

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>THE NORTH WARD CENTER, INC. RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</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>THE NORTH WARD CENTER, INC.</u> <u>346 MT. PROSPECT AVENUE</u> <u>NEWARK, NJ 07104</u>	1c Effective date of plan <u>01/01/2002</u> 2b Employer Identification Number (EIN) <u>23-7133263</u> 2c Plan Sponsor's telephone number <u>973-481-0415</u> 2d Business code (see instructions) <u>624100</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.	10/07/2025	CARMELLA SPINELLI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	238
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	66
	6a(2)	64
	6b	37
	6c	124
	6d	225
	6e	11
	6f	236
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>THE NORTH WARD CENTER, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE NORTH WARD CENTER, INC.</u>	D Employer Identification Number (EIN) <u>23-7133263</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>14048326</u>
	b Actuarial value	2b	<u>14048326</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>43</u>	<u>3618645</u>
	b For terminated vested participants	<u>125</u>	<u>3814207</u>
	c For active participants	<u>70</u>	<u>5432001</u>
	d Total	<u>238</u>	<u>12864853</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.17 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>382500</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>382500</u>

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

SIGN HERE <u>MAX DIAZ, EA, MAAA</u> Signature of actuary <u>ABAR RETIREMENT PLAN SERVICES LLC</u> Firm name <u>110 S JEFFERSON RD - SUITE 204</u> <u>WHIPPANY, NJ 07981</u> Address of the firm	<u>06/30/2025</u> Date <u>23-08600</u> Most recent enrollment number <u>973-660-2100</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2473356
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	2473356
10	Interest on line 9 using prior year's actual return of <u>14.32</u> %	0	354185
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		389118
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.47</u> %		21285
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		410403
	d Portion of (c) to be added to prefunding balance		410403
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3237944

Part III Funding Percentages			
14	Funding target attainment percentage	14	84.03 %
15	Adjusted funding target attainment percentage	15	109.19 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/22/2024	187500	0					
06/25/2024	187500	0					
09/30/2024	187500	0					
12/16/2024	187500	0					
			Totals ▶	18(b)	750000	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	727499

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 382500
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 382500
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 382500
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 727499
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 344999
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE NORTH WARD CENTER, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE NORTH WARD CENTER, INC.	D Employer Identification Number (EIN) 23-7133263	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

RBC WEALTH MANAGEMENT

41-1416330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	90434	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE NORTH WARD CENTER, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE NORTH WARD CENTER, INC.	D Employer Identification Number (EIN) 23-7133263

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	21667	15239
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	73122	84402
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	20263	1183265
(2) U.S. Government securities	1c(2)	428809	306115
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2680490	6726946
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	2548492	2376900
(B) Common	1c(4)(B)	7355265	4705883
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	920219	904131
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	14048327	16302881
Liabilities			
g Benefit claims payable.....	1g	0	0
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	14048327	16302881

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)	750000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		750000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	24921	
(B) U.S. Government securities.....	2b(1)(B)	18076	
(C) Corporate debt instruments.....	2b(1)(C)	242331	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	162439	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		447767
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	203209	
(B) Common stock.....	2b(2)(B)	72746	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	29004	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1370581	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2873307

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	528319	
(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)		528319
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	90434	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		90434
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		618753

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2254554
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: **SMOLIN, LUPIN & CO., LLC**

(2) EIN: **22-2258733**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 540242.

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE NORTH WARD CENTER, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE NORTH WARD CENTER, INC.</u>	D Employer Identification Number (EIN) <u>23-7133263</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 22-3883659

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		1
---	--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501741A.

THE NORTH WARD CENTER, INC. RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

**THE NORTH WARD CENTER, INC. RETIREMENT PLAN
DECEMBER 31, 2024 AND 2023**

C O N T E N T S

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INDEPENDENT AUDITOR'S REPORT

The Board of Trustees and Participants
The North Ward Center, Inc. Retirement Plan
Newark, New Jersey

Opinion

We have audited the accompanying financial statements of The North Ward Center, Inc. Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of The North Ward Center, Inc. Retirement Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- 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 North Ward Center, Inc. Retirement 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 North Ward Center, Inc. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Smolin, Lupin & Co., LLC

SMOLIN, LUPIN & CO., LLC

Parsippany, New Jersey
September 30, 2025

**THE NORTH WARD CENTER, INC. RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	December 31,	
	2024	2023
ASSETS:		
Investments at Fair Value	\$ 16,203,240	\$ 13,953,538
Receivables:		
Accrued Interest and Dividends	84,402	73,122
Total Receivables	84,402	73,122
Cash	15,239	21,667
NET ASSETS AVAILABLE FOR BENEFITS	\$ 16,302,881	\$ 14,048,327

See accompanying independent auditor's report and notes to financial statements.

