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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF NOVA BEHAVIORAL HEALTH, INC.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1997

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)
NOVA BEHAVIORAL HEALTH, INC.

43 E BABBITT ST
DAYTON, OH 45405-4903

2b Employer Identification Number (EIN) 31-1000352

2c Plan Sponsor's telephone number 937-253-1680

2d Business code (see instructions) 624310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2026	KILEY OUTRAM
	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 [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	118
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	92
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	109
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	23
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	135
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	135
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	113
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	118
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2G 3D 2J 2K 2E 2S 2T

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF NOVA BEHAVIORAL HEALTH, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NOVA BEHAVIORAL HEALTH, INC.

D Employer Identification Number (EIN)
31-1000352

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
MUTUAL OF AMERICA SEC. CORP LLC

(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
13-1614399	88668	058773	118	01/01/2025	12/31/2025

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
0	190

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

AKRON
3700 EMBASSY PARKWAY
SUITE 500
AKRON, OH 44333

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	190	PORTION OF INCENTIVE COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	319621
5	Current value of plan's interest under this contract in separate accounts at year end	5	2116838

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	290870
c	Additions: (1) Contributions deposited during the year	7c(1)	22591		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	8573		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	4042		
	▶ ROLLOVER, LOANS, FORFEITURES				
	(6) Total additions			7c(6)	35206
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	326076
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1		
	(2) Administration charge made by carrier	7e(2)	96		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	6358		
	▶ FIN ADJ.				
	(5) Total deductions			7e(5)	6455
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	319621

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 ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF NOVA BEHAVIORAL HEALTH, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NOVA BEHAVIORAL HEALTH, INC.

D Employer Identification Number (EIN)
31-1000352

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).. . . . . [X] 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

DWS
210 WEST 10TH STREET
KANSAS CITY, MO 64105

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

FIDELITY INVESTMENTS
82 DEVONSHIRE STREET
BOSTON, MA 02109

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

GOLDMAN SACHS
200 WEST STREET
NEW YORK, NY 10282

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

MUTUAL OF AMERICA
320 PARK AVE
NEW YORK, NY 10022

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT

1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

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

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

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

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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(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?
12 15 37 65	RECORD KEEPER	1363	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF NOVA BEHAVIORAL HEALTH, INC.

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NOVA BEHAVIORAL HEALTH, INC.

D Employer Identification Number (EIN)
31-1000352

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER SA1

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1614399-001	P	2116838

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF NOVA BEHAVIORAL HEALTH, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NOVA BEHAVIORAL HEALTH, INC.

D Employer Identification Number (EIN)
31-1000352

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	29567	35437
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	1848403	2081401
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	290870	319621
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	2168840	2436459
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2168840	2436459

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)	40353	
(B) Participants	2a(1)(B)	164033	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		204386
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)	2802	
(F) Other	2b(1)(F)	8574	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11376
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		266682
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		482444
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	213462	
(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)		213462
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(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)	1363	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1363
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		214825
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		267619
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) [X] 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) [X] 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: MANNING AND ASSOCIATES CPA'S LLC **(2)** EIN: 31-0984000

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.)	**4a**		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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF NOVA BEHAVIORAL HEALTH, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NOVA BEHAVIORAL HEALTH, INC.

D Employer Identification Number (EIN)
31-1000352

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): 13-3590259

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J300870A .

NOVA BEHAVIORAL HEALTH, INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

AT DECEMBER 31, 2025 AND 2024
AND FOR THE YEAR ENDED DECEMBER 31, 2025

TOGETHER WITH
INDEPENDENT AUDITORS' REPORT

NOVA BEHAVAVIORAL HEALTH, INC.
401(k) RETIREMENT PLAN
DECEMBER 31, 2025 AND 2024

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Note: All other supplemental schedules required by 29 CFR 2520.103-10 by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because the information required by such schedules is not applicable.

Manning & Associates
Certified Public Accountants, LLC
John M. Manning, CPA • Sandra L. Comer, CPA • John C. Bensman, CPA • John M Keller, CPA

INDEPENDENT AUDITORS' REPORT

Plan Administrator/Board of Trustees
Nova Behavioral Health, Inc.
401(k) Profit Sharing Plan
Dayton, Ohio

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

We have performed audits of the accompanying financial statements of Nova Behavioral Health, Inc. 401(k) Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Nova Behavioral Health, Inc. 401(k) 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 December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

Opinion

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

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

Plan Administrator/Board of Trustees
Nova Behavioral Health, Inc.
401(k) Profit Sharing Plan
Dayton, Ohio

Opinion (continued)

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

Responsibilities of Management for the Financial Statements

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

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

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

Plan Administrator/Board of Trustees
Nova Behavioral Health, Inc.
401(k) Profit Sharing Plan
Dayton, Ohio

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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.

