

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>THRIVE WELLNESS AND RECOVERY INC. 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THRIVE WELLNESS AND RECOVERY INC</u> <u>482 BLACK RIVER PARKWAY</u> <u>WATERTOWN, NY 13601</u>	1c Effective date of plan <u>04/01/1988</u> 2b Employer Identification Number (EIN) <u>16-1012469</u> 2c Plan Sponsor's telephone number <u>315-788-1530</u> 2d Business code (see instructions) <u>621420</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	JORDAN JONES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN 16-1012469	
a Sponsor's name CREDO COMMUNITY CENTER FOR THE TREATMENT OF ADDICTIONS INC		4d PN 001	
c Plan Name CREDO COMMUNITY CENTER FOR THE TREATMENT OF ADDITIONS INC 401K PROFIT SHARING PLAN			
5 Total number of participants at the beginning of the plan year	5	154	
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)	124	
a(2) Total number of active participants at the end of the plan year	6a(2)	309	
b Retired or separated participants receiving benefits	6b	1	
c Other retired or separated participants entitled to future benefits	6c	34	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	344	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0	
f Total. Add lines 6d and 6e	6f	344	
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)	126	
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)	189	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	7	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

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

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

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

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

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

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 0
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan THRIVE WELLNESS AND RECOVERY INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THRIVE WELLNESS AND RECOVERY INC	D Employer Identification Number (EIN) 16-1012469	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AMERICAN FUNDS	333 SOUTH HOPE STREET LOS ANGELES, CA 90071-1406
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(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
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DODGE AND COX	555 CALIFORNIA STREET 40TH FLOOR SAN FRANCISCO, CA 94104
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(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
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HARBOR
111 S. WACKER DRIVE
34TH FLOOR
CHICAGO, IL 60606

(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

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

VANGUARD
100 VANGUARD BOULEVARD
MALVERN, PA 19355

(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

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

MID ATLANTIC TRUST COMPANY
1251 WATERFRONT PLACE STE 525
PITTSBURGH, PA 15222

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 SEC. CORP LLC

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?
15 37 49 57	RECORD KEEPER	6552	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

WILSHIRE ASSOCIATES

1299 OCEAN AVENUE STE 700
SANTA MONICA, CA 90401

(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?
31	FIDUCIARY	3485	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THRIVE WELLNESS AND RECOVERY INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THRIVE WELLNESS AND RECOVERY INC	D Employer Identification Number (EIN) 16-1012469

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	74
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	199293	92325
(2) Participant contributions	1b(2)	203	16548
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11948	1484
(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)	0	11737
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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	5833456
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	2741934	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	2953378	5955624
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	7823	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	7823	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2945555	5955624

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)	172845	
(B) Participants.....	2a(1)(B)	334827	
(C) Others (including rollovers).....	2a(1)(C)	2561675	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3069347
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	14	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	303551	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		303551
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		117940
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3490852

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	451118	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		451118
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	29665	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		29665
j Total expenses. Add all expense amounts in column (b) and enter total	2j		480783

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3010069
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BONADIO & CO LLP**

(2) EIN: **16-1131146**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	101383
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	340000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

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

A Name of plan THRIVE WELLNESS AND RECOVERY INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 THRIVE WELLNESS AND RECOVERY INC	D Employer Identification Number (EIN) 16-1012469	

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): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704237A.

**THRIVE WELLNESS AND RECOVERY INC.
401(K) PROFIT SHARING PLAN**

**Financial Statements
as of December 31, 2024 and 2023
Together with
Independent Auditor's Report**

INDEPENDENT AUDITOR'S REPORT

October 14, 2025

To the Plan Administrator of:

Thrive Wellness and Recovery Inc. 401(K) Profit Sharing Plan:

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

We have performed audits of the accompanying financial statements of Thrive Wellness and Recovery 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

INDEPENDENT AUDITOR'S REPORT

(Continued)

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

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

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.

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.

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4a – Schedule of Delinquent Participant Contributions as of December 31, 2024 and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Bonadio & Co., LLP

THRIVE WELLNESS AND RECOVERY, INC. 401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS:		
CASH	\$ 74	\$ -
INVESTMENTS, at fair value:		
Money market accounts	1,484	11,948
Common/collective trusts	7,209	-
Registered investment companies	<u>5,826,247</u>	<u>2,741,934</u>
Total investments, at fair value	<u>5,834,940</u>	<u>2,753,882</u>
RECEIVABLES:		
Employer contributions	92,325	199,293
Participant contributions	16,548	11,512
Notes receivable from participants	<u>11,737</u>	<u>-</u>
Total receivables	<u>120,610</u>	<u>210,805</u>
Total assets	<u>5,955,624</u>	<u>2,964,687</u>
LIABILITIES:		
Operating payables	<u>-</u>	<u>7,823</u>
Total liabilities	<u>-</u>	<u>7,823</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 5,955,624</u>	<u>\$ 2,956,864</u>

The accompanying notes are an integral part of these statements.

