

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>07/01/2021</u> and ending <u>06/30/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II Basic Plan Information—enter all requested information					
1a Name of plan <u>NCAAR-BH PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan <u>07/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/2000</u>					
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>NCAAR-BH</u> <u>360 CORPORATE BLVD.</u> <u>ROBBINSVILLE, NJ 08691</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">2b Employer Identification Number (EIN) <u>22-2436069</u></td> </tr> <tr> <td style="padding: 2px;">2c Plan Sponsor's telephone number <u>609-689-0599</u></td> </tr> <tr> <td style="padding: 2px;">2d Business code (see instructions) <u>812990</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>22-2436069</u>	2c Plan Sponsor's telephone number <u>609-689-0599</u>	2d Business code (see instructions) <u>812990</u>	
2b Employer Identification Number (EIN) <u>22-2436069</u>					
2c Plan Sponsor's telephone number <u>609-689-0599</u>					
2d Business code (see instructions) <u>812990</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/03/2023	LISA SCHMITTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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 NCADD - NEW JERSEY c Plan Name NCADD, INC. PROFIT SHARING PLAN		4b EIN 22-2436069 4d PN 001	
5 Total number of participants at the beginning of the plan year		5	164
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	129
a(2) Total number of active participants at the end of the plan year		6a(2)	111
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	58
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	169
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	169
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	157
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	15
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ 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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A Name of plan NCAAR-BH PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NCAAR-BH	D Employer Identification Number (EIN) 22-2436069

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.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE 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
31-4156830	66869	48480141	157	07/01/2021	06/30/2022

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
0	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

(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
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(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	456088
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	5242150

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 ▶

b	Balance at the end of the previous year	7b	109600
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c	Additions: (1) Contributions deposited during the year	7c(1)	17678	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	4293	
	(4) Transferred from separate account.....	7c(4)	218683	
	(5) Other (specify below)	7c(5)	222463	

▶ LOAN REPAYMENT - PRINCIPAL

(6) Total additions	7c(6)	463117
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	572717
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	90777	
	(2) Administration charge made by carrier.....	7e(2)	1052	
	(3) Transferred to separate account.....	7e(3)	22238	
	(4) Other (specify below)	7e(4)	2562	

(5) Total deductions	7e(5)	116629
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	456088
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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 ☐ paid in cash, or ☐ 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. Specify nature of costs.	10b	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan NCAAR-BH PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NCAAR-BH	D Employer Identification Number (EIN) 22-2436069	

Part I	Service Provider Information (see instructions)
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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
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 31-4156830
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

PETER NUSSBAUM

32 MIDDLEBROOK DRIVE
OCEAN, NJ 07712

(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?
99	ADVISOR	12462	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

HOLMAN FRENIA ALLISON PC

10 ALLEN STREET
TOMS RIVER, NJ 08753

22-3480145

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 49	AUDITOR	7000	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

RED BANK PENSION SERVICES, INC.

1161 BROAD STREET
SHREWSBURY, NJ 07702

22-2755716

(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?
49 99	TPA	650	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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?
15 64	INVESTMENT CUSTODIAN	16258	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
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(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan NCAAR-BH PROFIT SHARING PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 NCAAR-BH	D Employer Identification Number (EIN) 22-2436069	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	565215	606080
(2) Participant contributions.....	1b(2)	5447	5535
(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)	89601	86615
(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)	6500710	5242148
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	109600	456088
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	7270573	6396466

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	7270573	6396466
---	-----------	---------	---------

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)	606080	
(B) Participants	2a(1)(B)	138744	
(C) Others (including rollovers).....	2a(1)(C)	7600	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		752424
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)	3265	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3265
(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)	504762	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		504762
(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)		0
(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)		0

		(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)		-1524128
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-263677
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	548228	
(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)		548228
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	62202	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		62202
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		610430
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-874107
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: HOLMAN FRENIA ALLISON, PC

(2) EIN: 22-3480145

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan NCAAR-BH PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NCAAR-BH	D Employer Identification Number (EIN) 22-2436069

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): 31-4156830		
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
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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.
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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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

**NCAAR-BH PROFIT SHARING PLAN
Financial Statements
and Supplemental Schedule**

June 30, 2022 and 2021

(With Independent Auditor's Report thereon)

NCAAR-BH PROFIT SHARING PLAN
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June 30, 2022 and 2021

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
NCAAR-BH Profit Sharing Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed an audit of the financial statements of the NCAAR-BH Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of June 30, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2022 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2022 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 audit 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 a certification from a qualified institution as of and for the year ended June 30, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section -

- the amounts and disclosures in the 2022 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 2022 Financial Statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of the NCAAR-BH Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 2022 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 NCAAR-BH Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the NCAAR-BH Profit Sharing 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 NCAAR-BH Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

2022 Supplemental Schedules Required by ERISA

The supplemental schedule, Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2022 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.

