

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 07/01/2024 and ending 06/30/2025

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 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>NCAAR, INC. PROFIT SHARING 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>NATIONAL CENTER FOR ADVOCACY AND RECOVERY, INC.</u> <u>360 CORPORATE BLVD.</u> <u>ROBBINSVILLE, NJ 08691</u>	1c Effective date of plan <u>07/01/2000</u> 2b Employer Identification Number (EIN) <u>22-2436069</u> 2c Plan Sponsor's telephone number <u>609-689-0599</u> 2d Business code (see instructions) <u>812990</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/29/2025	LISA SCHMITTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
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 NCAAR-BH c Plan Name NCAAR-BH PROFIT SHARING PLAN	4b EIN 22-2436069	
	4d PN 001	
5 Total number of participants at the beginning of the plan year	5	152
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)	100
	6a(2)	98
	6b	0
	6c	56
	6d	154
	6e	0
	6f	154
	6g(1)	144
	6g(2)	147
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	6

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2T 3D

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan NCAAR, INC. PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CENTER FOR ADVOCACY AND RECOVERY, INC.		D Employer Identification Number (EIN) 22-2436069

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	25546	147	07/01/2024	06/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	682669
5	Current value of plan's interest under this contract in separate accounts at year end.....	8559043
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 595562
c	Additions: (1) Contributions deposited during the year	7c(1) 68635
	(2) Dividends and credits.....	7c(2) 1179
	(3) Interest credited during the year.....	7c(3) 12406
	(4) Transferred from separate account	7c(4) 428
	(5) Other (specify below)..... ▶ LOAN REPAYMENTS - PRINCIPAL	7c(5) 20390
	(6) Total additions	7c(6) 103038
d	Total of balance and additions (add lines 7b and 7c(6))	7d 698600
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 11972
	(2) Administration charge made by carrier.....	7e(2) 1369
	(3) Transferred to separate account	7e(3) 5
	(4) Other (specify below)..... ▶ LOAN WITHDRAWALS, FORFEITURE	7e(4) 2585
(5) Total deductions	7e(5) 15931	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 682669

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan NCAAR, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CENTER FOR ADVOCACY AND RECOVERY, INC.	D Employer Identification Number (EIN) 22-2436069	

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

NATIONWIDE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215
31-4156830	

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

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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)

RED BANK PENSION SERVICES, INC.

1161 BROAD STREET, SUITE 314
SHREWSBURY, NJ 07702

22-2755716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99	TPA	5140	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64	INVESTMENT CUSTODIAN	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HOLMAN FRENIA ALLISON PC

10 ALLEN STREET
TOMS RIVER, NJ 08753

22-3480145

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 49	AUDIT	0	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"/>

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

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

PETER A. NUSSBAUM

32 MIDDLEBROOK DRIVE
OCEAN, NJ 07712

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	ADVISOR	0	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 07/01/2024 and ending 06/30/2025	
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C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CENTER FOR ADVOCACY AND RECOVERY, INC.	D Employer Identification Number (EIN) 22-2436069

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	575131	486329
(2) Participant contributions	1b(2)	4496	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	120632	108475
(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)	7267310	8564393
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	595562	682669
(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	8563131	9841866
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	8559	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	8559	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8554572	9841866

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)	486329	
(B) Participants.....	2a(1)(B)	163071	
(C) Others (including rollovers).....	2a(1)(C)	46549	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		695949
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	7151	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7151
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	15901	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		15901
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		924584
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1643585

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	284358	
(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)		284358
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)		
(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)	71933	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		71933
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		356291

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1287294
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **HOLMAN FRENIA ALLISION, PC**

(2) EIN: **22-3480145**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan NCAAR, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CENTER FOR ADVOCACY AND RECOVERY, INC.	D Employer Identification Number (EIN) 22-2436069	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	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): 31-4156830

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

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

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

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

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

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

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

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

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

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

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

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702896A.

