

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	---	--

Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOSTON HIGASHI SCHOOL, INC</u></p> <p><u>800 NORTH MAIN STREET</u> <u>RANDOLPH, MA 02368</u></p>	<p>1c Effective date of plan <u>09/01/1994</u></p> <p>2b Employer Identification Number (EIN) <u>22-2803661</u></p> <p>2c Plan Sponsor's telephone number <u>781-961-0800</u></p> <p>2d Business code (see instructions) <u>611000</u></p>

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.	06/12/2025	MICHAEL L. KELLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/12/2025	MICHAEL KELLY
	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	
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	477
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)	352
	6a(2)	343
	6b	0
	6c	135
	6d	478
	6e	0
	6f	478
	6g(1)	467
6g(2)	477	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2L 2M 2F 2G

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 checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

- (1) **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) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 2
- (4) **C** (Service Provider Information)
- (5) **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 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOSTON HIGASHI SCHOOL, INC		D Employer Identification Number (EIN) 22-2803661

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	666293	384	09/01/2023	08/31/2024

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

(a) Total amount of commissions paid 40353	(b) Total amount of fees paid 0
---	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
FRANCIS P LEONARD **30 BRAINTREE HILL OFFICE PARK**
BRAINTREE, MA 02184

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
40353			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	4810386
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ UNALLOCATED ANNUITY ACCOUNT

b Balance at the end of the previous year **7b** 6188592

c Additions: (1) Contributions deposited during the year	7c(1)	570026	
	7c(2)		
	7c(3)	113896	
	7c(4)		
	7c(5)	111507	
▶ LOAN REPAYMENTS; ADJUSTMENTS; INTEREST; TRANSFERS			

(6) Total additions **7c(6)** 795429

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 6984021

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	107558	
	7e(2)	968	
	7e(3)	789688	
	7e(4)	1275421	
▶ NEW LOANS; ADJUSTMENTS; TRANSFERS; FEES			

(5) Total deductions **7e(5)** 2173635

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 4810386

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOSTON HIGASHI SCHOOL, INC	D Employer Identification Number (EIN) 22-2803661

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	891516+006	93	09/01/2023	08/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	375980
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GENERAL ACCOUNT

b Balance at the end of the previous year	7b	472095
--	-----------	--------

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	11232
	7c(4)	
	7c(5)	10702
▶ LOAN REPAYMENTS; FORFEITURES; TAKEOVERS; ADJUSTMENTS		

(6) Total additions	7c(6)	21934
---------------------------	--------------	-------

d Total of balance and additions (add lines 7b and 7c(6))	7d	494029
---	-----------	--------

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1)	88347
	7e(2)	
	7e(3)	19000
	7e(4)	10702
	▶ LOANS ISSUED; FORFEITURES; FEES; CORRECTIVES; ADJUSTMENTS	

(5) Total deductions	7e(5)	118049
----------------------------	--------------	--------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	375980
---	-----------	--------

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

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid.....		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3)).....			9a(4)
b Benefit charges (1) Claims paid.....		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2)).....			9b(3)
(4) Claims charged			9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention			9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)			9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)
(2) Claim reserves			9d(2)
(3) Other reserves.....			9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier			10a
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			10b
Specify nature of costs.			

Part IV Provision of Information

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

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

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.
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOSTON HIGASHI SCHOOL, INC	D Employer Identification Number (EIN) 22-2803661	

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

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

(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"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
A Name of plan BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOSTON HIGASHI SCHOOL, INC	D Employer Identification Number (EIN) 22-2803661

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7115	1257115
(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)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	453229	569428
(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)	20318337	26133472
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	6660687	5186366
(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	27439368	33146381
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	27439368	33146381

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)	1408295	
(B) Participants	2a(1)(B)	1045735	
(C) Others (including rollovers)	2a(1)(C)	13590	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2467620
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)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	28987	
(F) Other	2b(1)(F)	125128	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		154115
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1267225	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1267225
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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)		2914585
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6803545

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1072226	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1072226
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		22029
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	2277	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2277
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1096532

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5707013
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: **LEONARD, MULHERIN & GREENE, PC**

(2) EIN: **04-3108635**

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 09/01/2023 and ending 08/31/2024

A Name of plan <u>BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOSTON HIGASHI SCHOOL, INC</u>	D Employer Identification Number (EIN) <u>22-2803661</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): 71-0294708 35-1140070

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 _____.