**THE NORTH WARD CENTER, INC. RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	Years Ended December 31,	
	2024	2023
Additions to Net Assets Attributed to:		
Net Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 1,370,581	\$ 1,177,296
Interest	447,767	308,378
Dividends	304,959	331,233
Total	2,123,307	1,816,907
Less: Investment Expenses	90,434	85,249
Total Net Investment Income	2,032,873	1,731,658
Employer Contribution	750,000	750,000
Total Additions	2,782,873	2,481,658
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	528,319	474,600
Total Deductions	528,319	474,600
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	2,254,554	2,007,058
NET ASSETS AVAILABLE FOR BENEFITS - Beginning	14,048,327	12,041,269
NET ASSETS AVAILABLE FOR BENEFITS - Ending	\$ 16,302,881	\$ 14,048,327

See accompanying independent auditor's report and notes to financial statements.

THE NORTH WARD CENTER, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The following description of The North Ward Center, Inc. (the "Organization" or "Sponsor") Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan that covers all eligible employees of the Organization. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Employees are eligible to participate in the plan as of the first day of the month coinciding with or next following the completion of one year of service (1,000 hours) other than those hired or rehired after May 1, 2016. Union employees, non-resident aliens and leased employees are not eligible.

The Sponsor determines the appropriateness of the Plan's investments, monitors investment performance and reports to the Plan's Board of Trustees. RBC Wealth Management is the investment advisor to the Sponsor and Trustees.

Pension Benefits

A vested participant is entitled to pension benefits provided that he or she has attained the age of 65 ("Normal Retirement"), but not before the fifth anniversary of Plan entry, unless the vested participant has attained age 70 prior to the fifth anniversary of Plan entry. Participants have multiple options for receiving their pension benefits upon retirement or disability. Benefits are calculated as follows; for service prior to 2002, 1.5% of 2001 compensation for each year of employment (calculated to the nearest month), excluding the first year of employment. For service after 2001, 1.5% of each year's compensation while a Plan member. For all active participants as of January 1, 2007, an additional benefit is provided equal to 0.5% of average compensation times, years and months of participation during the period of January 1, 2002 through December 31, 2006. Compensation is regular salary exclusive of overtime, bonuses, and other special compensation.

Funding Policy

Contributions to the Plan are funded solely by the Organization and are based on actuarial computations prepared by the Plan's actuary. Based upon the actuarial valuation, there was no minimum funding requirement for each of the years ended December 31, 2024 and 2023. The Organization's contribution to the Plan was \$750,000 for the years ended December 31, 2024 and 2023, respectively. The minimum funding requirements of ERISA were met for both years.

Death and Disability Benefits

If an active employee dies or becomes disabled, the benefit is calculated through the date of death or disability. Benefits are payable to the participant or beneficiary upon proof of claim. Benefits are actuarially reduced to reflect early commencement of benefits, if payable prior to normal retirement age. A lump-sum death benefit option is available for vested participants, provided the present value of the vested accrued benefit is less than \$5,000.

Vesting

A participant is 100% vested in his or her retirement benefit after completion of five years of eligible service.

THE NORTH WARD CENTER, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared using the accrual basis of accounting.

Use of Estimates

The process of preparing financial statements in conformity with accounting principles generally accepted in the United States of America requires the use of estimates and assumptions regarding certain types of assets, liabilities, and changes therein, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Such estimates relate primarily to unsettled transactions and events as of the date of the financial statements. Accordingly, upon settlement, actual results may differ from estimated amounts.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 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.

Actuarial Present Value of Accumulated Plan Benefits

Pursuant to Internal Revenue Service regulation, the valuation date of accumulated plan benefits was changed from the last day of the Plan year to the first day of the Plan year effective January 1, 2008. Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries.

The accumulated plan benefits for participants are based on a percentage of participants' eligible compensation as defined, for service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary. The actuarial assumptions are based on the presumption that the Plan will continue. Upon termination, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by a consulting actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in computing the actuarial present value of accumulated plan benefits were as follows:

	<u>January 1, 2024</u>	<u>January 1, 2023</u>
Interest	Range 4.37% to 4.95% Rate	Range 2.13% to 3.93% Rate
Mortality	2024 Static Mortality Tables	2023 Static Mortality Tables
Retirement Age	65	65

THE NORTH WARD CENTER, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Payments of Benefits

Benefits are recorded when paid. There were no benefit liabilities at December 31, 2024 and 2023.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Organization, as provided by the plan document. Expenses that are paid directly by the Organization are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated all events and transactions that occurred after December 31, 2024, for potential recognition or disclosure through September 30, 2025, the date the financial statements were available to be issued.

NOTE 3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 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.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2024 and 2023.

Interest Bearing Cash: Valued at cost, which approximates fair value.

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

THE NORTH WARD CENTER, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3. FAIR VALUE MEASUREMENTS (continued)

Preferred Stock: Valued at the present value of its future income stream discounted at its interest rate of return with effect for convertibility or other special features.