**NCAAR, INC. PROFIT SHARING PLAN
Financial Statements
and Supplemental Schedule**

June 30, 2025 and 2024

(With Independent Auditor's Report thereon)

NCAAR, INC. PROFIT SHARING PLAN
Table of Contents

	<u>Page</u>
Independent Auditor’s Report	1
Financial Statements	
Statements of Net Assets Available for Benefits, June 30, 2025 and 2024	5
Statement of Changes in Net Assets Available for Benefits, For the year ended June 30, 2025	6
Notes to Financial Statements	7
Supplemental Schedule	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) As of June 30, 2025	15

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
NCAAR, Inc. Profit Sharing Plan

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

We have performed audits of the financial statements of NCAAR, Inc. Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended June 30, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of June 30, 2025 and 2024, and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 NCAAR, Inc. Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of NCAAR, Inc. Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about NCAAR, Inc. Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

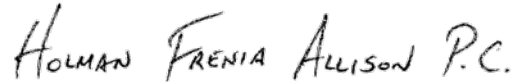
Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion –

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



HOLMAN FRENIA ALLISON, P.C.

Certified Public Accountants

December 22, 2025
Lakewood, New Jersey

NCAAR, INC. PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
June 30, 2025 and 2024

	2025	2024
ASSETS		
Investments:		
Investments, at fair value (See Note 4)	\$ 8,564,393	\$ 7,267,310
Investments, at contract value (See Note 5)	682,669	595,562
Total investments	9,247,062	7,862,872
Receivables:		
Employee contributions	-	4,496
Employer contributions	486,329	575,131
Notes receivable from participants	108,475	120,632
Total receivables	594,804	700,259
Total assets	9,841,866	8,563,131
 LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS		
Liabilities:		
Benefit payments	-	8,559
Total liabilities	-	8,559
Net assets available for benefits	\$ 9,841,866	\$ 8,554,572

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

NCAAR, INC. PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Benefits
For the year ended June 30, 2025

Additions:	
Contributions:	
Employee contributions	\$ 163,071
Employer contributions	486,329
Rollover contributions	<u>46,549</u>
Total contributions	<u>695,949</u>
Investment income:	
Net appreciation in fair value of investments	924,584
Interest and dividends	<u>15,901</u>
Total investment income	<u>940,485</u>
Interest income on notes receivable from participants	<u>7,151</u>
Total additions	<u>1,643,585</u>
Deductions:	
Benefits paid to participants	284,358
Administrative expenses	<u>71,933</u>
Total deductions	<u>356,291</u>
Net change in net assets available for benefits	1,287,294
Net assets available for benefits, July 1	<u>8,554,572</u>
Net assets available for benefits, June 30	<u><u>\$ 9,841,866</u></u>

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

NCAAR, INC. PROFIT SHARING PLAN
Notes to Financial Statements

NOTE 1: DESCRIPTION OF PLAN

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

General

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

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

Effective July 1, 2024, the Plan was amended to change its name from the NCAAR-BH Profit Sharing Plan to the NCAAR, Inc. Profit Sharing Plan. The amendment also changed the name of the plan sponsor from NCAAR-BH to National Center for Advocacy and Recovery, Inc. The amendment did not otherwise modify the provisions of the Plan or affect the rights of participants.

Funding Policy

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

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

Contributions

Each year, participants may contribute up to maximum Internal Revenue Service (“IRS”) limitations during the Plan year. For the year ended June 30, 2025, the applicable dollar amount was \$23,500. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The maximum catch-up contribution was \$7,500 for the year ended June 30, 2025. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution Plans (rollover). The Plan also allows for Roth contributions. All contributions are subject to certain IRS limitations.

The Plan allows for a discretionary non-elective profit sharing contribution to be made by the Plan Sponsor in an amount determined annually by the Plan Sponsor’s board of trustees. To be eligible for this contribution, the participant must have attained the age of 21 and completed one year of service, which is defined as 490 hours of service during the Plan year. The contribution is calculated by using a percentage of the employee’s eligible compensation corresponding to their years of service based on the chart below. The Plan Sponsor contributed between 8.00% and 9.00% of its employees’ eligible compensation for the year ended June 30, 2025, based on individual employee classifications.

NCAAR, INC. PROFIT SHARING PLAN
Notes to Financial Statements (continued)

NOTE 1: DESCRIPTION OF PLAN (continued)

Contributions (continued)

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

The Plan Sponsor's contribution is allocated to individual employees based on the relationship of the employee's compensation to the total compensation for all participants in the employee's classification. For the fiscal year ended June 30, 2025, the Plan Sponsor made profit sharing contributions totaling \$486,329. Discretionary non-elective profit-sharing contributions are recorded as receivables, net of any forfeitures to be used, on the accompanying statements of net assets available for benefits as they were not remitted by the Plan Sponsor until the subsequent fiscal year.