**BOSTON HIGASHI SCHOOL
RETIREMENT SAVINGS PLAN**

Financial Statements and Supplemental
Schedule to Accompany 2023 Form 5500
Annual Report of Employee Benefit Plan
Under ERISA of 1974

Years ended August 31, 2024 and 2023

BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN

Financial Statements and Supplemental Schedule
Years ended August 31, 2024 and 2023

CONTENTS

	Page
Independent Auditor's Report	1-4
Financial Statements	
Statements of Net Assets Available for Benefits as of August 31, 2024 and 2023	5
Statements of Changes in Net Assets Available for Benefits for the years ended August 31, 2024 and 2023	6
Notes to Financial Statements	7-15
Supplemental Schedule	
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) as of August 31, 2024	16-17



INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Boston Higashi School Retirement Savings Plan
Randolph, Massachusetts

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

We have performed audits of the accompanying financial statements of Boston Higashi School Retirement Savings 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 August 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended August 31, 2024 and 2023, 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 Auditor's Responsibilities for the Audit of the Financial Statements section —

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

INDEPENDENT AUDITOR'S REPORT (continued)

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

INDEPENDENT AUDITOR'S REPORT (continued)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

- 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 audits.

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of August 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

**INDEPENDENT AUDITOR'S REPORT
(continued)**

Supplemental Schedule Required by ERISA (continued)

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to, or is derived from, the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Leonard, Mulherin & Greene, P.C.

LEONARD, MULHERIN & GREENE, P.C.
Braintree, Massachusetts

June 10, 2025

BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits
August 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value	\$ 30,975,138	\$ 26,548,911
Investments, at contract value	344,700	430,113
Receivables		
Employer contributions	1,257,115	7,115
Notes receivable from participants	569,428	453,229
Total receivables	1,826,543	460,344
Net assets available for benefits	\$ 33,146,381	\$ 27,439,368

The accompanying notes are an integral part of these financial statements.

BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits
Years ended August 31, 2024 and 2023

	2024	2023
Additions to net assets attributed to		
Net investment income	\$ 4,306,938	\$ 1,962,878
Interest income on notes receivable from participants	28,987	20,832
Contributions		
Participants	1,045,735	990,595
Employer	1,408,295	1,433,737
Rollovers	13,590	81,861
Total contributions	2,467,620	2,506,193
Total additions	6,803,545	4,489,903
Deductions from net assets attributed to		
Benefit payments to participants	1,094,255	1,079,674
Administrative fees	2,277	3,556
Total deductions	1,096,532	1,083,230
Net increase	5,707,013	3,406,673
Net assets available for benefits, beginning of year	27,439,368	24,032,695
Net assets available for benefits, end of year	\$ 33,146,381	\$ 27,439,368

The accompanying notes are an integral part of these financial statements .

BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN

Notes to Financial Statements
Years ended August 31, 2024 and 2023

1 – DESCRIPTION OF THE PLAN

General

Boston Higashi School Retirement Savings Plan (the "Plan") is an employer-sponsored Internal Revenue Service approved custodial account plan that was established on September 1, 1994 (as amended) under Internal Revenue Code Section 403(b) for the benefit of employees of Boston Higashi School, Inc. (the "Organization"). The Plan is funded by contributions from its participants and the Organization and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Eligibility for Participation

Employees who normally work 20 hours or more per week are eligible to make voluntary deferral contributions upon their date of hire. Employees are eligible to receive employer matching contributions after completing three months of service and attaining the age of 21. Employees are eligible to receive employer discretionary non-elective contributions after completing two years of service that include at least 1,000 hours per year and attaining the age of 21.

Employee Elective Deferral Contributions

Employees participating in the Plan may elect to defer a percentage of their annual earnings as their contribution to the Plan, subject to the limitations outlined in the Internal Revenue Code. The Plan provides for both employee pre-tax and Roth contributions. Employee contributions in the form of rollovers from other qualified retirement plans are allowed as defined in the Plan document.