Corporate and Governmental Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Structured Notes: Valued at estimated fair value based on various factors as reported by the principal or agent. The notes are linked to a basket of equity securities and the annual coupon payment is based on the average performance of the linked equities with minimum and maximum rates of interest. The fair value of the notes will depend on the value and volatility of the basket of stocks, as well as interest rates and dividend yields. The indices are subject to geographic, credit, foreign currency, and default risk and may trade at different prices on different exchanges. Payment of interest and repayment of principal at maturity on the notes are subject to the credit risk of the issuing financial institution.

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

The following tables set forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Interest Bearing Cash	\$ -	\$ 1,183,265	\$ -	\$ 1,183,265
Common Stock	4,705,883	-	-	4,705,883
Preferred Stock	-	2,376,900	-	2,376,900
Corporate Bonds	-	5,086,458	-	5,086,458
Governmental Bonds	-	306,115	-	306,115
Structured Notes	-	1,640,488	-	1,640,488
Mutual Funds	904,131	-	-	904,131
Total Investments at Fair Value	\$ 5,610,014	\$10,593,226	\$ -	\$16,203,240

THE NORTH WARD CENTER, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3. FAIR VALUE MEASUREMENTS (continued)

	<u>Assets at Fair Value as of December 31, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest Bearing Cash	\$ -	\$ 20,263	\$ -	\$ 20,263
Common Stock	4,395,545	-	-	4,395,545
Preferred Stock	-	2,548,492	-	2,548,492
Corporate Bonds	-	2,680,490	-	2,680,490
Governmental Bonds	-	428,809	-	428,809
Structured Note	-	2,959,720	-	2,959,720
Mutual Funds	<u>920,219</u>	<u>-</u>	<u>-</u>	<u>920,219</u>
Total Investments at Fair Value	<u>\$ 5,315,764</u>	<u>\$ 8,637,774</u>	<u>\$ -</u>	<u>\$13,953,538</u>

Transfers between Levels

The Plan's policy is to recognize transfers between level 1, level 2, and level 3 as of the end of the year. There were no transfers between level 1, level 2, and level 3 for the years ended December 31, 2024 and 2023.

NOTE 4. ACCUMULATED PLAN BENEFITS (Beginning of year)

Accumulated Plan Benefits as estimated by the consulting actuary were as follows:

Actuarial Present Value of Accumulated Plan Benefits as of:

	<u>January 1, 2024</u>	<u>January 1, 2023</u>
Vested Benefits:		
Participants Currently Receiving Payments	\$ 3,619,485	\$ 4,251,437
Other Participants	<u>9,745,632</u>	<u>11,461,555</u>
Total	13,365,117	15,712,992
Non-Vested Benefits	<u>-</u>	<u>-</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$13,365,117</u>	<u>\$15,712,992</u>

Changes in Accumulated Plan Benefits for the period ending are:

	<u>January 1, 2024</u>	<u>January 1, 2023</u>
Actuarial Present Value of Accumulated Plan Benefits - Beginning	<u>\$15,712,992</u>	<u>\$17,200,231</u>
Benefits Accumulated	489,820	614,177
Increase for Passage of Time	608,286	541,751
Benefits Paid	(474,600)	(450,165)
Increase (Decrease) for Plan Experience	(75,870)	210,390
Change in Actuarial Assumptions	<u>(2,895,511)</u>	<u>(2,403,392)</u>
Actuarial Present Value of Accumulated Plan Benefits - Ending	<u>\$13,365,117</u>	<u>\$15,712,992</u>

THE NORTH WARD CENTER, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are money market accounts managed by RBC Wealth Management, the custodian of the Plan, and therefore these transactions qualified as party-in-interest.

NOTE 6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of termination, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE 7. TAX STATUS

The Internal Revenue Service has determined and informed the Organization by a letter dated June 18, 2014, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (“IRC”). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The related trust, therefore, is not subject to tax under present income tax law.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, 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. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

THE NORTH WARD CENTER, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 8. RISKS AND UNCERTAINTIES (continued)

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

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1 Avg.		1 To 4 Avg.		5 To 9 Avg.		10 To 14 Avg.		15 To 19 Avg.		20 To 24 Avg.		25 To 29 Avg.		30 To 34 Avg.		35 To 39 Avg.		40 & Up Avg.	
	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp	No.	Comp
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	1	0	3	0	8	0	9	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	2	0	1	0	4	0	3	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	1	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	0	2	0	2	0	2	0	1	0	2	0	0	0	1	0	1	0
60 to 64	0	0	0	0	6	0	2	0	1	0	0	0	0	0	0	0	0	0	1	0
65 to 69	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of plan: The North Ward Center FAS 2020
 Plan sponsor's name: The North Ward Center, Inc.