THRIVE WELLNESS AND RECOVERY, INC. 401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Contributions -		
Employer contributions	\$ 172,845	\$ 199,985
Participant contributions	323,518	259,684
Rollovers	<u>2,561,675</u>	<u>21,674</u>
Total contributions	<u>3,058,038</u>	<u>481,343</u>
Investment income -		
Interest and dividend income	303,551	58,082
Net appreciation in value of investments	<u>117,940</u>	<u>379,555</u>
Total net investment income	<u>421,491</u>	<u>437,637</u>
Interest income on notes receivable from participants	<u>14</u>	<u>-</u>
Total additions	<u>3,479,543</u>	<u>918,980</u>
DEDUCTIONS:		
Benefit payments	451,118	593,581
Administrative expenses	<u>29,665</u>	<u>26,140</u>
Total deductions	<u>480,783</u>	<u>619,721</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	2,998,760	299,259
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>2,956,864</u>	<u>2,657,605</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 5,955,624</u>	<u>\$ 2,956,864</u>

The accompanying notes are an integral part of these statements.

THRIVE WELLNESS AND RECOVERY INC. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN

The following description of Thrive Wellness and Recovery Inc. 401(K) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of THRIVE Wellness and Recovery, Inc. (the Organization) who are age 21 or older. The Plan sponsor is THRIVE Wellness and Recovery, Inc., formerly known as Credo Community Center for the Treatment of Addictions, Inc., changed its name to THRIVE Wellness and Recovery, Inc., effective July 1, 2024. Effective August 1, 2024, the Plan was restated and renamed from Credo Community Center for the Treatment of Addictions, Inc. 401(k) Profit Sharing Plan to Thrive Wellness and Recovery Inc. 401(K) Profit Sharing Plan.

Administration

Fidelity Management Trust Company (Fidelity) was the trustee and recordkeeper of the Plan's assets until September 30, 2024. Mid-Atlantic Trust Company (MATC) served as the trustee and custodian of the Plan's assets, while Mutual of America Life Insurance Company (MOA) served as the recordkeeper and third-party administrator starting September 1, 2024. The Morgia Group is the investment advisor for the Plan in 2024 and 2023. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 100 percent of annual compensation, as defined in the Plan, subject to certain Internal Revenue Service (IRS) limitations after attainment of three months of service. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants are permitted to make pre-tax and/or roth deferrals into the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contributions plans (rollover). Effective August 1, 2024, the Plan provides for auto-enrollment at 3% with an available opt-out feature.

The Organization contributes a safe harbor matching employer contribution equal to 100 percent of the first 3 percent of base compensation that a participant contributes to the Plan and 50 percent of the next 2 percent of base compensation that a participant contributes to the Plan. To be eligible for the matching Organization contribution, a participant must have worked a minimum of 3 months during the year. Prior to August 1, 2024, a participant must have worked a minimum of 6 months during the year to be eligible.

At the option of the Organization's Board of Directors, a discretionary profit sharing contribution is permitted under the plan. To be eligible for the profit sharing contribution, a participant must have one year of service, worked a minimum of 1,000 hours during the year and be employed by the Organization on December 31. There was no profit sharing contribution to the Plan in 2024. The Organization made a profit sharing contribution to the Plan of \$80,909 in 2023.

1. DESCRIPTION OF PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions and Organization matching and profit sharing contributions. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings (losses), account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All investments are participant directed.

Vesting

Participants are immediately vested in their own contributions and the related earnings (or losses). Vesting in the Organization's matching and profit-sharing contributions is based on years of credited service. A year of credited service is earned for each year in which a participant works at least 1,000 hours.

Participants hired before July 1, 2024, become 100% vested after completing four years of credited service. Participants hired on or after July 1, 2024, become 20% vested after two years of service, with vesting increasing by 20% each year thereafter until becoming fully vested after five years of service.