Employer Matching Contributions

The Organization will make matching contributions to the Plan equal to 25% of each eligible participant's elective deferral. In applying this matching percentage, only elective deferrals up to \$4,000 of the participant's annual compensation will be considered.

Employer Discretionary Non-elective Contributions

The Organization decides each Plan year whether or not to make a discretionary non-elective employer contribution on behalf of eligible participants. The discretionary non-elective contribution for the years ended August 31, 2024 and 2023 totaled \$1,250,000 and \$1,275,000, respectively.

Discretionary non-elective contributions will be allocated to eligible participants based on the following contribution allocation formula:

- Employees with at least two but less than six years of service: Baseline percentage of compensation
- Employees with at least six but less than nine years of service: Twice the Baseline percentage of compensation
- Employees with nine or more years of service: Three times the Baseline percentage of compensation

The baseline percentage is determined annually by the Organization.

Vesting

Participants are immediately vested in all contributions plus actual earnings thereon.

BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Years ended August 31, 2024 and 2023

1 – DESCRIPTION OF THE PLAN (continued)

Participant Accounts

Accounts are maintained for each participant. Accounts are increased for contributions, transfers, and for an allocation of investment income based on the relationship of each participant's account within each investment fund to the total fund. Accounts are decreased for withdrawals made by participants, administrative expenses, and for an allocation of investment losses based upon the relationship of each participant's account within each investment fund to the total fund.

Investment Options

During the year ended August 31, 2010, the Plan changed investment managers from The Lincoln National Life Insurance Company ("Lincoln") to Voya Retirement Insurance and Annuity Company ("Voya"). In connection with this change, the majority of the participant accounts held within Lincoln's annuity contract investment options were transferred to investment funds maintained by Voya. Lincoln and Voya are the custodians of the Plan.

Upon enrollment into the Plan, a participant may direct employee and employer contributions in whole number percentages into a variety of mutual funds maintained by Voya.

Upon termination of employment, a participant may withdraw their accounts or transfer the accounts to another qualified plan.

Notes Receivable from Participants

A participant may borrow from his/her account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested interest in the Plan. Participant notes are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing lending interest rates as determined by the Plan Administrator. Principal and interest is paid ratably through payroll deductions for notes held by Voya. For notes held by Lincoln, principal and interest is paid directly to Lincoln. An annual expense margin of 3% is charged on each note and is paid by the participant to Lincoln as a cost of the loan.

In-service Withdrawals

Participants may make withdrawals prior to termination of employment under the following circumstances:

- Hardship withdrawals
- Upon attainment of age 59 ½
- Withdrawal of rollover contributions account
- Qualified reservist distributions of elective deferrals

Retirement Benefits

The normal retirement age under the Plan is age 65. A participant who becomes disabled as defined in the Plan document is eligible for disability retirement benefits.

Payment of Benefits

Upon termination of service from the Organization, a participant may elect to receive the vested portion of their account in the form of a single lump sum payment or any other form of settlement available from the manager of the investment fund in which the participant's account or portion thereof is invested.

BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN

Notes to Financial Statements
Years ended August 31, 2024 and 2023

1 – DESCRIPTION OF THE PLAN (continued)

Timing of Distributions

Distributions described above shall be made as soon as reasonably practicable following the date the participant's application for distribution is received by the custodian.

As of August 31, 2024 and 2023, there were no distributions payable to participants.

Administrative Expenses

The majority of administrative expenses incurred by the Plan are paid by the Organization. However, certain administrative expenses are paid by the Plan.

Forfeited Accounts

Forfeitures shall be used to reduce any future employer contributions to the Plan. Forfeitures included with the Plan assets as of August 31 2024 and 2023 totaled \$322 and \$317, respectively, and were invested in the Voya Fixed Plus Account as of August 31, 2024 and 2023.

Participant-Directed Contributions, Withdrawals and Transfers

The manner of electing to allocate contributions between the Lincoln and Voya accounts, and any decision to change such allocation, is made by the participant as permitted by Voya or Lincoln. Withdrawals and transfers are recorded at the time such transactions take place.