Plan Administrator/Board of Trustees
Nova Behavioral Health, Inc.
401(k) Profit Sharing Plan
Dayton, Ohio

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

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 Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 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 generally accepted auditing standards. For information included in the supplemental schedule that agrees 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 its 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).

Manning & Associates CPAs, LLC
Manning & Associates, CPAs, LLC
Dayton, Ohio
September 29, 2026

NOVA BEHAVIORAL HEALTH, INC.
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
Assets:		
Receivables:		
Employer Contributions	$ -	$ -
Participant Contributions	-	-
Notes Receivable from Participants	36,170	29,567
Total Receivables	$ 36,170	$ 29,567
Investments at Fair Value:		
Separate Accounts	$ 2,080,668	$ 1,848,403
Investments at Contract Value:		
Interest Accumulation Account	319,621	290,870
	$ 2,400,289	$ 2,139,273
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,436,459	$ 2,168,840

See Accompanying Notes to Financial Statements.

NOVA BEHAVIORAL HEALTH, INC.
401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVALABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		**2025**
Contributions:		
Employer	$	40,353
Employee		164,033
Rollovers/Other		-
Total Contributions	$	204,386
Interest income on notes receivable from participants	$	2,802
Investment Activity:		
Interest on Interest Accumulation Account Dividends	$	8,574
Net Appreciation (Depreciation) in Fair Value of Investments in Separate Accounts		266,682
Total Investment Income (Loss)	$	275,256
Total Additions	$	482,444
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	$	213,462
Administrative expenses		1,363
Total Deductions	$	214,825
NET INCREASE (DECREASE)	$	267,619
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	$	2,168,840
NET INCREASE		267,619
END OF YEAR	$	2,436,459

See Accompanying Notes to Financial Statements.

NOVA BEHAVIORAL HEALTH, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the Nova Behavioral Health, Inc. 401(k) Profit Sharing Plan (the Plan) is provided for general information. Participants should refer to the Plan document for more complete information.

a. *General* – Effective July 1, 1997, the board of trustees of Nova Behavioral Health, Inc. (the Organization) adopted the Nova Behavioral Health, Inc. 401(k) Profit Sharing Plan, a defined-contribution 401(k) deferred plan. The Plan is a safe harbor 401(k) Plan as of July 1, 2017 and covers all employees of Nova Behavioral Health, Inc. Employees are eligible for participation in the Plan upon attaining 21 years of age and completing three months of service and enter the Plan on the first day of their third month of employment with Nova Behavioral Health, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Board of Trustees oversees governance of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees. The Plan includes an automatic contribution arrangement provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default contribution rate set at 2% of compensation. Further, if the participant does not make an investment election, then the amount will be invested in a default investment that Plan officials have elected under the Qualified Default Investment Alternative.

b. *Contributions* – Participants may contribute up to $23,500 and additional catch-up for age 50 or older of $7,500, and $11,250 for an individual age 60, 61, 62, or 63 at the end of the tax year of pretax annual compensation for 2025 as defined by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Organization will make a qualified non-elective matching contribution of 25% of an employee's contributions up to 12% of their annual pay for the Plan year for persons who are active participants at any time during the Plan year and work a minimum of 501 hours during the plan year. Participants direct the investment of their contributions and corporate contributions into various investment options offered by the Plan. Also, the organization may make an employer base contribution at the end of the plan year for active participants who have met a minimum service requirement of 18 months of eligible service whether or not completed consecutively. Additionally, in order to receive the employer base contribution each year, the employee must work a minimum of 1000 hours of service during the year. The participants may make both traditional before-tax and Roth after-tax voluntary contributions.

c. *Participants Accounts* – Each participant's account is credited with the participant's respective deferral, the organization's qualified non-elective contribution and plan earnings. Participant accounts are charged with an allocation of certain administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled, is the benefit that can be provided from the participant's vested account.

NOTE 1 – DESCRIPTION OF PLAN (continued)

d. *Vesting*– Participants are immediately 100% vested in amounts attributable to their contributions as well as the organization's qualified non-elective contribution, plus actual earnings thereon. A participant is immediately 100% vested in their employer base contribution. There were no forfeited non-vested accounts as of December 31, 2025.

e. *Notes Receivable from Participants* – Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested (non-Roth) account balance. Loan terms range from 1 to 5 years or up to 10 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at one (1) percentage points over the prime interest at inception of loan. Interest rates on outstanding participant loans are currently 8.5%- 9.5%. Principal and interest are paid ratably through bi-weekly payroll deductions.