Participant Accounts

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

Vesting

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

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

Participants are 100% vested upon death or disability.

NCAAR, INC. PROFIT SHARING PLAN
Notes to Financial Statements (continued)

NOTE 1: DESCRIPTION OF PLAN (continued)

Forfeitures

Forfeitures of non-vested Plan Sponsor contributions can be used for payment of Plan administrative expenses and also to reduce future employer contributions. If a participant leaves the Plan Sponsor and returns before incurring five consecutive one year breaks in service, the participant may recapture the forfeited benefit. Forfeitures totaling \$54,236 were used to pay Plan expenses during the year ended June 30, 2025. As of June 30, 2025 and 2024, forfeited non-vested accounts available to the Plan totaled \$113,826 and \$110,460, respectively.

Notes Receivable from Participants

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

Payment of Benefits

On termination of service due to death, disability or retirement or other reasons, a participant receives a lump-sum amount equal to the value of the participant's vested interest in his or her account. Upon termination of employment, the Plan has a mandatory cash-out provision for participants with less than \$5,000 in their account, which does not require consent from the participant. Hardship withdrawals from accounts which are fully vested are permitted by the Plan. In-service distributions are allowed for participants after reaching 59 ½.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

NCAAR, INC. PROFIT SHARING PLAN
Notes to Financial Statements (continued)

NOTE 2: SUMMARY OF ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition (continued)

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are reflected as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of June 30, 2025 and 2024. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the notes receivable from participants balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through December 22, 2025, the date the financial statements were available to be issued. See Note 10 for further information.

NOTE 3: INFORMATION CERTIFIED BY NATIONWIDE

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at June 30, 2025 and 2024, and net appreciation in fair value of investments for the year ended June 30, 2025, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Nationwide.

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

NCAAR, INC. PROFIT SHARING PLAN
Notes to Financial Statements (continued)

NOTE 4: FAIR VALUE MEASUREMENTS

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include <ul style="list-style-type: none">• 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. <p>If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.</p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024.

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

NCAAR, INC. PROFIT SHARING PLAN
Notes to Financial Statements (continued)

NOTE 4: FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of June 30, 2025 and 2024:

Investments at Fair Value as of June 30, 2025

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Registered investment companies	\$ 8,564,393	\$ -	\$ -	\$ 8,564,393
Total investments in the fair value hierarchy	\$ 8,564,393	\$ -	\$ -	\$ 8,564,393

Investments at Fair Value as of June 30, 2024

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Registered investment companies	\$ 7,267,310	\$ -	\$ -	\$ 7,267,310
Total investments in the fair value hierarchy	\$ 7,267,310	\$ -	\$ -	\$ 7,267,310

NOTE 5: FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan holds a fully benefit-responsive investment contract (“FBRIC”) with the Nationwide Life Insurance Company (“Nationwide Life”) totaling \$682,669 and \$595,562 as of June 30, 2025 and 2024, respectively. Nationwide Life maintains the contributions in the Fixed Select Contract account for the year ended June 30, 2025. These accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer which is reviewed on a quarterly basis for resetting. The contract does not have a scheduled maturity date.

This contract meets the FBRIC criteria and therefore is reported at contract value (See Note 2). Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

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

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

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

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

NCAAR, INC. PROFIT SHARING PLAN
Notes to Financial Statements (continued)

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

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

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

NOTE 6: RELATED-PARTY TRANSACTIONS

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

NOTE 7: TAX STATUS

The Plan Sponsor has adopted a pre-approved plan document that has received an opinion letter from the IRS dated June 30, 2020, stating that the form of the pre-approved plan document was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan administrator believes the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of June 30, 2025 and 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. The Plan Sponsor believes the Plan is generally no longer subject to income tax examination for years prior to 2023.

NOTE 8: PLAN TERMINATION

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

NCAAR, INC. PROFIT SHARING PLAN
Notes to Financial Statements (continued)

NOTE 9: INVESTMENT CONCENTRATION

The following investment represents 10% or more of the Plan's net assets available for benefits at June 30, 2025 and 2024.