2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared utilizing the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan Administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits during the reporting period, and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investments

The Plan presents, in the accompanying Statements of Changes in Net Assets Available for Benefits, investment income, which consists of the realized gains and losses, unrealized appreciation (depreciation) on its investments, and interest and dividend income. Other than as described below, investments are reported at fair value as described in Note 4. Security transactions are accounted for as of the date the securities are purchased or sold (trade date). Interest income is recorded as earned and may include amortization of discount and premium. Dividend income is recorded on the ex-dividend date or, for certain foreign securities, as soon as the investment funds are informed of the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains (losses) on investments bought and sold as well as held during the year.

BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Years ended August 31, 2024 and 2023

2 – SUMMARY OF ACCOUNTING POLICIES (continued)

Investments (continued)

The Plan invests in a group fixed annuity contract, which is considered to be fully benefit-responsive. As required by GAAP, the Statements of Net Assets Available for Benefits present the contract value of the investment in the group fixed annuity contract, which is based on its beginning balance plus any deposits and credited interest, less any withdrawals, charges or expenses. See Note 5 for further information.

Each participant's assets are jointly invested and the return on assets is allocated monthly among the participants and recorded as income or loss. The basis of allocation is the unit of participation method. Under this method, contributions and income result in an increase of units of participation while benefits paid and losses result in a decrease of units of participation.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of August 31, 2024 and 2023.

Payment of Benefits

Benefits are recorded when processed and approved for payment.

Risks and Uncertainties

The Plan provides for various investment options in various accounts that are investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the accompanying Statements of Net Assets Available for Benefits.

Subsequent Events

The Plan Administrator evaluated events that occurred after August 31, 2024, the date of the Statements of Net Assets Available for Benefits, but before the date the financial statements were available to be issued, June 10, 2025, for potential recognition or disclosure in the financial statements. The Plan Administrator did not identify any subsequent events that had a material effect on the accompanying financial statements.

3 – INFORMATION CERTIFIED BY CUSTODIANS

Unaudited information included in the Plan's financial statements and supplemental Schedule of Assets (Held at End of Year) was prepared by the Plan's custodians and furnished to the Plan Administrator and includes all Plan assets (except for the effects of participant and employer contributions receivables, if any) and all investment transactions. The Plan Administrator has obtained certifications from the custodians that such information is complete and accurate.

BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Years ended August 31, 2024 and 2023

4 – FAIR VALUE MEASUREMENTS

The Plan applies the provisions of GAAP, which establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), a lower priority to significant other observable inputs (Level 2 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

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

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Fixed Plus Accounts: These accounts are reported at contract value. Contract value equals the accumulated cash contributions, interest credited to the Plan's contracts, less any withdrawals. Contract value provides a reasonable approximation of fair value.

Loan Reserve: This account serves as collateral on notes receivable from participants and is measured at an amount equal to transfers in, plus interest earned in excess of the expense margin, less transfers out, which approximates fair value.

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 preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN

Notes to Financial Statements
Years ended August 31, 2024 and 2023

4 – FAIR VALUE MEASUREMENTS (continued)

The following tables present by level, within the fair value hierarchy, the Plan investment assets at fair value, as of August 31, 2024 and 2023:

Description	Total 2024	Level 1	Level 2	Level 3
Voya Mutual Funds	\$ 25,505,905	\$ 25,505,905	\$ -	\$ -
Voya Fixed Plus Accounts	4,810,386	-	-	4,810,386
Lincoln Loan Reserve	31,280	-	-	31,280
Total assets in the fair value hierarchy	30,347,571	25,505,905	-	4,841,666
Investments measured at net asset value	627,567	-	-	-
Investments at fair value	\$ 30,975,138	\$ 25,505,905	\$ -	\$ 4,841,666

Description	Total 2023	Level 1	Level 2	Level 3
Voya Mutual Funds	\$ 19,828,222	\$ 19,828,222	\$ -	\$ -
Voya Fixed Plus Accounts	6,188,592	-	-	6,188,592
Lincoln Loan Reserve	41,982	-	-	41,982
Total assets in the fair value hierarchy	26,058,796	19,828,222	-	6,230,574
Investments measured at net asset value	490,115	-	-	-
Investments at fair value	\$ 26,548,911	\$ 19,828,222	\$ -	\$ 6,230,574

In accordance with GAAP, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

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

As of August 31, 2024:

Investment	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Lincoln Group Variable Annuity Mutual Funds	\$627,567	None	Daily	None

As of August 31, 2023:

Investment	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Lincoln Group Variable Annuity Mutual Funds	\$490,115	None	Daily	None

BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN

Notes to Financial Statements
Years ended August 31, 2024 and 2023

4 – FAIR VALUE MEASUREMENTS (continued)

The tables below set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended August 31, 2024 and 2023.