f. *Payment of Benefits* – Upon termination of services due to death, disability, or retirement, the vested interest in the participant's accounts shall be paid in the form of a qualified joint and survivor annuity, unless otherwise elected as provided for in the Plan. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. If the value of the vested benefit does not exceed $1,000 and has never exceeded $1,000 at the time of any prior distribution, the entire vested benefit shall be paid to the participant in a single lump sum.

g. *Forfeitures* – The non-vested portion of a terminated participant's account balance remains in the Plan and is called a forfeiture. Forfeitures may be used by the Plan to reduce employer contributions. During the year ended December 31, 2025, no forfeitures were used to reduce employer contributions. No Forfeited non-vested accounts were allocated to participant's accounts during the year ended December 31, 2025.

h. *Administrative Expenses* – The Plan document provides for the payment of all Plan expenses from the Plan assets unless paid by the organization. The organization has elected to pay the administrative expenses of the Plan while investment expenses of the Plan are paid through Plan assets. Such investment expenses are included in net investment gain from separate accounts in the accompanying Statement of Changes in Net Assets Available for Benefits.

i. *Investment Options* – The participants are permitted to direct the allocation of their individual account balance within the investment options of the Plan.

j. *In Service Distributions* – Hardship withdrawals are available to Plan participants for the various reasons as described in the Plan documents. Hardship withdrawals are limited to the pre-tax deferral portion of the participants account balance.

NOTE 1 – DESCRIPTION OF PLAN (continued)

k. Pooled separate accounts are carried in the financial statements at fair value measured at net asset value and fully-benefit responsive investment contract is measured at contract value and both realized and unrealized gains and losses are included net increase (decrease) in net assets.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

a. *Investment Valuation and Income Recognition* – Investments are reported at fair value, except for the Mutual of America Interest Accumulation Account (Interest Account) contracts which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator (Administrator,) in conjunction with the third-party service provider to the Plan (Service Provider) for the Administrator, determine the Plan's valuation policies. See Note 7 for description of fair value measurements.

Purchase and sales transactions 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

b. *Accounting Estimates* – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

c. *Basis of Accounting* – The accompanying financial statements of the Plan are prepared under the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at the fair value, except for the interest accumulation account contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to interest accumulation account contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

d. *Risk and Uncertainties* – The Plan utilizes various investment instruments. Investment securities, in general are exposed to various risks, such as interest rate, market credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (continued)

e. *Contributions* – Participant contributions and employer matching contributions, are recognized when the participant contributions are withheld from participant's earnings. The Organization's policy is to make the contribution of participants withholding and Organization match timely, normally within five business days of payroll withholding.

f. *Benefits and Withdrawals Paid to Participants* – Benefit payments and withdrawals to participants are recorded upon distribution.

Allowance for Credit Losses – Notes Receivable from Participants

The allowance for credit losses is a valuation account that is deducted from, or added to, the note receivable from participants amortized cost basis to present the net amount expected to be collected on the loan. Loans are charged off against the allowance when management believes the uncollectability of a loan balance is confirmed.

Management estimates the allowance balance using relevant available information, from internal and external sources, relating to past events, current conditions, and reasonable and supportable forecasts. Historical credit loss experience provides the basis for the estimation of expected credit losses. Adjustments to historical loss information are made for changes in environmental conditions, such as changes in unemployment rates, collateral values, or other relevant factors. Management has determined there is no requirement to provide an allowance for credit loss because the loans are secured by the balance in the participant's account.

Allowance for Credit Losses – Investments

Management assesses the financial condition and near-term prospects of the issuer, industry and/or geographic conditions, credit ratings as well as other indicators at the individual security level. Impairments below cost in the estimated fair value of individual securities when there is an intent to sell or for which it is more likely than not the Plan will be required to sell before the impairment is recovered, are realized in other income in the statement of changes in net assets available for benefits. When there is not an intent to sell or it is more likely than not the Plan will not be required to sell the security before the impairment is recovered, management assesses whether the decline is fair value has resulted from credit losses or other factors. If the present value of discounted cash flows expected to be collected is less than the amortized cost basis, credit loss exists and an allowance for securities credit losses is recorded. Such losses are limited to the amount that amortized cost exceeds fair value, even if the amount of the credit loss is greater. Any future changes in the allowance for credit losses is recorded as provision for (reversal of) credit losses. Losses attributable to other factors are charged to net appreciation (depreciation in fair value of investments). Mutual Funds are carried in the financial statements at fair value and Common/Collective Trust Funds are measured at net asset value, and both realized and unrealized gains and losses are included net increase (Decrease) in net assets.

Reclassifications

Certain reclassifications have been made to the prior years notes to financial statements to be in conformity with the current year presentation.