<u>Description of Investment</u>	<u>2025</u>	<u>2024</u>
BlackRock 80/20 Target Allocation Fund	\$ 1,150,667	\$ 974,138

NOTE 10: SUBSEQUENT EVENT

Subsequent to year end, the Plan Sponsor approved a change in service providers and the Plan's recordkeeping and custodial services will transition from Nationwide to Principal Life Insurance Company, effective December 31, 2025. The transition will not impact the Plan's net assets available for benefits as of June 30, 2025.

NCAAR, INC. PROFIT SHARING PLAN
EIN: 22-2436069 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of June 30, 2025

(a)	Identity of Issuer, Borrower, Lessor or Similar Party (b)	Description of Investment including maturity date, rate of interest, collateral, par on maturity (c)	Cost (d)	Current Value (e)
<u>Registered Investment Companies</u>				
	Alliance Bernstein	AB Global Bond Fund (Class Z)	N/A	\$ 49,339
	Alliance Bernstein	AB High Income Fund (Class Z)	N/A	7,517
	Allspring	Allspring Special Mid Cap Value Fund (I)	N/A	10,074
	American Beacon	American Beacon International Equity Fund (R6)	N/A	3,580
	American Funds	American Funds American Mutual Fund (R6)	N/A	5,024
	American Funds	American Funds EUPAC Fund (R6)	N/A	49,279
	American Funds	American Funds New World Fund (R6)	N/A	129,610
	Avantis	Avantis Emerging Markets Equity Fund (Institutional)	N/A	22,311
	Avantis	Avantis U.S. Small Cap Value Fund (Institutional)	N/A	43,507
	Baird	Baird Core Plus Bond Fund (Institutional)	N/A	55,180
	BlackRock	BlackRock 80/20 Target Allocation Fund	N/A	1,150,667
	BlackRock	BlackRock High Yield Fund (I)	N/A	752
	BlackRock	BlackRock High Yield Fund (K)	N/A	85,373
	BlackRock	BlackRock Strategic Income Opportunities Fund	N/A	625
	BNY Mellon	BNY Mellon Development Markets Real Estate Securities Fund, CI	N/A	1,479
	Brown Advisory	Sustainable Growth Inst	N/A	9,397
	Cohen & Steers	Cohen & Steers Real Estate Secs. Fund (I)	N/A	6,815
	Columbia Threadneedle Investment	Columbia Commodity Strategy Fund	N/A	65,320
	Columbia Threadneedle Investment	Columbia Overseas Value Fund, Inst.	N/A	128,261
	DFA	DFA International Large Cap Growth Portfolio	N/A	260,936
	Federated Hermes	High Yield Bond Fund, Institutional Class	N/A	64,476
	Federated Hermes	Government Obligations Fund, Prime Class	N/A	113,822
	Fidelity	Fidelity 500 Index Fund	N/A	94,915
	Fidelity	Fidelity Global Bond Fund	N/A	6,908
	Fidelity	Fidelity Global ex-US Index Fund	N/A	121,378
	Fidelity	Fidelity Inflation-Protected Bond Fund	N/A	29,769
	Fidelity	Fidelity International Index Fund	N/A	11,887
	Fidelity	Fidelity Large Cap Growth Index Fund	N/A	123,365
	Fidelity	Fidelity Large Cap Value Index Fund	N/A	175,620
	Fidelity	Fidelity Mid Cap Discovery Fund	N/A	86,897
	Fidelity	Fidelity Total International Index Fund	N/A	45,083
	Fidelity	Fidelity U.S. Bond Index Fund	N/A	65,362
	Franklin	Franklin Small Cap Growth Fund (R6)	N/A	43,622
	Goldman Sachs	Goldman Sachs GQG Ptnrs Intl Opps Fund (R6)	N/A	127,790
	Impax	Impax Sustainable Allocation Fund, Institutional Class	N/A	623
	American Century	Inflation-Adjusted Bond Fund (R6)	N/A	4,428
	Invesco	Invesco Core Bond Fund (Y)	N/A	12,427
	Invesco	Invesco Global Real Estate Income Fund (R6)	N/A	73,783
	JPMorgan	JPMorgan Large Cap Growth Fund (R6)	N/A	32,656
	JPMorgan	JPMorgan Small Cap Value Fund, Select Class	N/A	6,953
	Lazard	Lazard Intl. Strategic Equity Fund (I)	N/A	3,212
	Lord Abbett	Lord Abbett High Yield Fund (R5)	N/A	3,945
	MFS	MFS Growth Fund (R4)	N/A	8,953
*	Nationwide	Nationwide BNY Mellon Dyn US Core Fund (R6)	N/A	106,568
*	Nationwide	Nationwide BNY Mellon Dyn US Core Fund (R6)	N/A	134,417
*	Nationwide	Nationwide Bond Index Fund (R6)	N/A	991
*	Nationwide	Nationwide Geneva Mid Cap Growth Fund (R6)	N/A	86,967
*	Nationwide	Nationwide Geneva Small Cap Growth Fund (IS)	N/A	495,513
*	Nationwide	Nationwide GQG US Quality Eq Fund (R6)	N/A	187,973
*	Nationwide	Nationwide International Index Fund (R6)	N/A	4,928
*	Nationwide	Nationwide International Small Cap Fund (R6)	N/A	19
*	Nationwide	Nationwide Invesco Core Plus Bond R6	N/A	170,060
*	Nationwide	Nationwide Loomis All Cap Growth Fund (R6)	N/A	196,010
*	Nationwide	Nationwide Loomis Core Bond Fund (R6)	N/A	143,454
*	Nationwide	Nationwide S&P 500 Index Fund (R6)	N/A	131,729