Effective August 1, 2024, the Plan was amended to recognize prior service with North Country Transitional Living Services, Inc. Participants who become disabled or die while employed are immediately 100% vested.

Forfeited Accounts

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$1,484 and \$10,907, respectively. Forfeitures are first applied to pay plan administrative expenses, with any remaining amounts used to reduce employer contributions. During the years ended December 31, 2024 and 2023, forfeitures of \$10,652 and \$17,290, respectively, were used to pay plan expenses. In addition, forfeitures of \$5,120 were used to reduce employer contributions during 2024. No forfeitures were used to reduce employer contributions in 2023.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Effective August 1, 2024, hardship withdrawals from the Plan are permitted from a participant's voluntary contributions account. All hardship withdrawals must comply with Internal Revenue Service rules relating to hardships, which are uniformly applicable to all participants.

Notes Receivable from Participants

Effective August 1, 2024, the plan was amended to allow participants to borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 less the highest outstanding loan balance during the one-year period prior to the new loan or 50% of their vested account balance. The loans are secured by the balance in the participant's account. Participants are allowed to have one loan outstanding at any one time. Each loan shall bear an interest rate of the prime rate plus 1% and shall be repaid in 10 years if issued in connection with the purchase of primary residence. Upon termination from the Organization, the loan may be repaid in full or through the continuation of scheduled loan repayments by the participant.

Administrative Expenses

The Organization pays certain administrative costs of the Plan and certain costs are passed through to the participants.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of investments 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 in value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

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

Risks and Uncertainties

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

Contributions Receivable and Allowance for Credit Losses

The Plan records a receivable for the employer contribution that is remitted to the Plan subsequent to the Plan's year end. The Plan recognizes an expected allowance for credit losses that is updated to reflect any changes in credit risk since the receivable was initially recorded. The estimated allowance for credit losses is based on historical, current, and expected future conditions. No significant deteriorations are expected in the future economic conditions; therefore, management has determined that no allowance for credit losses is necessary for the years ended December 31, 2024 and 2023.

Notes Receivable from Participants

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

Fair Value Measurement

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 and liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

2. SUMMARY OF ACCOUNTING POLICIES (Continued)

Fair Value Measurement (Continued)

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 inactive markets, inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Money market accounts - Valued at the fair market value of shares held by the Plan at the daily closing price reported by the funds.

Registered investment companies - Valued at the fair market value of shares held by the Plan at the daily closing price reported by the funds.

Common/Collective Trusts – Valued based on the fair value using the net asset value (NAV) practical expedient as determined by the issuer based on the current fair values of the underlying assets of the fund.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is 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. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) in value of investments.

3. SUMMARY OF INFORMATION CERTIFIED BY THE TRUSTEE

The following information was certified as complete and accurate by Mid Atlantic Trust Company for the period September 1, 2024 through December 31, 2024, and Fidelity Management Trust Company, for the period January 1, 2023 through September 30, 2024. The certified investment information is included in the accompanying financial statements and supplemental schedule:

	<u>2024</u>	<u>2023</u>
Cash	\$ <u>74</u>	\$ <u>-</u>
Investments, at fair value	\$ <u>5,834,940</u>	\$ <u>2,753,882</u>
Interest and dividend income	\$ <u>303,551</u>	\$ <u>58,082</u>
Net appreciation in value of investments	\$ <u>117,859</u>	\$ <u>379,555</u>
Schedule H, line 4i – Schedule of Assets (Held at End of Year)	Schedule II	

4. FAIR VALUE MEASUREMENTS

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market accounts	\$ 1,484	\$ -	\$ -	\$ 1,484
Registered investment companies	<u>5,826,247</u>	-	-	<u>5,826,247</u>
	<u>\$ 5,827,731</u>	<u>\$ -</u>	<u>\$ -</u>	5,827,731
Common/Collective trust funds measured at NAV as a practical expedient ⁽¹⁾				<u>7,209</u>
				<u>\$ 5,834,940</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market accounts	\$ 11,948	\$ -	\$ -	\$ 11,948
Registered investment companies	<u>2,741,934</u>	-	-	<u>2,741,934</u>
	<u>\$ 2,753,882</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,753,882</u>

(1) The NAV-based assets are generally redeemable on a daily basis, with one day notice and no restrictions. The common/collective trust funds seek to preserve capital while generating interest income under prevailing market conditions, with an emphasis on maintaining liquidity via fixed-income portfolios backed by negotiated wrap contracts, aiming for stable returns close to short-term Treasury benchmarks. There are no unfunded commitments.