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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Auditors' Report on the 2021 Financial Statements

We were engaged to audit the 2021 financial statements of the NCAAR-BH Profit Sharing Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated January 27, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2021 financial statements, and (b) the form and content of the information included in the 2021 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

HOLMAN FRENIA ALLISON, P.C.
Certified Public Accountants

March 15, 2023
Lakewood, New Jersey

NCAAR-BH PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments:		
Investments, at fair value (See Note 4)	\$ 5,242,148	\$ 6,500,710
Investments, at contract value (See Note 5)	456,088	109,600
Total investments	<u>5,698,236</u>	<u>6,610,310</u>
Receivables:		
Employee contributions	5,535	5,447
Employer contributions	606,080	565,215
Notes receivable from participants	86,615	89,601
Total receivables	<u>698,230</u>	<u>660,263</u>
Total assets	<u>6,396,466</u>	<u>7,270,573</u>
Net assets available for benefits	<u>\$ 6,396,466</u>	<u>\$ 7,270,573</u>

NCAAR-BH PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Benefits
For the year ended June 30, 2022

Additions:

Contributions:

Employee contributions	\$ 138,744
Employer contributions	606,080
Rollover contributions	<u>7,600</u>
Total contributions	752,424

Investment income:

Net depreciation in fair value of investments	(1,524,128)
Interest and dividends	<u>504,762</u>
Total investment income	(1,019,366)

Interest income on notes receivable
from participants

	<u>3,265</u>
Total additions	(263,677)

Deductions:

Benefits paid to participants	548,228
Administrative expenses	<u>62,202</u>
Total deductions	<u>610,430</u>

Net change in net assets available for benefits (874,107)

Net assets available for benefits, July 1 7,270,573

Net assets available for benefits, June 30 \$ 6,396,466

NCAAR-BH PROFIT SHARING PLAN
Notes to Financial Statements

NOTE 1: DESCRIPTION OF PLAN

The following description of the NCAAR-BH Profit Sharing Plan (“the Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan was established on July 1, 2000 and is a defined contribution plan covering all eligible employees of National Center for Advocacy and Recovery, Inc. (the “Company”), as defined in the Plan document.

There are no age or service eligibility requirements for the elective deferral portion of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan is administered by the Company’s board of trustees. The board has the sole responsibility for the administration of the Plan, as defined in the Plan’s provisions. The Plan is managed through Nationwide Trust Company, FSB. (“Nationwide”).

The Plan was most recently amended and restated effective July 1, 2021 as part of the six-year cycle for IRS pre-approved plan documents, and included required regulatory changes. The Plan’s name was changed to NCAAR-BH Profit Sharing Plan and the name of the Company was updated within the Plan document.

Effective December 28, 2021, the Plan changed investment platforms within Nationwide to offer participants more investment options.

Funding Policy

Effective July 1, 2021, the Plan adopted the following funding policy:

Since the principal purpose of the Plan is to provide benefits at normal retirement age, the principal goal of the investment of the funds in the Plan should be both security and long-term stability with moderate growth commensurate with the anticipated retirement dates of participants. Investments, other than "fixed dollar" investments, should be included among the Plan's investments to prevent erosion by inflation. However, investments should be sufficiently liquid to enable the Plan, on short notice, to make some distributions in the event of the death or disability of a participant.

Contributions

Each year, participants may contribute up to maximum Internal Revenue Service (“IRS”) limitations during the Plan year. For the year ended June 30, 2022, the applicable dollar amount was \$20,500. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The maximum catch-up contribution was \$6,500 for the year ended June 30, 2022. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution Plans (rollover). All contributions are subject to certain IRS limitations.