NCAAR, INC. PROFIT SHARING PLAN
EIN: 22-2436069 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
As of June 30, 2025

(a)	Identity of Issuer, Borrower, Lessor or Similar Party (b)	Description of Investment including maturity date, rate of interest, collateral, par on maturity (c)	Cost (d)	Current Value (e)
	Neurbecker	Emerging Markets Equity Fund, Institutional Class	N/A	3,535
	Nuveen	Nuveen Lifecycle Index 2025 (R6)	N/A	44,146
	Nuveen	Nuveen Lifecycle Index 2030 (R6)	N/A	65,172
	Nuveen	Nuveen Lifecycle Index 2035 (R6)	N/A	139,706
	Nuveen	Nuveen Lifecycle Index 2040 (R6)	N/A	575,368
	Nuveen	Nuveen Lifecycle Index 2045 (R6)	N/A	232,349
	Nuveen	Nuveen Lifecycle Index 2050 (R6)	N/A	141,989
	Nuveen	Nuveen Lifecycle Index 2055 (R6)	N/A	605,940
	Nuveen	Nuveen Lifecycle Index 2060 (R6)	N/A	333,325
	PGIM	Jennison Small Company Fund (Z)	N/A	5,355
	PGIM	Total Return Bond Fund (R6)	N/A	2,370
	PIMCO	Intl Bond Fund (USD-Hedged) (I)	N/A	1,396
	PIMCO	International Institutional Class	N/A	49,223
	PIMCO	PIMCO Real Return Fund (I)	N/A	71,412
	Principal	Principal MidCap Fund (R6)	N/A	152,057
	Putnam	Putnam Large Cap Growth Y	N/A	147,594
	State Street Global	State Street Balanced Index Fund (K)	N/A	310,065
	T. Rowe	T. Rowe Price Spectrum Mod Gr Allc Fund	N/A	255
	Vanguard	Vanguard Mid-Cap Index Fund (Adm)	N/A	2,903
	Vanguard	Vanguard Small Cap Index Admiral Shares	N/A	7,570
	Vanguard	Vanguard Total Bond Market Index Fund (Adm)	N/A	37,588
	Vanguard	Vanguard Total Intl. Bond Index Fund (Adm)	N/A	7,002
	Vanguard	Vanguard Total Intl. Stock Index Fund (Adm)	N/A	1,604
	Vanguard	Vanguard Total Stock Market Index Fund (Adm)	N/A	135,451
	Vanguard	Vanguard Value Index Fund (Adm)	N/A	4,296
	Vanguard	Vanguard Wellesley Income Fund (Adm)	N/A	154,970
	Vanguard	Vanguard Windsor Fund (Adm)	N/A	314,177
	Victory Sycamore	Established Value Fund (I)	N/A	16,026
				<u>8,564,393</u>
	<u>Fully Benefit-Responsive Investment Contract</u>			
*	Nationwide Financial Services	Fixed Select Contract	N/A	682,669
*	Participant Loans	Interest rates ranging from 4.25% to 9.50%. All participant loans are for terms not to exceed 5 years.	-0-	<u>108,475</u>
	Total			<u>\$ 9,355,537</u>