NOTE 3 – GROUP VARIABLE ACCUMULATION ANNUITY CONTRACT

All employee and employer contributions are deposited with Mutual of America Life Insurance Company (Mutual of America) in accordance with a group variable accumulation annuity contract (Contract) entered into by the Plan. The Contract provides details on the investment alternatives available through Mutual of America's group annuity contracts which make available a broad, but focused, range of investment alternatives that seek to provide long-term investment performance with reasonable costs (Mutual of America Separate Account Investment Funds) (Separate Accounts.) In addition, the contracts make available an Interest Accumulation Account (Interest Account) that credits amounts at competitive rates and guarantees principal and interest. Amounts placed in the Interest Account are credited with interest at a rate determined by Mutual of America from time to time, and Mutual of America reserves the right to change the interest rates applicable to amounts held in the Interest Account at their discretion, but not below the minimum guaranteed interest rate discussed below. Participants' principal and previously credited interest are guaranteed, and they may ordinarily direct the withdrawals or transfers of all or a portion of their investment at their discretion less any stated fees.

Mutual of America determines the minimum guaranteed interest rate pursuant to National Association of Insurance Commissioners (NAIC) standard nonforfeiture law. The NAIC minimum rate is determined in accordance with a formula and cannot be less than 1.00% or more than 3.00% in any event. Mutual of America determines whether the application of the formula will change the minimum guaranteed rate each November, and any change is effective the following January 1 for that calendar year. The current minimum rate is 2.45%. In Mutual of America's sole discretion, they may credit a higher rate of interest to the contract amounts in the General Account, although they are not obligated to credit interest in excess of the minimum guaranteed rate. Mutual of America compounds interest daily on the contract amounts in the General Account to produce an effective annual yield that is equal to the stated interest rate. This guarantee is subject to Mutual of America's financial strength and claims-paying ability.

The Current Effective Annual Yields for the Interest Accumulation Account are as follows;

- 2.45% current effective annual yield for total account balances less than $1million.
- 2.65% current effective annual yield for account balances of $1 million to less than $15 million.
- 3.25% current effective annual yield for account balances of $15 million or more.

The contract account balance is reviewed on a daily basis and used to determine the applicable interest rate credited to only amounts held in the Interest Account. When the total account balance on a daily basis increase to a dollar threshold that qualifies for a higher interest rate (as shown above), such higher interest rate, then in effect, begins to be credited to the contract the next day.

However, when the total account balance on a daily basis decreases below the dollar threshold specified for a higher interest rate, the applicable lower interest rate does not begin to be credited to the contract until the first day of the month following the date on which the total account balance fell below the dollar amount required for the higher interest rate, and only provided that the total account balance remains below the dollar amount required to qualify for the higher interest rate as of the end of that month.

NOTE 3 – GROUP VARIABLE ACCUMULATION ANNUITY CONTRACT (continued)

There is a $2.00 contract fee charged monthly from the Interest Account (or 1/12 of 1% for account balances less than $2,400) which can be waived if the participant chooses to receive their information electronically.

NOTE 4 – PLAN TERMINATION

Although the Organization has not expressed any intention to do so, it has the right under the Plan to terminate the Plan, subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and the Plan document.

NOTE 5 – TAX STATUS

The Department of the Treasury, Internal Revenue Service (IRS) has determined and informed the Mutual of America Life Insurance Company, by a letter dated November 30, 2020, that the Prototype Non-Standardized Profit-Sharing Plan with CODA and related trust are designed in accordance with applicable sections of the Internal Revenue Service Code (IRC). The Plan has been amended, since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan operates under a non-standardized adoption agreement in connection with a prototype retirement plan and trust/custodial documents sponsored by Mutual of America Life Insurance Company. This prototype plan document has been filed with the appropriate agency. The Plan has not obtained or requested a determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan was qualified and the related trust was tax-exempt as of the financial statement date. Therefore, no provision for income taxes has been included in the Plan's 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 Administrator has analyzed the tax position taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

NOTE 6 – PARTY- IN-INTEREST

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons. The Plan invests in certain funds of the Plan Service Provider. Mutual of America is the Service Provider.

Administrative expenses paid to Mutual of America for contract administration amounted to $1,363 for 2025. Certain administrative functions are performed by the officers and employees of the Organization (who may also be participants in the Plan) at no cost to the Plan.

NOTE 6 – PARTY- IN-INTEREST (continued)

These transactions are not deemed prohibited party-in-interest transactions because they are covered by the statutory or administrative exceptions from the Internal Revenue Code's and ERISA's rules on prohibited transactions.

NOTE 7 – 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in active 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;
- correlation or other means.