The Plan allows for a discretionary non-elective profit sharing contribution to be made by the Company in an amount determined annually by the Company’s board of trustees. To be eligible for this contribution, the participant must have attained the age of 21 and completed one year of service, which is defined as 490 hours of service during the Plan year. The contribution is calculated by using

NCAAR-BH PROFIT SHARING PLAN
Notes to Financial Statements (continued)

NOTE 1: DESCRIPTION OF PLAN (continued)

Contributions (continued)

a percentage of the employee's eligible compensation corresponding to their years of service based on the chart below. The company contributed between 10% and 11% of its employees' eligible compensation for the year ended June 30, 2022, based on individual employee classifications.

<u>Employee Classification</u>	<u>Description of Classification</u>
A	All employees with 10 or more years of service
B	All employees with 5 to 10 years of service
C	All employees with less than 5 years of service

The Company's contribution is allocated to individual employees based on the relationship of the employee's compensation to the total compensation for all participants in the employee's classification. For the fiscal years ended June 30, 2022 and 2021, the Company made profit sharing contributions totaling \$606,080 and \$565,215, respectively. Discretionary non-elective profit-sharing contributions are recorded as receivables, net of any forfeitures to be used, on the accompanying statements of net assets available for benefits as they were not remitted by the Company until the subsequent fiscal year.

Participant Accounts

Participants' investments are participant directed from a choice of investments provided Nationwide. Each participant's account is credited with the participant's voluntary contribution and allocations of the Company's discretionary contribution and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on a percentage of contributions or participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are vested immediately in their voluntary contributions, rollover contributions accepted by the Plan, plus actual earnings thereon. Vesting in the Company's non-elective, profit sharing contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants vest in the Company's non-elective contribution based on the following:

<u>Participants hired before July 1, 2007:</u>		<u>Participants hired on or after July 1, 2007:</u>	
Vested		Vested	
<u>Participant's Years of Service:</u>	<u>Percentage:</u>	<u>Participant's Years of Service:</u>	<u>Percentage:</u>
Less than 1	0%	Less than 2	0%
1 year	25%	2 but less than 3	20%
2 years	50%	3 but less than 4	40%
3 years	75%	4 but less than 5	60%
4 years or more	100%	5 but less than 6	80%
		6 or more	100%

NCAAR-BH PROFIT SHARING PLAN
Notes to Financial Statements (continued)

NOTE 1: DESCRIPTION OF PLAN (continued)

Forfeitures

Forfeitures of non-vested Company contributions can be used for payment of Plan administrative expenses and also to reduce future employer contributions. If a participant leaves the Company and returns before incurring five consecutive one year breaks in service, the participant may recapture the forfeited benefit. Forfeitures totaling \$32,458 were used to pay Plan expenses during the year ended June 30, 2022. As of June 30, 2022 and 2021, forfeited non-vested accounts available to the Plan totaled \$42,621 and \$47,669, respectively.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum amount of the lesser of: a) 50% of the participant's vested account, reduced by any outstanding loan balance, or b) \$25,000, reduced by the highest outstanding loan balance during the one-year period ending on the day before the loan is made. No more than one loan may be outstanding at any time. Spousal consent is necessary to obtain a loan. Loans are secured by the balance in the participant's account and bear interest at the prime rate of interest plus one percent. Note terms range one to five years, with longer terms available for the purchase of a primary residence. Principal and interest are repaid through monthly payroll deductions.

Payment of Benefits

On termination of service due to death, disability or retirement or other reasons, a participant receives a lump-sum amount equal to the value of the participant's vested interest in his or her account. Upon termination of employment, the Plan has a mandatory cash-out provision for participants with less than \$5,000 in their account, which does not require consent from the participant. Hardship withdrawals from accounts which are fully vested are permitted by the Plan. In-service distributions are allowed for participants after reaching 55.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of the Plan's financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

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

NCAAR-BH PROFIT SHARING PLAN
Notes to Financial Statements (continued)

NOTE 2: SUMMARY OF ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition (continued)

received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the Plan's custodian. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are reflected as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of June 30, 2022 and 2021. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the notes receivable from participants balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through March 15, 2023, the date the financial statements were available to be issued.

NOTE 3: INFORMATION CERTIFIED BY NATIONWIDE

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at June 30, 2022 and 2021, and net depreciation in fair value of investments for the year ended June 30, 2022, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Nationwide.

Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the above information which appears throughout the financial statements and supplemental schedule.

NCAAR-BH PROFIT SHARING PLAN
Notes to Financial Statements (continued)

NOTE 4: FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under the Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the 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.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at June 30, 2022 and 2021.

Registered Investment Companies: Investments in registered investment companies consist of shares of mutual funds that are valued at quoted market prices which represent the net asset value (“NAV”) shares held by the Plan at year-end.

Money Market Funds: Valued at the quoted NAV of shares held by the Plan at year-end.

The following tables set forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of June 30, 2022 and 2021:

<i>Investments at Fair Value as of June 30, 2022</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies	\$ 5,242,148	\$ -	\$ -	\$ 5,242,148
Total investments in the fair value hierarchy	<u>\$ 5,242,148</u>	<u>\$ -</u>	<u>\$ -</u>	<u>5,242,148</u>

NCAAR-BH PROFIT SHARING PLAN
Notes to Financial Statements (continued)

NOTE 4: FAIR VALUE MEASUREMENTS (continued)

<i>Investments at Fair Value as of June 30, 2021</i>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies	\$ 6,500,342	\$ -	\$ -	\$ 6,500,342
Money market funds	368	-	-	368
Total investments in the fair value hierarchy	<u>\$ 6,500,710</u>	<u>\$ -</u>	<u>\$ -</u>	<u>6,500,710</u>

NOTE 5: FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan holds a fully benefit-responsive investment contract (“FBRIC”) with the Nationwide Life Insurance Company (“Nationwide Life”) totaling \$456,088 and \$109,600 as of June 30, 2022 and 2021, respectively. Nationwide Life maintains the contributions in the Fixed Select Contract account for the year ended June 30, 2022. Nationwide maintained the contributions in the BOA Indexed Fixed account for the year ended June 30, 2021. These accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 4 percent. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The crediting rate is based on a formula established by the contract issuer and is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date. This contract meets the FBRIC criteria and therefore is reported at contract value (See Note 2). Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The Plan’s ability to receive amounts due in accordance with the FBRIC is dependent on the contract issuer’s ability to meet its financial obligations. The contract issuer’s ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan’s failure to qualify under Section 401(a) of the Internal Revenue Code (“IRC”) or the failure of the trust to be tax-exempt under Section 501(a) of the IRC
2. Premature termination of the contracts
3. Plan termination or merger
4. Changes to the Plan’s prohibition on competing investment options
5. Bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan’s normal operations

The Plan administrator believes no events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

NCAAR-BH PROFIT SHARING PLAN
Notes to Financial Statements (continued)

NOTE 5: FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (continued)

In addition, certain events allow the contract issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

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

NOTE 6: RELATED-PARTY TRANSACTIONS

Certain plan investments are managed by Nationwide, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment manager services are included in net depreciation in the fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

NOTE 7: TAX STATUS

The Plan adopted a Red Bank Pension Services ("RBPS") volume submitter Plan (the "Prototype Plan") with CODA (cash or deferred arrangement). The IRS has issued an opinion letter to RBPS dated June 30, 2020, that the Prototype Plan is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since the date of the letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of June 30, 2022 and 2021, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. The Company also reserves the right to amend, modify, suspend or terminate the Plan permanently or temporarily, at such time as they deem appropriate. In the event of Plan termination or if the Company elects to discontinue contributions, the total value of each participant's account will be fully vested.

NCAAR-BH PROFIT SHARING PLAN
EIN: 22-2436069 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of June 30, 2022