* Party-in-interest as defined by ERISA

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

NCAAR, INC. PROFIT SHARING PLAN
EIN: 22-2436069 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of June 30, 2025

(a)	Identity of Issuer, Borrower, Lessor or Similar Party (b)	Description of Investment including maturity date, rate of interest, collateral, par on maturity (c)	Cost (d)	Current Value (e)
<u>Registered Investment Companies</u>				
	Alliance Bernstein	AB Global Bond Fund (Class Z)	N/A	\$ 49,339
	Alliance Bernstein	AB High Income Fund (Class Z)	N/A	7,517
	Allspring	Allspring Special Mid Cap Value Fund (I)	N/A	10,074
	American Beacon	American Beacon International Equity Fund (R6)	N/A	3,580
	American Funds	American Funds American Mutual Fund (R6)	N/A	5,024
	American Funds	American Funds EUPAC Fund (R6)	N/A	49,279
	American Funds	American Funds New World Fund (R6)	N/A	129,610
	Avantis	Avantis Emerging Markets Equity Fund (Institutional)	N/A	22,311
	Avantis	Avantis U.S. Small Cap Value Fund (Institutional)	N/A	43,507
	Baird	Baird Core Plus Bond Fund (Institutional)	N/A	55,180
	BlackRock	BlackRock 80/20 Target Allocation Fund	N/A	1,150,667
	BlackRock	BlackRock High Yield Fund (I)	N/A	752
	BlackRock	BlackRock High Yield Fund (K)	N/A	85,373
	BlackRock	BlackRock Strategic Income Opportunities Fund	N/A	625
	BNY Mellon	BNY Mellon Development Markets Real Estate Securities Fund, CI	N/A	1,479
	Brown Advisory	Sustainable Growth Inst	N/A	9,397
	Cohen & Steers	Cohen & Steers Real Estate Secs. Fund (I)	N/A	6,815
	Columbia Threadneedle Investment	Columbia Commodity Strategy Fund	N/A	65,320
	Columbia Threadneedle Investment	Columbia Overseas Value Fund, Inst.	N/A	128,261
	DFA	DFA International Large Cap Growth Portfolio	N/A	260,936
	Federated Hermes	High Yield Bond Fund, Institutional Class	N/A	64,476
	Federated Hermes	Government Obligations Fund, Prime Class	N/A	113,822
	Fidelity	Fidelity 500 Index Fund	N/A	94,915
	Fidelity	Fidelity Global Bond Fund	N/A	6,908
	Fidelity	Fidelity Global ex-US Index Fund	N/A	121,378
	Fidelity	Fidelity Inflation-Protected Bond Fund	N/A	29,769
	Fidelity	Fidelity International Index Fund	N/A	11,887
	Fidelity	Fidelity Large Cap Growth Index Fund	N/A	123,365
	Fidelity	Fidelity Large Cap Value Index Fund	N/A	175,620
	Fidelity	Fidelity Mid Cap Discovery Fund	N/A	86,897
	Fidelity	Fidelity Total International Index Fund	N/A	45,083
	Fidelity	Fidelity U.S. Bond Index Fund	N/A	65,362
	Franklin	Franklin Small Cap Growth Fund (R6)	N/A	43,622
	Goldman Sachs	Goldman Sachs GQG Ptnrs Intl Opps Fund (R6)	N/A	127,790
	Impax	Impax Sustainable Allocation Fund, Institutional Class	N/A	623
	American Century	Inflation-Adjusted Bond Fund (R6)	N/A	4,428
	Invesco	Invesco Core Bond Fund (Y)	N/A	12,427
	Invesco	Invesco Global Real Estate Income Fund (R6)	N/A	73,783
	JPMorgan	JPMorgan Large Cap Growth Fund (R6)	N/A	32,656
	JPMorgan	JPMorgan Small Cap Value Fund, Select Class	N/A	6,953
	Lazard	Lazard Intl. Strategic Equity Fund (I)	N/A	3,212
	Lord Abbett	Lord Abbett High Yield Fund (R5)	N/A	3,945
	MFS	MFS Growth Fund (R4)	N/A	8,953
*	Nationwide	Nationwide BNY Mellon Dyn US Core Fund (R6)	N/A	106,568
*	Nationwide	Nationwide BNY Mellon Dyn US Core Fund (R6)	N/A	134,417
*	Nationwide	Nationwide Bond Index Fund (R6)	N/A	991
*	Nationwide	Nationwide Geneva Mid Cap Growth Fund (R6)	N/A	86,967
*	Nationwide	Nationwide Geneva Small Cap Growth Fund (IS)	N/A	495,513
*	Nationwide	Nationwide GQG US Quality Eq Fund (R6)	N/A	187,973
*	Nationwide	Nationwide International Index Fund (R6)	N/A	4,928
*	Nationwide	Nationwide International Small Cap Fund (R6)	N/A	19
*	Nationwide	Nationwide Invesco Core Plus Bond R6	N/A	170,060
*	Nationwide	Nationwide Loomis All Cap Growth Fund (R6)	N/A	196,010
*	Nationwide	Nationwide Loomis Core Bond Fund (R6)	N/A	143,454
*	Nationwide	Nationwide S&P 500 Index Fund (R6)	N/A	131,729