Plan number: 001
 EIN: 22-7133263

Attachment to 2024 Form 5500, Schedule SB
THE NORTH WARD CENTER, INC. RETIREMENT PLAN
EIN/PN: 23-7133263 / 001

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

- a. Mortality: The 2024 Static Mortality Tables were used. The optional combined tables for small plans were used, separately for male and female lives.
- b. Interest: Benefits were discounted by 4.75% (first segment rate) for payments expected from January 1, 2024 – December 31, 2028, by 4.96% (second segment rate) for payments expected from January 1, 2029 – December 31, 2043, and by 5.59% (third segment rate) for payments expected on or after January 1, 2044. These are the Segment Rates prescribed by IRC Section 430(h)(2)(C) for the 2024 Plan Year.
- c. Salary Scale: It was assumed that salaries would increase by 2.0% for the current plan year.
- d. Severance of Employment: It was assumed that employees would terminate employment at the following rates: 10% per year through age 40, 5% per year from ages 41 through 50 and 0% per year after age 50.
- e. Assumed Retirement Age: It was assumed that all employees would retire at their Normal Retirement Age, or in one year if at or past Normal Retirement Age.
- f. Form of Benefit Payment: It was assumed that there would be a 0% probability of electing a lump sum and a 100% probability of electing monthly annuity payments.
- g. Actuarial Value of Asset Valuation Method: The fair market value of assets was used.
- h. Expenses: The Target Normal Cost was increased by \$0 to reflect anticipated expenses to be paid from the plan in the current year.
- i. Actuarial Cost Method: The method prescribed by IRC Section 430 was used.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

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


A Name of plan The North Ward Center, Inc. Retirement Plan		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The North Ward Center, Inc.		D Employer Identification Number (EIN) 23-7133263	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	14,048,326	
b Actuarial value	2b	14,048,326	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	43	3,618,645	3,618,645
b For terminated vested participants	125	3,814,207	3,814,207
c For active participants.....	70	5,432,001	5,432,001
d Total	238	12,864,853	12,864,853
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.17%	
6 Target normal cost			
a Present value of current plan year accruals	6a	382,500	
b Expected plan-related expenses	6b	0	
c Target normal cost	6c	382,500	

Statement by Enrolled Actuary

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

SIGN HERE		06/30/2025
Signature of actuary		Date
Max Diaz, EA, MAAA		2308600
Type or print name of actuary		Most recent enrollment number
Abar Retirement Plan Services LLC		973-660-2100
Firm name		Telephone number (including area code)
110 S Jefferson Rd - Suite 204		
Whippany NJ 07981		
Address of the firm		

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

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

Schedule SB (Form 5500) 2024
v. 240311

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 % <input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....			31a 382,500
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment.....	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 382,500
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			36 382,500
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 727,499
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 344,999
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39 0
40 Unpaid minimum required contributions for all years			40 0

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

Attachment to 2024 Form 5500, Schedule SB
THE NORTH WARD CENTER, INC. RETIREMENT PLAN
EIN/PN: 23-7133263 / 001

Schedule SB, line 19 – Discounted Employer Contributions

<u>Date</u>	<u>Contrib.</u>	<u>Application</u>	<u>Late Quarterly Rate</u>	<u>Effective Rate</u>	<u>Interest Adjusted Contrib.</u>
03-22-2024	\$ 84,208	2024 1 st quarter	N/A	5.17%	\$ 83,247
03-22-2024	84,208	2024 2 nd quarter	N/A	5.17%	83,247
03-22-2024	19,084	2024 3 rd quarter	N/A	5.17%	18,866
06-25-2024	65,124	2024 3 rd quarter	N/A	5.17%	63,548
06-25-2024	84,208	2024 4 th quarter	N/A	5.17%	82,170
06-25-2024	38,168	2024 Plan Year	N/A	5.17%	37,244
09-30-2024	187,500	2024 Plan Year	N/A	5.17%	180,544
12-16-2024	<u>187,500</u>	2024 Plan Year	N/A	5.17%	<u>178,633</u>
	\$ 750,000				\$ 727,499

Attachment to 2024 Form 5500, Schedule SB
THE NORTH WARD CENTER, INC. RETIREMENT PLAN
EIN/PN: 23-7133263 / 001