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

Separate Accounts: The value of a group annuity contract separate account is the sum of the market value of the underlying investments as determined by quoted market prices, less operating expenses accrued but not deducted, if any. The value of measurement of the separate accounts is based on estimates and assumptions and accordingly result in an uncertainty in measurements as of December 31, 2025 and 2024.

Securities without quoted market prices: If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. The Plan has no level 2 securities.

NOTE 7 – FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Fair Value Measurements Using:			
	Level 1	Level 2	Level 3	Fair Value
December 31, 2025				
Investments in the fair value hierarchy				
Interest Account			$ 319,621	$ 319,621
Investments measured at net asset value (a)				
Separate Accounts				2,080,668
Total Investments at fair value				$ 2,400,289

	Fair Value Measurements Using:			
	Level 1	Level 2	Level 3	Fair Value
December 31, 2024				
Investments in the fair value hierarchy				
Interest Account			$ 290,870	$ 290,870
Investments measured at net asset value (a)				
Separate Accounts				1,848,403
Total Investments at fair value				$ 2,139,273

a) Certain Investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits. They are valued daily, can be redeemed daily with no restrictions, and without prior notice. There are no unfunded commitments.

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2025 and 2024, are reported in net appreciation in fair value of investments.

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2025, there were no significant transfers into or out of Level 3.

NOTE 7 – FAIR VALUE MEASUREMENTS (continued)

Level 3 assets transactions for the years ended December 31, 2025 and 2024 are as follows:

	2025	2024
Group Variable Accumulation Annuity Contract		
Balance January 1	$ 290,870	$ 284,013
Additions:		
Transfers in - Other	0	0
Transfers out	0	916
Contributions	22,591	19,739
Rollover	4,042	296,901
Interest	8,573	7,979
Total Additions	$ 35,206	$ 325,535
Deductions:		
Transfer out- Other Rollover	$ 6,358	$ 299,513
Benefit Payments	1	19,044
Purchases	0	0
Administrative Charge	96	121
Total Deductions	$ 6,455	$ 318,678
Balance December 31,	$ 319,621	$ 290,870

Interest Accumulation Account: In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy and include the Interest Accumulation Account held by the Plan. Fair value is the amount plan participants would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity for an event other than death, disability, termination or retirement.

Most participant transactions are executed using contract value without adjustment. Therefore, the contract value is a good proxy for fair value. This contract does have surrender charges if it is terminated by the contract holder in such contract within certain time periods. If the contract holder is considering terminating the contract its interest in such contract in the near future, contract value less surrender charges may be a better proxy for fair value.

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

NOTE 7 – FAIR VALUE MEASUREMENTS (continued)

Interest Accumulation Account (continued)

The Interest Accumulation Account with Mutual of America Life Insurance Company is an account/fund with interest rates determined from time to time at the discretion of Mutual of America, but not below the minimum guaranteed interest rate per the contracts. Principal and previously credited interest are guaranteed. As a result, the Plan may transact according to the terms defined in the contract at any time. It is considered a Level 3 investment as none of the parameters for calculating fair value are available publicly. Key quantitative unobservable inputs utilized for Level 3 investments are required to be presented in tabular format. Mutual of America is not required to create quantitative information to comply with this disclosure requirement since quantitative unobservable inputs are not developed by Mutual of America when measuring fair value (for example, Mutual of America uses prices from prior transactions which is contract price).

The Investments strategies for the separate accounts are as follows;

Fund Name	Fund Strategy
Mutual of America Aggressive Allocation	Capital Appreciation Fund and Current Income
Mutual of America Conservative Allocation	Capital Appreciation Fund and Current Income
Mutual of America Moderate Allocation	Capital Appreciation Fund and Current Income
Mutual of America Intermediate Bond Fund	Intermediate Term Bond Fund
T. Rowe Price Blue Chip Growth Portfolio	Long-Term Capital Growth Fund
Calvert VP SRI Balanced Portfolio	Income and Capital Growth
Mutual of America Equity Index Fund	Large-Cap Blend Fund
Fidelity VIP Mid-Cap Portfolio	Long-Term Growth Fund
Fidelity VIP Asset Manager Portfolio	High Total Return
Fidelity VIP Contrafund Portfolio	Long-Term Capital Appreciation Fund
Fidelity VIP Equity-Income Portfolio	Capital Appreciation Funds
Goldman Sachs VIT US Equity Insights	Long-Term Growth of Capital Fund

NOTE 7 – FAIR VALUE MEASUREMENTS (continued)