(a)	Identity of Issuer, Borrower, Lessor or Similar Party (b)	Description of Investment including maturity date, rate of interest, collateral, par on maturity (c)	Cost (d)	Current Value (e)
	<u>Registered Investment Companies</u>			
	Alliance Bernstein	B Bond Inflation Strategy I	N/A	\$ 60,227
	Alliance Bernstein	B Global Bond I	N/A	46,696
	Allspring	Special Mid Cap Value Inst	N/A	5,869
	American Beacon	Inflation-Adjs Bond R6	N/A	3,124
	American Beacon	International Eq R6	N/A	1,764
	American Century	Short Dur Inf PrBd R5	N/A	46,501
	American Funds	Capital World Bond R6	N/A	293
	American Funds	Cnsrv Gr & Inc R-6	N/A	45,542
	American Funds	New World R6	N/A	58,431
	Artisan	International Value Instl	N/A	36
	Avantis	U.S. Small Cap Value Instl	N/A	26,030
	Baird	Core Plus Bond Inst	N/A	38,941
	BlackRock	Commodity Strategies Instl	N/A	60,236
	BlackRock	High Yield Bond Instl	N/A	264
	BlackRock	High Yield Bond K	N/A	60,054
	BlackRock	Mid-Cap Growth Equity Instl	N/A	147,077
	BlackRock	Natural Resources Instl	N/A	57,580
	BlackRock	Strategic Income Opps Instl	N/A	27,464
	BlackRock	Total Return K	N/A	24,310
	BNY Mellon	Global Real Estate Scs - I	N/A	5,701
	Cohen & Steers	Real Estate Securities I	N/A	820
	Columbia	Select Large Cap Growth Inst2	N/A	89,629
	DFA	Emerging Markets Core Equity I	N/A	97,186
	DFA	US Large Cap Value I	N/A	97,779
	Diamond	Hill Mid Cap I	N/A	53,151
	Dodge & Cox	International Stock I	N/A	114,233
	DWS	Enhanced Commodity Strategy Inst	N/A	95
	Federated Hermes	Government Obligations Fund	N/A	42,621
	Federated Hermes	Instl High Yield Bd IS	N/A	40,963
	Federated Hermes	Prudent Bear IS	N/A	1,772
	Fidelity	500 Index	N/A	196,175
	Fidelity	Advisor Total Bond I	N/A	302
	Fidelity	International Index Fund Class A	N/A	93,544
	Fidelity	US Bond Index	N/A	75,006
	Goldman Sachs	GQG Ptnrs Intl Opps R6	N/A	112,845
	Invesco	Core Bond Y	N/A	17,201
	Jhancock	Income I	N/A	192
	JPMorgan	Equity Income R5	N/A	375,886
	JPMorgan	Large Cap Growth R6	N/A	8,865
	JPMorgan	Small Cap Value R6	N/A	4,556
	Lazard	International Strategic Eq Inst	N/A	10,733
	Lord Abbett	High Yield R5	N/A	540
	Lord Abbett	Short Duration Income R5	N/A	7,126
	MFS	Growth R4	N/A	2,246
	MFS	Value R6	N/A	5,761
*	Nationwide	Bond Index R6	N/A	1,257
*	Nationwide	Geneva Small Cap Gr Instl Svc	N/A	326,133
*	Nationwide	Inflation-Protected Securities Fund Institutional Service Class	N/A	231
*	Nationwide	International Index R6	N/A	2,666
*	Nationwide	Janus Henderson Overseas R6	N/A	221
*	Nationwide	Loomis All Cap Gr R6	N/A	101,062
*	Nationwide	S&P 500 Index R6	N/A	66,942
	Neuberger	Berman Emerg Mkts Eq Inst	N/A	1,553
	PGIM	Jennison Growth R6	N/A	3,210
	PGIM	Jennison Small Company Z	N/A	3,740
	PGIM	Jennison Utility R6	N/A	153
	PGIM	Total Return Bond R6	N/A	58,401
	PGIM	Total Return Bond R6	N/A	44,652
	Principal	Global Real Estate Sec R6	N/A	63,072
	Putnam	Growth Opportunities Y	N/A	92,676

NCAAR-BH PROFIT SHARING PLAN
EIN: 22-2436069 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
As of June 30, 2022