Schedule SB, Part V – Summary of Plan Provisions

- a. Plan Status: Active.
- b. Eligibility: All employees [other than those hired or rehired on or after May 1, 2016] are eligible for membership in the Plan as of the first day of the month coinciding with or next following the completion of one year of service (1,000+ hours).
- c. Normal Retirement: 65 + 5.
- d. Considered Compensation: IRC Section 415 Safe Harbor Compensation while a participant, excluding overtime, bonuses and commissions.
- e. Normal Retirement Benefits: The following benefit formula applies separately for each Plan Year and is added to the prior accrued benefit (Accumulation Plan): For service prior to 2002; 1.5% of 2001 Considered Compensation for each year of employment (calculated to the nearest month), excluding the first year of employment. For service after 2001; 1.5% of Considered Compensation while a plan participant. Additional Benefit effective January 1, 2007; 0.5% of Average Compensation (2002 – 2006) multiplied by Years of Participation (2002 – 2006). Must be active participant as of January 1, 2007 in order to accrue this additional benefit.
- f. Standard Retirement Benefit: Life Annuity.
- g. Death Benefits: Actuarial value of the vested accrued benefit.
- h. Severance Benefits: 0% vested after 4 years of service, 100% vested after 5 years of service. Years of service are calculated using the elapsed time method.
- i. Timing of Benefit Payments: Annuities may commence upon attainment of NRA, even if still employed. Lump sums are payable immediately upon termination of employment, but only if value of benefit is less than \$5,000. Upon death or disability, lump sums are payable immediately if value of benefit is less than or equal to \$30,000.
- j. Actuarial Equivalent: Applicable Mortality Table after retirement; 30-Year Treasury Rate as of November preceding each plan year.
- k. Optional Forms of Benefits: Life annuities with and without guaranteed periods, joint & survivor annuities.

Significant Events: None.

Changes in Provisions: None.

SUPPLEMENTAL SCHEDULE

THE NORTH WARD CENTER, INC. RETIREMENT PLAN
EIN NO. 23-7133263
PLAN NO. 001
FORM NO. 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	RBC Cash Plus	Cash Equivalent	\$ 862,239	\$ 862,239
*	RBC - Cash	Cash	321,026	321,026
	Abbvie Inc	Common Stock	100,761	124,035
	Advance Auto Parts Inc	Common Stock	17,853	13,903
	Advanced Energy Industries Inc	Common Stock	11,543	13,413
	Air Products & Chemicals Inc	Common Stock	13,112	15,952
	Alphabet Inc CL A	Common Stock	139,110	163,934
	Amazon.com	Common Stock	89,293	97,629
	Ameriprise Finl Inc	Common Stock	51,620	79,865
	Amgen Inc	Common Stock	29,757	24,761
	Apple Inc	Common Stock	150,251	174,042
	Applied Materials Inc	Common Stock	32,830	26,834
	Applovin Corp CL A	Common Stock	4,901	19,430
	Arista Networks Inc Com	Common Stock	39,233	63,886
	AT&T Inc	Common Stock	9,208	8,038
	Automatic Data Processing Inc	Common Stock	12,697	20,784
	Bank New York Mellon Corp	Common Stock	39,586	61,925
	Bellring Brands Inc	Common Stock	20,754	26,444
	Biogen Inc	Common Stock	12,276	8,105
	Broadcom Inc	Common Stock	18,749	71,639
	Builders Firstsource Inc	Common Stock	8,346	7,004
	CarGurus Inc CL A	Common Stock	11,531	19,184
	Caterpillar Inc	Common Stock	12,644	15,599
	Cava Grp Inc	Common Stock	30,235	24,703
	Cencora Inc	Common Stock	29,122	28,984
	Centene Corp Del	Common Stock	6,249	5,270
	Cheniere Energy Inc	Common Stock	35,544	43,833
	Chevron Corp	Common Stock	17,819	19,988
	Cintas Corp	Common Stock	20,435	27,953
	Cisco Systems Inc	Common Stock	4,226	5,328
	CME Group Inc	Common Stock	11,581	12,540
	Coinbase Global Inc CL A	Common Stock	9,407	11,174
	Colgate Palmolive Co	Common Stock	31,707	34,909
	Corning Inc	Common Stock	10,529	13,211
	Costco Wholesale Corp	Common Stock	51,124	61,390
	CRH Public Ltd Co	Common Stock	41,204	49,221
	Dell Technologies Inc CL C	Common Stock	9,419	13,253
	Doordash Inc CL A	Common Stock	8,732	9,226
	Duke Energy Corp Hldg Co	Common Stock	10,533	10,343
	Eaton Corporation Plc	Common Stock	10,007	23,231
	EBay Inc	Common Stock	30,899	31,347
	Elanco Animal Health Inc	Common Stock	17,361	16,845
	Eli Lilly & Co	Common Stock	5,795	40,144
	Enovis Corp	Common Stock	9,667	8,293
	EOG Res Inc	Common Stock	15,018	14,464
	Everest Group Ltd	Common Stock	17,502	16,311
	Expedia Group Inc	Common Stock	23,403	37,825
	Exxon Mobil Corp	Common Stock	11,045	10,327
	Fastenal Co	Common Stock	4,356	5,609
	Fiserv Inc	Common Stock	10,183	14,585
	Fortinet Inc	Common Stock	42,604	60,467
	Gap Inc	Common Stock	21,390	36,461
	GE Aerospace	Common Stock	12,729	18,847
	GE Vernova	Common Stock	69,933	86,180
	General Dynamics Corp	Common Stock	7,241	6,587
	Gilead Sciences Inc	Common Stock	37,054	45,631
	GoDaddy Inc CL A	Common Stock	63,755	102,040
	Hartford Financial Services Grp Inc	Common Stock	10,686	12,253
	Home Depot Inc	Common Stock	15,848	24,117
	HP Inc Com	Common Stock	8,456	7,538
	Illinois Tool Works Inc	Common Stock	7,290	11,664
	Incyte Corp	Common Stock	15,752	19,132
	Intercontinental Exchange	Common Stock	42,914	40,531
	Jackson Financial Inc CL A	Common Stock	37,136	48,678
	Johnson & Johnson	Common Stock	80,667	76,215
	JPMorgan Chase & Co	Common Stock	16,439	21,094
	Keurig Dr Pepper Inc	Common Stock	12,828	11,499
	Kimberly Clark Corp	Common Stock	10,075	9,435
	Kinder Morgan Inc	Common Stock	5,683	9,069
	Kroger Co	Common Stock	22,399	28,190