Fund Name	Fund Strategy
Vanguard VIF REIT Index Portfolio	High Level of Income
PIMCO VIT Real Return Portfolio	Fixed Income Fund
Mutual of America 2015 Retirement Fund	Target Date Fund
Mutual of America 2020 Retirement Fund	Target Date Fund
Mutual of America 2025 Retirement Fund	Target Date Fund
Mutual of America 2030 Retirement Fund	Target Date Fund
Mutual of America 2035 Retirement Fund	Target Date Fund
Mutual of America 2040 Retirement Fund	Target Date Fund
Mutual of America 2045 Retirement Fund	Target Date Fund
Mutual of America 2050 Retirement Fund	Target Date Fund
Mutual of America 2055 Retirement Fund	Target Date Fund
Mutual of America 2060 Retirement Fund	Target Date Fund
Mutual of America 2065 Retirement Fund	Target Date Fund
Mutual of America All America Fund	Domestic Mid-Cap Blend Fund
Mutual of America Small Cap Equity Index Fund	Small-Cap Value Fund
DWS Capital Growth VIP	Long-Term Growth of Capital
Mutual of America Small-Cap Growth Fund	Capital Appreciation Fund
Mutual of America Small-Cap Value Fund	Capital Appreciation Fund
American Century VP Capital Appreciation	Capital Appreciation Fund
Vanguard VIF Diversified Value Portfolio	Long-Term Capital Appreciation Fund
Vanguard VIF International Portfolio	Long-Term Capital Appreciation Fund
Vanguard Total Bond Mkt I Prt	Market-Weighted Bond Fund
American Century Small Cap Growth R6	Long Term Capital Growth Fund
American Funds Insurance Series New World Fund	Long-Term Capital Appreciation Fund
Mutual of America Balanced Fund	Capital Appreciation Fund
Mutual of America Core Bond Fund	High-Level Income
Goldman Sachs VIT Small Cap Equity Insights Fund	Long Term Capital Growth Fund
Mutual of America International Fund	Capital Appreciation Fund
Invesco V.I. Main Street Fund	Capital Appreciation Fund
MFS VIT III Mid Cap Value Portfolio Fund	Capital Appreciation Fund
Mutual of America Mid Cap Equity Index Fund	Mid-Cap Value Fund
Mutual of America Mid Cap Value Fund	Capital Appreciation Fund
Neuberger Berman AMT Quality Equity Fund	Long-Term Growth of Capital
Nomura VIP Small Cap Value Series	Long Term Capital Growth Fund
Mutual of America Retirement Income Fund	Preservation of Capital
Mutual of America US Government Money Market Fund	Fixed Income Fund

NOTE 8- FORFEITED ACCOUNTS

At December 31, 2025 and 2024 there were no forfeited non-vested accounts.

NOTE 9- BENEFITS ALLOCATED TO WITHDRAWN PARTICIPANTS

At December 31, 2025, $0 was due to participants who had withdrawn from Plan and requested benefit payments prior to year-end. As of December 31, 2024, $0 was due to participants who have withdrawn from the Plan and requested benefit payment prior to year-end.

NOTE 10 – INFORMATION PREPARED AND CERTIFIED BY THE SERVICE PROVIDER FOR PLAN ADMINISTRATOR OF THE PLAN

The following information included in the accompanying statements of net assets available for benefits at December 31, 2025 and 2024, statement of changes in net assets available for benefits, for the year ended December 31, 2025 and supplemental schedule as of December 31, 2025 was obtained from unaudited data that has been prepared and certified as complete and accurate by Mutual of America, the service provider for the Plan.

	2025	2024
Investments:		
Interest Accumulation Account	$ 319,621	$ 290,870
Separate Accounts	2,081,401	1,848,403
Notes Receivable from Participants	35,437	29,567
Net Investment Income:		
Net Investment Gain (Loss)		
Net Appreciation (Depreciation) in Fair Value of Investments in Separate Accounts	266,682	194,843
Rollovers/Other	0	72,475
Interest Income From:		
Interest Income on Notes Receivable from Participants	2,802	2,186
Interest Accumulation Account	8,574	7,979

NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of value of pooled separate accounts per financial statements to Form 5500:

	2025	2024
Value of Pooled Separate Accounts		
Per the Financial Statements	$ 2,080668	$ 2,168,840
Deemed Loan Fund	733	(0)
Form 5500-Financial Information	$ 2,081,401	$ 2,168,840

NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 (continued)

The following is a reconciliation of notes receivable from participants (participants loans) per the financial statements to Form 5500:

	2025	2024
Notes Receivable from Participants per the Financial Statements	$ 36,170	$29,567
Less: Deemed Loan Fund at December 31, 2025	(733)	(0)
Participant Loans Form 5500 Financial Information	$ 35,437	$29,567

NOTE 12 – EVALUATION OF SUBSEQUENT EVENTS

Nova Behavioral Health, Inc. evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through September 29, 2026, which is the date the financial statements were available to be issued.

