

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.**

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

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

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

D Check box if filing under: Form 5558; automatic extension; the DFVC program;
 special extension (enter description)

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

Part II Basic Plan Information --- enter all requested information

1a Name of plan Lighthouse School Retirement Plan	1b Three-digit plan number (PN) ▶ 003
	1c Effective date of plan 07/01/1996
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) Lighthouse School, Inc. 25 Wellman Avenue US North Chelmsford MA 01863-1361	2b Employer Identification Number (EIN) 04-2939326
	2c Plan Sponsor's telephone number (978) 251-4050
	2d Business code (see instructions) 611000

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	<i>Suzanne J Grecco</i>	<u>3.10.25</u>	Suzanne Grecco
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Suzanne J Grecco</i>	<u>3.10.25</u>	Suzanne Grecco
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 226
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) 185
a(2) Total number of active participants at the end of the plan year	6a(2) 183
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 30
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 213
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 213
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) 207
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) 212
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 Characteristics Codes in the instructions:
2A 2E 3D

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

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

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

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

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

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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

LIGHTHOUSE SCHOOL RETIREMENT PLAN

(E.I.N. 04-2939326 - Plan Number 003)

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended June 30, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
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	Union Pacific Corp	Common Stock	188,884	212,006
	Starbucks Corp	Common Stock	250,455	210,584
	Intuit Inc	Common Stock	130,568	209,650
	Air Products and Chemicals Inc	Common Stock	189,149	207,730
	EOG Resources Inc	Common Stock	102,016	200,637
	Exxon Mobil Corp	Common Stock	143,142	199,503
	Colgate-Palmolive Co	Common Stock	154,621	195,342
	Meta Platforms Inc	Common Stock	63,094	192,612
	Roper Technologies Inc	Common Stock	155,449	185,444
	Procter & Gamble Co/The	Common Stock	165,234	184,545
	Accenture PLC	Common Stock	164,796	183,563
	Mastercard Inc	Common Stock	137,384	182,199
	PepsiCo Inc	Common Stock	135,185	168,394
	Schlumberger NV	Common Stock	176,218	163,762
	Automatic Data Processing Inc	Common Stock	86,553	157,058
	Veeva Systems Inc	Common Stock	151,715	153,362
	West Pharmaceutical Services Inc	Common Stock	140,813	150,531
	Danaher Corp	Common Stock	135,201	140,915
	Verizon Communications Inc	Common Stock	178,822	133,700
	S&P Global Inc	Common Stock	96,464	105,256
	Ecolab Inc	Common Stock	85,879	104,720
	NIKE Inc	Common Stock	139,956	100,393
	BlackRock Inc	Common Stock	93,067	91,329
	Thermo Fisher Scientific Inc	Common Stock	73,132	88,480
	Wec Energy Group Inc	Common Stock	90,966	87,248
	Honeywell International Inc	Common Stock	67,248	71,536
	Total Common Stock		6,406,168	8,506,237

LIGHTHOUSE SCHOOL RETIREMENT PLAN

(E.I.N. 04-2939326 - Plan Number 003)

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

June 30, 2024

(a)	(b) <i>Identity of Issue</i>	(c) <i>Description of Investment</i>	(d) <i>Cost</i>	(e) <i>Current Value</i>
	Pioneer Floating Rate Fund	Mutual Funds	\$ 641,388	\$ 620,347
	Stone Ridge High Yield Reinsurance Risk Premium Fund	Mutual Funds	612,579	607,803
	SPDR Gold Shares	Mutual Funds	478,781	588,912
	Vanguard Mortgage-Backed Securities Index Fund	Mutual Funds	656,304	565,625
	The Payden & Rygel Investment Group - Payden Equity Income Fund	Mutual Funds	505,724	543,916
	SPDR Barclays Long Term Corporate Bond ETF	Mutual Funds	551,729	542,170
	PIMCO High Yield Spectrum Fund	Mutual Funds	532,548	514,404
	Bright Rock Mid Cap Growth Fund	Mutual Funds	453,570	507,294
	Russell Global Infrastructure Fund	Mutual Funds	500,000	506,889
	TCW Emerging Markets Income Fund	Mutual Funds	570,837	500,994
	Vanguard S&P Mid-Cap 400 Value ETF	Mutual Funds	295,681	463,245
	Causeway International Value Fund	Mutual Funds	388,280	454,178
	Fidelity Diversified International Fund	Mutual Funds	432,916	446,056
	Parametric Emerging Markets Fund	Mutual Funds	364,943	400,796
	Virtus AlphaSimplex Managed Futures Strategy Fund	Mutual Funds	397,839	373,760
	Cohen & Steers International Realty Fund Inc	Mutual Funds	<u>350,000</u>	<u>346,276</u>
	Total Mutual Funds		<u>7,733,119</u>	<u>7,982,665</u>
	Total Investments		<u>\$ 25,750,861</u>	<u>\$ 27,398,363</u>