NCAAR, INC. PROFIT SHARING PLAN
EIN: 22-2436069 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
As of June 30, 2025

(a)	Identity of Issuer, Borrower, Lessor or Similar Party (b)	Description of Investment including maturity date, rate of interest, collateral, par on maturity (c)	Cost (d)	Current Value (e)
	Neurbecker	Emerging Markets Equity Fund, Institutional Class	N/A	3,535
	Nuveen	Nuveen Lifecycle Index 2025 (R6)	N/A	44,146
	Nuveen	Nuveen Lifecycle Index 2030 (R6)	N/A	65,172
	Nuveen	Nuveen Lifecycle Index 2035 (R6)	N/A	139,706
	Nuveen	Nuveen Lifecycle Index 2040 (R6)	N/A	575,368
	Nuveen	Nuveen Lifecycle Index 2045 (R6)	N/A	232,349
	Nuveen	Nuveen Lifecycle Index 2050 (R6)	N/A	141,989
	Nuveen	Nuveen Lifecycle Index 2055 (R6)	N/A	605,940
	Nuveen	Nuveen Lifecycle Index 2060 (R6)	N/A	333,325
	PGIM	Jennison Small Company Fund (Z)	N/A	5,355
	PGIM	Total Return Bond Fund (R6)	N/A	2,370
	PIMCO	Intl Bond Fund (USD-Hedged) (I)	N/A	1,396
	PIMCO	International Institutional Class	N/A	49,223
	PIMCO	PIMCO Real Return Fund (I)	N/A	71,412
	Principal	Principal MidCap Fund (R6)	N/A	152,057
	Putnam	Putnam Large Cap Growth Y	N/A	147,594
	State Street Global	State Street Balanced Index Fund (K)	N/A	310,065
	T. Rowe	T. Rowe Price Spectrum Mod Gr Allc Fund	N/A	255
	Vanguard	Vanguard Mid-Cap Index Fund (Adm)	N/A	2,903
	Vanguard	Vanguard Small Cap Index Admiral Shares	N/A	7,570
	Vanguard	Vanguard Total Bond Market Index Fund (Adm)	N/A	37,588
	Vanguard	Vanguard Total Intl. Bond Index Fund (Adm)	N/A	7,002
	Vanguard	Vanguard Total Intl. Stock Index Fund (Adm)	N/A	1,604
	Vanguard	Vanguard Total Stock Market Index Fund (Adm)	N/A	135,451
	Vanguard	Vanguard Value Index Fund (Adm)	N/A	4,296
	Vanguard	Vanguard Wellesley Income Fund (Adm)	N/A	154,970
	Vanguard	Vanguard Windsor Fund (Adm)	N/A	314,177
	Victory Sycamore	Established Value Fund (I)	N/A	16,026
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