(a)	Identity of Issuer, Borrower, Lessor or Similar Party (b)	Description of Investment including maturity date, rate of interest, collateral, par on maturity (c)	Cost (d)	Current Value (e)
	T. Rowe	Price Small-Cap Value	N/A	1,608
	T. Rowe	Price Spectrum Mod Gr Allc	N/A	717,045
	TIAA-CREF	Lifecycle Index 2025 Instl	N/A	20,534
	TIAA-CREF	Lifecycle Index 2030 Instl	N/A	63,742
	TIAA-CREF	Lifecycle Index 2035 Instl	N/A	47,288
	TIAA-CREF	Lifecycle Index 2040 Instl	N/A	278,668
	TIAA-CREF	Lifecycle Index 2045 Instl	N/A	83,625
	TIAA-CREF	Lifecycle Index 2050 Instl	N/A	99,852
	TIAA-CREF	Lifecycle Index 2055 Instl	N/A	225,793
	TIAA-CREF	Lifecycle Index 2060 Instl	N/A	80,124
	TIAA-CREF	Lifecycle Index Ret Inc Instl	N/A	13,408
	Vanguard	Total Intl Stock Index Admiral	N/A	1,094
	Vanguard	Total Stock Mkt Idx Adm	N/A	54,160
	Vanguard	Utilities Index Adm	N/A	1,757
	Vanguard	Balanced Index Adm	N/A	267,199
	Vanguard	Explorer Adm	N/A	26,614
	Vanguard	International Growth Adm	N/A	158,044
	Vanguard	Mid Cap Index Admiral	N/A	1,504
	Vanguard	Small Cap Index Adm	N/A	3,654
	Vanguard	Total Bond Market Index Adm	N/A	36,482
	Vanguard	Total Intl Bd Idx Admiral	N/A	1,184
	Vanguard	Value Index Adm	N/A	1,810
	Vanguard	Wellesley Income Admiral	N/A	116,454
	Victory Sycamore	Established Value I	N/A	9,169
	<u>Fully Benefit-Responsive Investment Contract</u>			
*	Nationwide Financial Services	Fixed Select Contract	N/A	456,088
*	Participant Loans	Interest rates ranging from 4.25% to 6.50%. All participant loans are for terms not to exceed 5 years.	-	86,615
	Total			<u>\$ 5,784,851</u>

* Party-in-interest as defined by ERISA

N/A- Cost information is not required for participant-directed investments, and, therefore, is not included.

NCAAR-BH PROFIT SHARING PLAN
EIN: 22-2436069 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of June 30, 2022

(a)	Identity of Issuer, Borrower, Lessor or Similar Party (b)	Description of Investment including maturity date, rate of interest, collateral, par on maturity (c)	Cost (d)	Current Value (e)
	<u>Registered Investment Companies</u>			
	Alliance Bernstein	B Bond Inflation Strategy I	N/A	\$ 60,227
	Alliance Bernstein	B Global Bond I	N/A	46,696
	Allspring	Special Mid Cap Value Inst	N/A	5,869
	American Beacon	Inflation-Adjs Bond R6	N/A	3,124
	American Beacon	International Eq R6	N/A	1,764
	American Century	Short Dur Inf PrBd R5	N/A	46,501
	American Funds	Capital World Bond R6	N/A	293
	American Funds	Cnsrv Gr & Inc R-6	N/A	45,542
	American Funds	New World R6	N/A	58,431
	Artisan	International Value Instl	N/A	36
	Avantis	U.S. Small Cap Value Instl	N/A	26,030
	Baird	Core Plus Bond Inst	N/A	38,941
	BlackRock	Commodity Strategies Instl	N/A	60,236
	BlackRock	High Yield Bond Instl	N/A	264
	BlackRock	High Yield Bond K	N/A	60,054
	BlackRock	Mid-Cap Growth Equity Instl	N/A	147,077
	BlackRock	Natural Resources Instl	N/A	57,580
	BlackRock	Strategic Income Opps Instl	N/A	27,464
	BlackRock	Total Return K	N/A	24,310
	BNY Mellon	Global Real Estate Scs - I	N/A	5,701
	Cohen & Steers	Real Estate Securities I	N/A	820
	Columbia	Select Large Cap Growth Inst2	N/A	89,629
	DFA	Emerging Markets Core Equity I	N/A	97,186
	DFA	US Large Cap Value I	N/A	97,779
	Diamond	Hill Mid Cap I	N/A	53,151
	Dodge & Cox	International Stock I	N/A	114,233
	DWS	Enhanced Commodity Strategy Inst	N/A	95
	Federated Hermes	Government Obligations Fund	N/A	42,621
	Federated Hermes	Instl High Yield Bd IS	N/A	40,963
	Federated Hermes	Prudent Bear IS	N/A	1,772
	Fidelity	500 Index	N/A	196,175
	Fidelity	Advisor Total Bond I	N/A	302
	Fidelity	International Index Fund Class A	N/A	93,544
	Fidelity	US Bond Index	N/A	75,006
	Goldman Sachs	GQG Ptnrs Intl Opps R6	N/A	112,845
	Invesco	Core Bond Y	N/A	17,201
	Jhancock	Income I	N/A	192
	JPMorgan	Equity Income R5	N/A	375,886
	JPMorgan	Large Cap Growth R6	N/A	8,865
	JPMorgan	Small Cap Value R6	N/A	4,556
	Lazard	International Strategic Eq Inst	N/A	10,733
	Lord Abbett	High Yield R5	N/A	540
	Lord Abbett	Short Duration Income R5	N/A	7,126
	MFS	Growth R4	N/A	2,246
	MFS	Value R6	N/A	5,761
*	Nationwide	Bond Index R6	N/A	1,257
*	Nationwide	Geneva Small Cap Gr Instl Svc	N/A	326,133
*	Nationwide	Inflation-Protected Securities Fund Institutional Service Class	N/A	231
*	Nationwide	International Index R6	N/A	2,666
*	Nationwide	Janus Henderson Overseas R6	N/A	221
*	Nationwide	Loomis All Cap Gr R6	N/A	101,062
*	Nationwide	S&P 500 Index R6	N/A	66,942
	Neuberger	Berman Emerg Mkts Eq Inst	N/A	1,553
	PGIM	Jennison Growth R6	N/A	3,210
	PGIM	Jennison Small Company Z	N/A	3,740
	PGIM	Jennison Utility R6	N/A	153
	PGIM	Total Return Bond R6	N/A	58,401
	PGIM	Total Return Bond R6	N/A	44,652
	Principal	Global Real Estate Sec R6	N/A	63,072
	Putnam	Growth Opportunities Y	N/A	92,676