	2024 Voya Fixed Plus Accounts	2023 Voya Fixed Plus Accounts
Balance, beginning of year	\$6,188,592	\$5,065,330
Contributions	570,026	872,106
Investment earnings	113,896	113,754
Withdrawals and distributions	(107,558)	(361,917)
Fees	(968)	(1,388)
Transfers in (out), net	(1,953,602)	500,707
Balance, end of year	\$4,810,386	\$6,188,592

	2024 Lincoln Loan Reserve	2023 Lincoln Loan Reserve
Balance, beginning of year	\$ 41,982	\$ 61,625
Transfers in (out), net	(10,702)	(19,643)
Balance, end of year	\$ 31,280	\$ 41,982

5 – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan invests in a group fixed annuity contract (the "Contract"), which is a deferred annuity contract issued by Lincoln. The Contract guarantees a minimum fixed rate of interest. The Contract continues in-force until it is terminated by either the Plan or Lincoln.

The Contract is reported at contract value in the Statements of Net Assets Available for Benefits in the amounts of \$344,700 and \$430,113 as of August 31, 2024 and 2023, respectively. Contract value represents the amount participants would receive if they were to initiate a transaction under the terms of the ongoing plan. Interest is credited daily at an interest rate not less than the guaranteed minimum interest rate shown on the Contract specifications. The interest crediting rate is declared on a quarterly basis. The Contract is guaranteed against loss of principal, minus all withdrawals, including charges and adjustments. The guarantee is based on Lincoln's ability to meet its financial obligations from general assets.

The following events are not probable of occurring, but could limit the ability of the Plan to transact at contract value with Lincoln, and would also limit the ability of the Plan to transact at contract value with the participants.

- Premature terminations of the Contract by the Plan
- Layoffs
- Plan terminations
- Bankruptcies
- Mergers
- Early retirement incentives

BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Years ended August 31, 2024 and 2023

5 – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (continued)

Lincoln has placed some restrictions on the ability of Plan participants to transfer/transact some or all of their balance in the Contract to other investment options available to them. Market value adjustments and surrender charges in the Contract could limit the ability of the Plan to initiate/complete a transaction at contract value and could result in an adjustment to the net asset value.

6 – NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable held by Voya at August 31, 2024 and 2023 consisted of the following:

	Participants	Due Date	Interest Rate	Amount
2024	51	Various through 11/21/2048	3.75% – 9.00%	\$569,428
2023	47	Various through 11/21/2048	3.75% – 9.00%	\$453,229

Notes receivable held by Voya are reported on the Statements of Net Assets Available for Benefits as Notes Receivable from Participants. Note repayments, including principal and interest, are paid ratably through payroll deductions.

Notes receivable held by Lincoln are not deducted from the participants' accounts and, therefore, the participant notes are not shown separately on the Statements of Net Assets Available for Benefits as a note receivable. Each note is secured by the participant's account balance in the Loan Reserve account. Each participant's balance in this account must be at least 100% of the note balance for the life of the note. Note repayments, including principal and interest, are made directly to Lincoln.

Notes held by Lincoln at August 31, 2024 and 2023 are as follows:

	Participants	Due Date	Interest Rate	Amount
2024	6	Various through 4/27/2027	2.95% – 3.45%	\$ 31,280
2023	6	Various through 4/27/2027	2.95% – 3.45%	\$ 41,982

7 – PLAN TERMINATION

Although it has expressed no intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA.