* Indicates party-in-interest

See independent auditor's report.

THE NORTH WARD CENTER, INC. RETIREMENT PLAN
EIN NO. 23-7133263
PLAN NO. 001
FORM NO. 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Lockheed Martin Corp	Common Stock	\$ 12,386	\$ 15,550
	Maplebear Inc	Common Stock	24,833	24,893
	Marathon Pete Corp	Common Stock	17,454	15,066
	Marsh & McLennan Companies Inc	Common Stock	12,208	23,790
	Mastercard Inc	Common Stock	25,106	30,014
	McDonalds Corp	Common Stock	38,122	43,483
	McKesson Corp	Common Stock	18,120	24,506
	Merck & Co Inc	Common Stock	51,734	53,420
	Meta Platforms Inc CL A	Common Stock	90,230	102,464
	Micron Technology Inc	Common Stock	7,235	6,480
	Microsoft Corp	Common Stock	192,651	208,222
	Molina Healthcare Inc	Common Stock	14,551	12,515
	Mondelez International Inc Com	Common Stock	28,344	27,894
	Mosaic Co	Common Stock	7,676	5,973
	Nextera Energy Inc	Common Stock	20,512	24,661
	Northern Trust Corp	Common Stock	27,752	32,595
	Nutanix Inc CL A	Common Stock	50,896	58,794
	Nvidia Corp	Common Stock	95,943	139,796
	Oneok Inc	Common Stock	8,053	9,940
	Oracle Corp	Common Stock	17,560	22,830
	Palantir Technologies Inc CL A	Common Stock	18,681	31,916
	Paychex Inc	Common Stock	9,211	14,162
	Paycom Software Inc	Common Stock	23,075	32,180
	PepsiCo Inc	Common Stock	35,357	36,038
	Phillips 66 Com	Common Stock	14,183	13,786
	Phillips Morris Intl Inc	Common Stock	42,266	41,160
	PNC Financial Svcs Group Inc	Common Stock	20,527	26,035
	PPG Industries Inc	Common Stock	49,475	43,241
	PPL Corp	Common Stock	12,308	13,471
	Procter & Gamble Co	Common Stock	25,006	30,177
	Progressive Corp Ohio	Common Stock	12,392	12,220
	Prudential Financial Inc	Common Stock	65,561	75,029
	PVH Corp	Common Stock	14,354	22,842
	Qualcomm Inc	Common Stock	129,958	121,821
	Regeneron Pharmaceuticals Inc	Common Stock	38,930	31,343
	Roblox Corp CL A	Common Stock	10,055	13,308
	Royal Caribbean Group	Common Stock	6,580	11,073
	RTX Corp	Common Stock	5,672	6,712
	Salesforce Inc	Common Stock	11,560	14,376
	Sempra Energy	Common Stock	17,662	21,842
	ServiceNow Inc	Common Stock	27,476	46,645
	Sharkninja Inc	Common Stock	50,697	47,414
	Sherwin Williams Co	Common Stock	24,623	26,175
	Spotify Technology	Common Stock	18,928	74,265
	State Street Corp	Common Stock	56,887	71,748
	Teleflex Inc	Common Stock	8,752	7,653
	Tesla Inc	Common Stock	37,003	41,192
	Texas Instruments Incorporated	Common Stock	13,727	19,689
	The Travelers Companies Inc	Common Stock	55,999	78,771
	3M Company	Common Stock	10,508	15,362
	TJX Companies Inc	Common Stock	13,403	14,256
	Trane Technologies PLC	Common Stock	18,845	32,872
	Ulta Beauty Inc	Common Stock	21,979	18,702
	United Parcel Svc Inc CL B	Common Stock	6,486	4,035
	Veralto Corp	Common Stock	102,872	95,535
	Verisk Analytics Inc	Common Stock	29,552	33,876
	Vertex Pharmctls Inc	Common Stock	14,159	18,927
	Vertiv Hldgs LLC CL A	Common Stock	11,559	11,815
	Virtu Financial Inc CL A	Common Stock	23,115	31,470
	Vistra Corp	Common Stock	15,979	32,537
	Weatherford Intl PLC	Common Stock	17,537	13,681
	Wec Energy Group Inc	Common Stock	8,730	8,840
	Williams Companies Inc	Common Stock	21,705	32,851
	Zoom Communications Inc CL A	Common Stock	23,457	29,216
	Kilroy Realty Corp Reit	Common Stock	31,357	41,623
	Prologis Inc Reit	Common Stock	8,609	7,928
	Public Storage Reit	Common Stock	15,061	15,571
	Realty Income Corp Reit	Common Stock	18,729	15,275
	Affiliated Managers Group Inc Jr Sub Note 6.750%, Callable 3/30/29	Preferred Stock	250,000	246,300
	Brookfield BRP Hldgs Canada Perpetual ,7.250%, Callable 03/25/29	Preferred Stock	100,000	101,280
	Corebridge Financial Inc Jr Sub Note 6.375%, Callable 12/15/29	Preferred Stock	200,000	203,920