NOTE 13 – CARES ACT AND SECURE ACT

The Plan implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions. The optional features within these acts have been implemented. Written amendments to the Plan to reflect these operational changes will be adopted on or before December 31, 2026, in accordance with applicable law and IRS guidance.

SUPPLEMENTARY INFORMATION

NOVA BEHAVIORAL HEALTH, INC.
401(k) PROFIT SHARING PLAN
EIN: 31-1000352
FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	**Description of investment including maturity date, rate of interest, collateral, par, or maturity value**	**Cost**	**December 31, 2025 Value**
*	Mutual of America Life Insurance Company	Interest Accumulation Fund	**	$ 319,621
Separate Accounts				
*	Mutual of America Life Insurance Company	Separate Accounts 2015 Retirement Fund	**	$ -
*	Mutual of America Life Insurance Company	Separate Accounts 2020 Retirement Fund	**	102,319
*	Mutual of America Life Insurance Company	Separate Accounts 2025 Retirement Fund	**	40,343
*	Mutual of America Life Insurance Company	Separate Accounts 2030 Retirement Fund	**	129,386
*	Mutual of America Life Insurance Company	Separate Accounts 2035 Retirement Fund	**	266,708
*	Mutual of America Life Insurance Company	Separate Accounts 2040 Retirement Fund	**	409,305
*	Mutual of America Life Insurance Company	Separate Accounts 2045 Retirement Fund	**	101,549
*	Mutual of America Life Insurance Company	Separate Accounts 2050 Retirement Fund	**	221,597
*	Mutual of America Life Insurance Company	Separate Accounts 2055 Retirement Fund	**	151,387
*	Mutual of America Life Insurance Company	Separate Accounts 2060 Retirement Fund	**	17,973
*	Mutual of America Life Insurance Company	Separate Accounts 2065 Retirement Fund	**	15,861
*	Mutual of America Life Insurance Company	Separate Accounts Aggressive Allocation Fund	**	12,517
*	Mutual of America Life Insurance Company	Separate Accounts All America Fund	**	13,031
*	Mutual of America Life Insurance Company	Separate Accounts American Century Small Cap Growth R6	**	281
*	Mutual of America Life Insurance Company	Separate Accounts American Century VP Capital Appreciation Fund	**	123
*	Mutual of America Life Insurance Company	Separate Accounts American Funds Insurance Series New World Fund	**	129
*	Mutual of America Life Insurance Company	Separate Accounts Balanced Fund	**	21,077
*	Mutual of America Life Insurance Company	Separate Accounts Calvert VP SRI Balanced Portfolio Fund	**	1,875
*	Mutual of America Life Insurance Company	Separate Accounts Conservative Allocation Fund	**	121,315
*	Mutual of America Life Insurance Company	Separate Accounts Core Bond Fund	**	553
*	Mutual of America Life Insurance Company	Separate Accounts DWS Capital Growth VIP Fund	**	36,739
*	Mutual of America Life Insurance Company	Separate Accounts Equity Index Fund	**	41,232
*	Mutual of America Life Insurance Company	Separate Accounts Fidelity VIP Asset Manager Portfolio Fund	**	34,688
*	Mutual of America Life Insurance Company	Separate Accounts Fidelity VIP Contrafund Portfolio Fund	**	5,434
*	Mutual of America Life Insurance Company	Separate Accounts Fidelity VIP Equity-Income Portfolio Fund	**	5,386
*	Mutual of America Life Insurance Company	Separate Accounts Fidelity VIP Mid-Cap Portfolio Fund	**	5,533
*	Mutual of America Life Insurance Company	Separate Accounts Goldman Sachs VIT Small Cap Eq Insights Fund	**	3,610
*	Mutual of America Life Insurance Company	Separate Accounts Goldman Sachs VIT US Equity Insights Fund	**	142
*	Mutual of America Life Insurance Company	Separate Accounts Intermediate Bond Fund	**	102
*	Mutual of America Life Insurance Company	Separate Accounts International Fund	**	139
*	Mutual of America Life Insurance Company	Separate Accounts Invesco V.I. Main Street Fund	**	1,141
*	Mutual of America Life Insurance Company	Separate Accounts MFS VIT III Mid Cap Value Portfolio Fund	**	122
*	Mutual of America Life Insurance Company	Separate Accounts Mid Cap Equity Index Fund	**	124
*	Mutual of America Life Insurance Company	Separate Accounts Mid Cap Value Fund	**	393
*	Mutual of America Life Insurance Company	Separate Accounts Moderate Allocation Fund	**	166,662
*	Mutual of America Life Insurance Company	Separate Accounts Neuberger Berman AMT Quality Equity Fund	**	140
*	Mutual of America Life Insurance Company	Separate Accounts Nomura VIP Small Cap Value Series	**	120
*	Mutual of America Life Insurance Company	Separate Accounts PIMCO VIT Real Return Portfolio Fund	**	2,635
*	Mutual of America Life Insurance Company	Separate Accounts Retirement Income Fund	**	4,093
*	Mutual of America Life Insurance Company	Separate Accounts Small Cap Equity Index Fund	**	117
*	Mutual of America Life Insurance Company	Separate Accounts Small-Cap Growth Fund	**	31,751
*	Mutual of America Life Insurance Company	Separate Accounts Small-Cap Value Fund	**	25,347
*	Mutual of America Life Insurance Company	Separate Accounts T.Rowe Price Blue Chip Growth Portfolio Fund	**	3,644
*	Mutual of America Life Insurance Company	Separate Accounts US Government Money Market Fund	**	102
*	Mutual of America Life Insurance Company	Separate Accounts Vanguard Total Bond Mkt I Prt Fund	**	3,637
*	Mutual of America Life Insurance Company	Separate Accounts Vanguard VIF Diversified Value Portfolio Fund	**	56,376
*	Mutual of America Life Insurance Company	Separate Accounts Vanguard VIF International Portfolio Fund	**	23,824
*	Mutual of America Life Insurance Company	Separate Accounts Vanguard VIF REIT Index Portfolio Fund	**	106
	Total Separate Accounts			$ 2,080,668
*	Deemed Loan Fund			733
				$ 2,081,401
	Total Separate Accounts per Form 5500			
	Total Investments			$ 2,401,022
*	Participant, Notes Receivable (Interest rates 8.5% - 9.5%)			35,437
	Net Assets Available for Benefits per 5500			$ 2,436,459