8 – INCOME TAX STATUS

The Organization has adopted The Kenneth D. Anderson Company, Inc. ("KDA") Volume Submitter 403(b) Basic Plan Document #08 for its Plan document. KDA obtained an advisory letter from the Internal Revenue Service indicating its Volume Submitter 403(b) Basic Plan Document #08 is acceptable under Internal Revenue Code Section 403(b).

BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Years ended August 31, 2024 and 2023

8 – INCOME TAX STATUS (continued)

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

9 – PARTY-IN-INTEREST TRANSACTIONS

Plan investments consist of shares of various accounts managed by Voya and Lincoln. Voya and Lincoln are the custodians of the Plan's assets and, therefore, these transactions qualify as party-in-interest. The Organization provides certain administrative and accounting services at no cost to the Plan. The Organization also pays for certain administrative costs of the Plan.

SUPPLEMENTAL SCHEDULE

BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN

SCHEDULE H, PART IV, LINE 4(i)
Schedule of Assets (Held at End of Year)
August 31, 2024

Federal Identification Number: 22-2803661
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
<i>The Lincoln National Life Insurance Company</i>				
* Lincoln Group Variable Annuity Fixed Account	Insurance Company General Account	\$ - \$	344,700	
* Loan Reserve	Other - Loan Reserve	-	31,280	
* Fidelity Growth Portfolio	Variable Annuity Mutual Fund	-	158,381	
* LVIP SSGA S&P 500 Index	Variable Annuity Mutual Fund	-	156,554	
* LVIP Macquarie Social Awareness	Variable Annuity Mutual Fund	-	86,157	
* Fidelity Asset Manager	Variable Annuity Mutual Fund	-	64,377	
* LVIP SSGA Small-Cap Index	Variable Annuity Mutual Fund	-	27,439	
* LVIP Baron Growth Opportunities	Variable Annuity Mutual Fund	-	21,906	
* Janus Henderson Global Research	Variable Annuity Mutual Fund	-	18,998	
* LVIP T. Rowe Price Structured	Variable Annuity Mutual Fund	-	18,931	
* American Funds Global Growth	Variable Annuity Mutual Fund	-	14,595	
* Fidelity Contrafund Portfolio	Variable Annuity Mutual Fund	-	12,008	
* LVIP Macquarie Small Mid Cap Core	Variable Annuity Mutual Fund	-	9,931	
* T. Rowe Price International Stock	Variable Annuity Mutual Fund	-	9,423	
* American Funds Growth	Variable Annuity Mutual Fund	-	9,343	
* Alliance Bernstein VPS Large Cap Growth	Variable Annuity Mutual Fund	-	5,919	
* LVIP Macquarie U.S. REIT	Variable Annuity Mutual Fund	-	3,349	
* LVIP American Century Balanced	Variable Annuity Mutual Fund	-	2,643	
* LVIP SSGA Global Tactical Allocation	Variable Annuity Mutual Fund	-	1,681	
* Neuberger Berman AMT-Sustainable Equity	Variable Annuity Mutual Fund	-	1,134	
* Alliance Bernstein VPS Sustainable Global Thematic	Variable Annuity Mutual Fund	-	955	
* LVIP Global Conservative Allocation	Variable Annuity Mutual Fund	-	931	
* American Funds Growth-Income	Variable Annuity Mutual Fund	-	914	
* LVIP Mondrian International Value	Variable Annuity Mutual Fund	-	635	
* Macquarie VIP Small Cap Value	Variable Annuity Mutual Fund	-	357	
* American Funds International	Variable Annuity Mutual Fund	-	344	
* LVIP Macquarie Diversified Income	Variable Annuity Mutual Fund	-	217	
* LVIP Blended Large Cap Growth	Variable Annuity Mutual Fund	-	183	
* LVIP JPMorgan Retirement Income	Variable Annuity Mutual Fund	-	168	
* LVIP BlackRock Real Estate	Variable Annuity Mutual Fund	-	94	
Subtotal - The Lincoln National Life Insurance Company			-	1,003,547

BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN

SCHEDULE H, PART IV, LINE 4(i)
Schedule of Assets (Held at End of Year) (continued)
August 31, 2024