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DECEMBER 31, 2024

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Energy Transfer Operating LP Ser G, 7.125%, Callable 5/15/30	Preferred Stock	\$ 429,012	\$ 451,580
	PNC Financial Services Grp Inc Perpetual Series W 6.25% , Repstg 1/100th Int, Callable 3/15/30	Preferred Stock	490,006	504,975
	Truist Financial Corp Perpetual, 6.669%, Callable 3/1/25	Preferred Stock	247,506	248,645
	Regions Financial Corp 6.95% Fxd, Non-Cum Perpetual Series F, Repstg 1/40th, Callable 9/15/29	Preferred Stock	150,000	157,440
	Synchrony Financial 8.25%, Repstg 1/40th Int, Callable 5/15/29	Preferred Stock	250,000	263,000
	Wintrust Financial Corp Perp Non-Cum Ser E, 6.875% Fxd-rate, Rps 1/1000 Int, Callable 7/15/25	Preferred Stock	200,000	199,760
	Amerada Hess Corp 8/15/31 7.300%	Corporate Bond	276,020	277,758
	Astrazeneca Finance LLC 2/26/29 4.850%	Corporate Bond	11,048	11,023
	Astrazeneca PLC Sr Nt 8/06/30 1.375%	Corporate Bond	15,006	14,989
	Enbridge Inc 3/15/55 7.375%	Corporate Bond	255,604	259,600
	Enbridge Inc 1/15/83 7.625%	Corporate Bond	258,756	262,300
	Enbridge Inc 1/15/84 8.502%	Corporate Bond	255,944	277,688
	Bank of Nova Scotia 1/27/84 8.000%	Corporate Bond	310,131	315,681
	Toronto Dominion Bank 7/31/84 7.250%	Corporate Bond	306,752	305,235
	Bank of Montreal Jr Nt due 11/26/84 7.300%	Corporate Bond	631,692	613,458
	BP Cap Mkts PLC Perptual due 12/31/2149 6.125%	Corporate Bond	404,006	393,140
	BP Cap Mkts America 4/14/27 3.588%	Corporate Bond	8,796	8,798
	BP Cap Mkts America Sr Nt 11/17/34 5.227%	Corporate Bond	18,988	18,729
	Qwest Corp 9/15/25 7.250%	Corporate Bond	202,231	199,304
	Citigroup Inc 12/31/49 7.625%	Corporate Bond	296,256	312,546
	Citigroup Inc 12/31/49 7.000%	Corporate Bond	127,806	126,550
	Citigroup Inc 6/09/27 1.462%	Corporate Bond	31,312	31,420
	Everest Reins Hldgs Inc LT Sub Nt due 5/01/67 7.764%	Corporate Bond	150,006	146,780
	Goldman Sachs Group Inc 12/31/49 7.500%	Corporate Bond	153,756	158,202
	Goldman Sachs Group Inc 3/09/27 1.431%	Corporate Bond	22,939	23,040
	MFA Financial Inc 9% Senior Notes due 2029	Corporate Bond	225,000	228,239
	Midcap Financial Invest Corp 8% Senior Notes due 2028	Corporate Bond	250,000	254,601
	M & T Bank Corp 12/31/49 7.204%	Corporate Bond	118,756	124,209
	Trinity Capital Inc 7.875% Notes due 2029	Corporate Bond	150,000	151,560
	R J Reynolds Tobacco Co 8/4/41 7.000%	Corporate Bond	110,974	105,043
	Wells Fargo & Company 12/31/49 7.625%	Corporate Bond	103,506	106,112
	JP Morgan Chase & Co 4/22/27 1.578%	Corporate Bond	15,280	15,358
	JP Morgan Chase & Co 9/22/27 1.470%	Corporate Bond	15,056	15,137
	JP Morgan Chase & Co 11/08/32 2.545%	Corporate Bond	13,599	13,499
	Morgan Stanley Finance LLC 5/04/27 1.593%	Corporate Bond	15,260	15,337
	Equinor ASA Sr Nt 4/06/30 3.125%	Corporate Bond	3,695	3,686
	Equinor ASA Sr Nt 5/22/30 2.375%	Corporate Bond	15,119	15,083
	Bank America Corp Sr Nt 3/11/27 1.658%	Corporate Bond	23,018	23,125
	Bank America Fdg Corp Sr Nt 10/24/26 1.197%	Corporate Bond	23,222	23,316
	Accenture Capital Inc Sr Nt 10/04/29 4.050%	Corporate Bond	20,479	20,373
	Amgen Inc 2/21/30 2.450%	Corporate Bond	11,522	11,492
	ATT Inc 3/25/26 1.700%	Corporate Bond	23,060	23,134
	ATT Inc 2/01/32 2.250%	Corporate Bond	6,652	6,617
	Blackrock Inc 1/28/31 1.900%	Corporate Bond	14,386	14,328
	Oracle Corp Sr Nt 3/25/26 1.650%	Corporate Bond	16,313	16,391
	Oracle Corp Sr Nt 4/01/30 2.950%	Corporate Bond	8,143	8,129
	Citigroup Inc Sr Nt 11/03/32 2.520%	Corporate Bond	10,940	10,839
	Comcast Corp 6/01/34 5.300%	Corporate Bond	7,081	6,999
	CVS Health Corp Sr Nt 6/01/29 5.400%	Corporate Bond	10,086	10,005
	Goldman Sachs Group Inc 10/21/27 1.948%	Corporate Bond	22,687	22,770
	Goldman Sachs Group Inc Sr Nt 7/21/32 2.383%	Corporate Bond	5,889	5,841
	Philip Morris Intl Inc 2/13/29 4.875%	Corporate Bond	17,029	16,977
	Philip Morris Intl Inc 2/13/34 5.250%	Corporate Bond	17,012	16,809
	Shell Fin US Inc GLBL Sr Nt 4/06/30 2.750%	Corporate Bond	21,766	21,572
	U.S. Bancorp 1/27/33 2.677%	Corporate Bond	23,864	23,636
	U.S. Treasury Note 11/15/27 4.125%	Government Bond	9,002	8,959
	U.S. Treasury Note 10/31/29 4.125%	Government Bond	4,965	4,942
	U.S. Treasury Note 11/30/29 4.125%	Government Bond	6,919	6,920
	U.S. Treasury Note 5/15/33 3.375%	Government Bond	4,636	4,595
	U.S. Treasury Note 5/15/34 4.375%	Government Bond	35,837	35,454
	U.S. Treasury Note 8/15/34 3.875%	Government Bond	133,842	132,409
	U.S. Treasury Note 11/15/34 4.250%	Government Bond	22,876	22,407
	U.S. Treasury Bond 11/15/51 1.875%	Government Bond	11,377	11,052
	U.S. Treasury Bond 11/15/52 4.000%	Government Bond	9,861	9,598
	U.S. Treasury Bond 5/15/53 3.625%	Government Bond	35,999	35,015
	U.S. Treasury Bond 8/15/54 4.250%	Government Bond	36,295	34,764
	Income Note Issuer Bank of Montreal LNK to META, 0.00% Due 7/19/27	Structured Note	225,000	227,700
	Income Note Issuer Bank of Montreal LNK to AMZN, 0.00% Due 12/31/27	Structured Note	200,000	200,000
	Income Note Issuer Citigroup GMH LNK to NVDA, 0.00% Due 12/30/27	Structured Note	200,000	197,760