NCAAR-BH PROFIT SHARING PLAN
EIN: 22-2436069 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
As of June 30, 2022

(a)	Identity of Issuer, Borrower, Lessor or Similar Party (b)	Description of Investment including maturity date, rate of interest, collateral, par on maturity (c)	Cost (d)	Current Value (e)
	T. Rowe	Price Small-Cap Value	N/A	1,608
	T. Rowe	Price Spectrum Mod Gr Allc	N/A	717,045
	TIAA-CREF	Lifecycle Index 2025 Instl	N/A	20,534
	TIAA-CREF	Lifecycle Index 2030 Instl	N/A	63,742
	TIAA-CREF	Lifecycle Index 2035 Instl	N/A	47,288
	TIAA-CREF	Lifecycle Index 2040 Instl	N/A	278,668
	TIAA-CREF	Lifecycle Index 2045 Instl	N/A	83,625
	TIAA-CREF	Lifecycle Index 2050 Instl	N/A	99,852
	TIAA-CREF	Lifecycle Index 2055 Instl	N/A	225,793
	TIAA-CREF	Lifecycle Index 2060 Instl	N/A	80,124
	TIAA-CREF	Lifecycle Index Ret Inc Instl	N/A	13,408
	Vanguard	Total Intl Stock Index Admiral	N/A	1,094
	Vanguard	Total Stock Mkt Idx Adm	N/A	54,160
	Vanguard	Utilities Index Adm	N/A	1,757
	Vanguard	Balanced Index Adm	N/A	267,199
	Vanguard	Explorer Adm	N/A	26,614
	Vanguard	International Growth Adm	N/A	158,044
	Vanguard	Mid Cap Index Admiral	N/A	1,504
	Vanguard	Small Cap Index Adm	N/A	3,654
	Vanguard	Total Bond Market Index Adm	N/A	36,482
	Vanguard	Total Intl Bd Idx Admiral	N/A	1,184
	Vanguard	Value Index Adm	N/A	1,810
	Vanguard	Wellesley Income Admiral	N/A	116,454
	Victory Sycamore	Established Value I	N/A	9,169
	<u>Fully Benefit-Responsive Investment Contract</u>			
*	Nationwide Financial Services	Fixed Select Contract	N/A	456,088
*	Participant Loans	Interest rates ranging from 4.25% to 6.50%. All participant loans are for terms not to exceed 5 years.	-	86,615
	Total			<u>\$ 5,784,851</u>

* Party-in-interest as defined by ERISA

N/A- Cost information is not required for participant-directed investments, and, therefore, is not included.