* Party-in-interest
** Amounts are excluded in accordance with IRS Form 5500 instructions, Schedule H line 4i, as all assets are participant directed.

Note: This schedule is based on information which has been certified as complete and accurate by Mutual of America Life Insurance Company the Service Provider for the Plan.

Attachment to Jan2025 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Nova Behavioral Health, Inc.
EIN: 31-1000352
Plan Number: 001

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c)Description of investment including maturity date, rate of interest, collateral par or maturity value	(d) Cost	(e)Closing Value
.	Mutual of America	GROUP ANNUITY CONTRACT American Century Investments VP Capital Appreciation Fund		123
.	Mutual of America	GROUP ANNUITY CONTRACT American Century Small Cap Growth R6		281
.	Mutual of America	GROUP ANNUITY CONTRACT American Funds Insurance Series New World Fund		129
.	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Portfolio		1,875
.	Mutual of America	GROUP ANNUITY CONTRACT Deemed Loan Fund		733
.	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		36,739
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager 50% Portfolio		34,687
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		5,434
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		5,386
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		5,533
.	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap Equity Insights Fund		3,610
.	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity Insights Fund		142
.	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund		1,141
.	Mutual of America	PARTICIPANT LOANS Loan Fund		35,437
.	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Portfolio		122
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Aggressive Allocation Fund		12,516
.	Mutual of America	GROUP ANNUITY CONTRACT MoA All America Fund		13,031
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Balanced Fund		21,077
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2015 Fund		0
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2020 Fund		102,319
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2025 Fund		40,343
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2030 Fund		129,386
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2035 Fund		266,708
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2040 Fund		409,305
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2045 Fund		101,549
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2050 Fund		221,597
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2055 Fund		151,387
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2060 Fund		17,973
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2065 Fund		15,861
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Conservative Allocation Fund		121,315
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Core Bond Fund		553
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Equity Index Fund		41,232
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Intermediate Bond Fund		102
.	Mutual of America	GROUP ANNUITY CONTRACT MoA International Fund		139
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Equity Index Fund		124
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Value Fund		393
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Moderate Allocation Fund		166,662
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Retirement Income Fund		4,093
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Equity Index Fund		117
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Growth Fund		31,751
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Value Fund		25,347

Attachment to Jan2025 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Nova Behavioral Health, Inc.
EIN: 31-1000352
Plan Number: 001

.	Mutual of America	GROUP ANNUITY CONTRACT MoA US Government Money Market Fund		102
.	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		319,621
.	Mutual of America	GROUP ANNUITY CONTRACT Neuberger Berman AMT Quality Equity Portfolio		140
.	Mutual of America	GROUP ANNUITY CONTRACT Nomura VIP Small Cap Value Series		120
.	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Portfolio		2,635
.	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		3,644
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		56,376
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		23,824
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		106
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Total Bond Market Index Portfolio		3,637
.	Mutual of America	GROUP ANNUITY CONTRACT Victory RS Small Cap Growth Equity VIP Series		0