4. FAIR VALUE MEASUREMENTS (CONTINUED)

In accordance with ASC 820, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized 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 amounts presented in the Statements of Net Assets Available for Benefits.

5. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Fidelity and MATC. Fidelity and MATC are the trustees and custodians for the Plan and, therefore, these transactions qualify as party-in-interest transactions. MOA is the recordkeeper of the Plan, Associated Pension Consultants was the third-party administrator and the Morgia Group was the investment advisor for the Plan and, therefore transactions with those organizations qualify as party-in-interest transactions.

The Plan allows current employees who are participants to receive notes receivable under specific circumstances. As such transactions between the participants who have notes receivable and the Plan also qualify as party-in-interest transactions.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their participant account.

7. INCOME TAX STATUS

The IRS has determined and informed by letter for the prototype plan adopted by the Plan, dated June 30, 2020, that the prototype plan is designed in accordance with applicable sections of the IRC. The Plan has not requested its own determination letter from the IRS. The Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, no provisions for income taxes have been included in the Plan's financial statements.

8. RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2024 and 2023 to Schedule H of Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per financial statements	\$ 5,955,624	\$ 2,956,864
Less: Participant contributions receivable adjustment	<u>-</u>	<u>(11,309)</u>
Net assets per the 5500	<u>\$ 5,955,624</u>	<u>\$ 2,945,555</u>

The following is a reconciliation of the changes in net assets available for benefits per the financial statements for the year ended December 31, 2024 and 2023 to Schedule H of Form 5500:

	<u>2024</u>	<u>2023</u>
Change in net assets per the financial statements	\$ 2,998,760	\$ 299,259
Less: Current year employee contributions receivable adjustment	-	(11,309)
Add: Prior year employer contributions receivable adjustment	<u>11,309</u>	<u>1,454</u>
Net income per the 5500	<u>\$ 3,010,069</u>	<u>\$ 289,404</u>

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 14, 2025, which is the date the financial statements were available to be issued.

THRIVE WELLNESS AND RECOVERY, INC. 401(K) PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER 16-1012469

PENSION PLAN NUMBER 001

SCHEDULE H LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2024

Year	Participant Contributions Transferred Late to Plan Check here if Late Participant Loan Repayments are included: ✓	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2023	9,654	9,651	-	-	-
2024	101,393	101,393	-	-	-

The accompanying notes are an integral part of these schedules.

THRIVE WELLNESS AND RECOVERY, INC. 401(K) PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER 16-1012469

PENSION PLAN NUMBER 001

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

DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	* CASH			
	Cash	Cash	**	\$ 74
	MONEY MARKET ACCOUNTS:			
	Vanguard Treasury Money Market Investor	Money market account	**	1,484
	COMMON/COLLECTIVE TRUSTS:			
	Invesco Stable Value Trust A1	Common/Collective Trusts	**	7,209
	REGISTERED INVESTMENT COMPANIES:			
	* MoA Clear Passage 2035 Fund	Registered Investment Company	**	1,211,748
	* MoA Clear Passage 2025 Fund	Registered Investment Company	**	859,328
	* MoA Clear Passage 2040 Fund	Registered Investment Company	**	780,782
	* MoA Clear Passage 2045 Fund	Registered Investment Company	**	625,100
	* MoA Clear Passage 2030 Fund	Registered Investment Company	**	624,041
	* MoA Clear Passage 2050 Fund	Registered Investment Company	**	606,121
	* MoA Clear Passage 2055 Fund	Registered Investment Company	**	242,787
	American Funds Washington Mutual R6	Registered Investment Company	**	162,415
	* MoA Clear Passage 2060 Fund	Registered Investment Company	**	141,724
	Vanguard Total Bond Market Index Adm	Registered Investment Company	**	94,772
	Vanguard International Growth Adm	Registered Investment Company	**	92,883
	Harbor Capital Appreciation Retirement	Registered Investment Company	**	73,307
	* MoA Clear Passage 2020 Fund	Registered Investment Company	**	62,968
	Dodge & Cox Stock	Registered Investment Company	**	59,903
	* MoA Mid Cap Equity Index Fund	Registered Investment Company	**	39,872
	* MoA Clear Passage 2065 Fund	Registered Investment Company	**	37,309
	* MoA Small Cap Equity Index Fund	Registered Investment Company	**	31,082
	* MoA Moderate Allocation Fund	Registered Investment Company	**	24,488
	* MoA Aggressive Allocation Fund	Registered Investment Company	**	16,917
	MFS Mid Cap Value R6	Registered Investment Company	**	13,439
	* MoA International Fund	Registered Investment Company	**	8,765
	American Funds New World R6	Registered Investment Company	**	7,871
	PIMCO Real Return Instl	Registered Investment Company	**	5,978
	* MoA Clear Passage 2015 Fund	Registered Investment Company	**	945
	* MoA Retirement Income Fund	Registered Investment Company	**	451
	* MoA Equity Index Fund	Registered Investment Company	**	418
	Calvert Balanced R6	Registered Investment Company	**	390
	American Century Heritage R6	Registered Investment Company	**	224
	Vanguard Strategic Equity Inv	Registered Investment Company	**	219
				<u>5,826,247</u>
	NOTES RECEIVABLE FROM PARTICIPANTS			
	* Participant Loans	Maturing through January 2030, bearing interest at 9.50%		11,737
				<u>\$ 5,846,751</u>