Federal Identification Number: 22-2803661
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
<i>Voya Retirement Insurance and Annuity Company</i>				
* Voya T. Rowe Price Growth Equity	Mutual Fund	-	3,365,810	
American Funds 2035	Mutual Fund	-	2,912,502	
* Voya Fixed Plus Account A	Insurance Company General Account	-	2,834,169	
American Funds 2045	Mutual Fund	-	2,347,070	
* Voya Fixed Plus Account	Insurance Company General Account	-	1,976,217	
American Funds 2025	Mutual Fund	-	1,811,911	
Allspring Special Mid Cap Value	Mutual Fund	-	1,695,287	
* Voya Invesco Growth & Income	Mutual Fund	-	1,409,088	
* Voya Russell Large Cap Index	Mutual Fund	-	1,401,413	
* Voya Intermediate Bond	Mutual Fund	-	1,224,071	
American Funds 2055	Mutual Fund	-	1,138,736	
American Funds Fundamental	Mutual Fund	-	1,047,333	
American Funds 2015	Mutual Fund	-	1,001,983	
American Funds EuroPacific Growth	Mutual Fund	-	828,241	
* Voya T. Rowe Price Capital Appreciation	Mutual Fund	-	749,662	
* Voya International Index	Mutual Fund	-	730,918	
* Voya Russell Mid Cap Index	Mutual Fund	-	689,080	
PIMCO Income	Mutual Fund	-	665,840	
Nuveen Real Estate Securities Select	Mutual Fund	-	338,084	
* Voya U.S. Bond Index	Mutual Fund	-	322,487	
* Voya Russell Small Cap Index	Mutual Fund	-	304,164	
* Voya High Yield	Mutual Fund	-	284,632	
American Funds 2030	Mutual Fund	-	243,038	
* Voya JPMorgan Small Cap Core Equity	Mutual Fund	-	241,978	
American Funds 2060	Mutual Fund	-	229,811	
American Funds Capital World Growth & Income	Mutual Fund	-	182,279	
American Funds 2050	Mutual Fund	-	150,750	
American Funds 2065	Mutual Fund	-	112,767	
Neuberger Berman Sustainable Equity	Mutual Fund	-	42,695	
American Funds 2040	Mutual Fund	-	34,275	
Subtotal - Voya Retirement Insurance and Annuity Company			30,316,291	
	Participant loans receivable (3.75% - 9.00%)	-	569,428	
Total assets held for investment purposes			\$ - \$ 31,889,266	

* Represents a party-in-interest to the Plan.
Cost information is omitted, as these accounts are participant-directed.

BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN

SCHEDULE H, PART IV, LINE 4(i)
Schedule of Assets (Held at End of Year)
August 31, 2024

Federal Identification Number: 22-2803661
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
<i>The Lincoln National Life Insurance Company</i>				
* Lincoln Group Variable Annuity Fixed Account	Insurance Company General Account	\$ -	\$	344,700
* Loan Reserve	Other - Loan Reserve	-		31,280
* Fidelity Growth Portfolio	Variable Annuity Mutual Fund	-		158,381
* LVIP SSGA S&P 500 Index	Variable Annuity Mutual Fund	-		156,554
* LVIP Macquarie Social Awareness	Variable Annuity Mutual Fund	-		86,157
* Fidelity Asset Manager	Variable Annuity Mutual Fund	-		64,377
* LVIP SSGA Small-Cap Index	Variable Annuity Mutual Fund	-		27,439
* LVIP Baron Growth Opportunities	Variable Annuity Mutual Fund	-		21,906
* Janus Henderson Global Research	Variable Annuity Mutual Fund	-		18,998
* LVIP T. Rowe Price Structured	Variable Annuity Mutual Fund	-		18,931
* American Funds Global Growth	Variable Annuity Mutual Fund	-		14,595
* Fidelity Contrafund Portfolio	Variable Annuity Mutual Fund	-		12,008
* LVIP Macquarie Small Mid Cap Core	Variable Annuity Mutual Fund	-		9,931
* T. Rowe Price International Stock	Variable Annuity Mutual Fund	-		9,423
* American Funds Growth	Variable Annuity Mutual Fund	-		9,343
* Alliance Bernstein VPS Large Cap Growth	Variable Annuity Mutual Fund	-		5,919
* LVIP Macquarie U.S. REIT	Variable Annuity Mutual Fund	-		3,349
* LVIP American Century Balanced	Variable Annuity Mutual Fund	-		2,643
* LVIP SSGA Global Tactical Allocation	Variable Annuity Mutual Fund	-		1,681
* Neuberger Berman AMT-Sustainable Equity	Variable Annuity Mutual Fund	-		1,134
* Alliance Bernstein VPS Sustainable Global Thematic	Variable Annuity Mutual Fund	-		955
* LVIP Global Conservative Allocation	Variable Annuity Mutual Fund	-		931
* American Funds Growth-Income	Variable Annuity Mutual Fund	-		914
* LVIP Mondrian International Value	Variable Annuity Mutual Fund	-		635
* Macquarie VIP Small Cap Value	Variable Annuity Mutual Fund	-		357
* American Funds International	Variable Annuity Mutual Fund	-		344
* LVIP Macquarie Diversified Income	Variable Annuity Mutual Fund	-		217
* LVIP Blended Large Cap Growth	Variable Annuity Mutual Fund	-		183
* LVIP JPMorgan Retirement Income	Variable Annuity Mutual Fund	-		168
* LVIP BlackRock Real Estate	Variable Annuity Mutual Fund	-		94
Subtotal - The Lincoln National Life Insurance Company			-	1,003,547