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	Income Note Issuer Credit Suisse AG LNK to HBAN, 0.00% Due 3/31/25	Structured Note	\$ 125,000	\$ 126,388
	Income Note Issuer Credit Suisse AG London LNK to INDU, 0.00% Due 3/24/25	Structured Note	100,000	137,680
	Income Note Issuer JP Morgan Chase Financial CO LNK to META, 0.00% Due 12/30/2027	Structured Note	200,000	190,780
*	Income Note Issuer Royal Bank of Canada LNK to SPX/NKY, 0.00% Due 5/15/29	Structured Note	300,000	310,830
*	Income Note Issuer Royal Bank of Canada LNK to AMZN, 0.00% Due 8/19/27	Structured Note	250,000	249,350
	Virtus Diversified Income & Convertible Fund	Mutual Fund	3,339	4,412
	Pimco Dynamic Income Strategy Fund	Mutual Fund	180,217	261,300
	Federated Hermes Intl Bond Strategy Portfolio Fund	Mutual Fund	30,647	28,855
	Federated Hermes High Yield Strategy Portfolio Fund	Mutual Fund	15,272	15,129
	Federated Hermes Corp Bond Strategy Portfolio Fund	Mutual Fund	77,537	77,073
	Federated Hermes Mortgage Strategy Portfolio Fund	Mutual Fund	521,746	517,362
			<u>\$ 15,178,549</u>	<u>\$ 16,203,240</u>

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