BOSTON HIGASHI SCHOOL RETIREMENT SAVINGS PLAN

SCHEDULE H, PART IV, LINE 4(i)
Schedule of Assets (Held at End of Year) (continued)
August 31, 2024

Federal Identification Number: 22-2803661
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
<i>Voya Retirement Insurance and Annuity Company</i>				
* Voya T. Rowe Price Growth Equity American Funds 2035	Mutual Fund	-	3,365,810	
	Mutual Fund	-	2,912,502	
* Voya Fixed Plus Account A American Funds 2045	Insurance Company General Account	-	2,834,169	
	Mutual Fund	-	2,347,070	
* Voya Fixed Plus Account American Funds 2025	Insurance Company General Account	-	1,976,217	
	Mutual Fund	-	1,811,911	
Allspring Special Mid Cap Value	Mutual Fund	-	1,695,287	
* Voya Invesco Growth & Income	Mutual Fund	-	1,409,088	
* Voya Russell Large Cap Index	Mutual Fund	-	1,401,413	
* Voya Intermediate Bond American Funds 2055	Mutual Fund	-	1,224,071	
	Mutual Fund	-	1,138,736	
American Funds Fundamental	Mutual Fund	-	1,047,333	
American Funds 2015	Mutual Fund	-	1,001,983	
American Funds EuroPacific Growth	Mutual Fund	-	828,241	
* Voya T. Rowe Price Capital Appreciation	Mutual Fund	-	749,662	
* Voya International Index	Mutual Fund	-	730,918	
* Voya Russell Mid Cap Index	Mutual Fund	-	689,080	
PIMCO Income	Mutual Fund	-	665,840	
Nuveen Real Estate Securities Select	Mutual Fund	-	338,084	
* Voya U.S. Bond Index	Mutual Fund	-	322,487	
* Voya Russell Small Cap Index	Mutual Fund	-	304,164	
* Voya High Yield American Funds 2030	Mutual Fund	-	284,632	
	Mutual Fund	-	243,038	
* Voya JPMorgan Small Cap Core Equity American Funds 2060	Mutual Fund	-	241,978	
	Mutual Fund	-	229,811	
American Funds Capital World Growth & Income	Mutual Fund	-	182,279	
American Funds 2050	Mutual Fund	-	150,750	
American Funds 2065	Mutual Fund	-	112,767	
Neuberger Berman Sustainable Equity	Mutual Fund	-	42,695	
American Funds 2040	Mutual Fund	-	34,275	
Subtotal - Voya Retirement Insurance and Annuity Company			30,316,291	
	Participant loans receivable (3.75% - 9.00%)	-	569,428	
Total assets held for investment purposes			\$ - \$ 31,889,266	

* Represents a party-in-interest to the Plan.
Cost information is omitted, as these accounts are participant-directed.