* Denotes party-in-interest.

** Cost omitted as investments are participant directed.

The accompanying notes are an integral part of these schedules.

October 14, 2025

To the Board of Directors of
Thrive Wellness and Recovery Inc. 401(K) Profit Sharing Plan

Thank you for engaging Bonadio & Co., LLP as your independent auditor.

We have completed an Employee Retirement Income Security Act of 1974 (ERISA) Section 103(a)(3)(C) audit, pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, of the financial statements of Thrive Wellness and Recovery Inc. 401(K) Profit Sharing Plan (the Plan) as of and for the year ended December 31, 2024, and have issued our report thereon as of date of this letter. This letter presents communications required by our professional standards.

Our Responsibility under Auditing Standards Generally Accepted in the United States of America

As communicated in our engagement letter dated September 20, 2025, our responsibility, as described by professional standards, is to conduct our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). As permitted by 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, our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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. Other than for the certified investment information, the financial statements and supplemental schedules were audited by us in accordance with GAAS and were subjected to tests of your accounting records and other procedures as we considered necessary to enable us to express an opinion as to whether they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Our audit of the financial statements does not relieve you or management of its respective responsibilities.

Other Information in Documents Containing Audited Financial Statements

We are not aware of any documents prepared by management, other than the Form 5500 filing, which contain our reports on the audited financial statements of the Plan. Our responsibility for this information does not extend beyond the financial information identified in the report. We do not have an obligation to perform any procedures to corroborate other information contained in the Form 5500 filing. We have read the Form 5500 filing to corroborate the financial information. Nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially inconsistent with the information, or manner of information appearing in the financial statements.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated to you in our engagement letter dated September 20, 2025.

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Significant Findings

Qualitative Aspect of Accounting Policies

Management is responsible for the selection and use of appropriate accounting policies. In accordance with the terms of our engagement letter, we will advise management about the appropriateness of accounting policies and their application. The significant accounting policies used by the Plan are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during the year ended December 31, 2024.

We noted no transactions entered into by the Plan during the year that were both significant and unusual, and of which, under professional standards, we are required to inform you, or transactions for which there is a lack of authoritative guidance or consensus. In addition, we did not identify any significant findings or issues during the audit in connection with the Plan's related parties.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

Management's estimate of the fair value of the Plan's investments is:

- Money market accounts - Valued at the fair market value of shares held by the Plan at the daily closing price reported by the funds.
- Registered investment companies - Valued at the fair market value of shares held by the Plan at the daily closing price reported by the funds.
- Common/Collective Trusts – Valued based on the fair value using the net asset value (NAV) practical expedient as determined by the issuer based on the current fair values of the underlying assets of the fund.

We evaluated the key factors and assumptions management used to develop the fair value estimates pertaining to those investments and determined that such estimates and assumptions are reasonable.

The disclosures in the financial statements are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Significant Unusual Transactions Identified During the Audit

We identified no significant unusual transactions during the audit.

Difficult, Contentious or Other Matters Encountered During the Audit

We encountered no difficult, contentious, or other matters for which we consulted outside the engagement team that were, in our professional judgment, significant and relevant to those charged with governance regarding the responsibility to oversee the financial reporting process.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. The effects of uncorrected misstatements are immaterial, both individually and in the aggregate, to the financial statements as a whole. There were one uncorrected misstatements identified:

- 2023 unrecorded corrective contribution receivable – There was one uncorrected misstatements related to 2023 for a corrective contribution not recorded which understates total net assets available for benefits, total additions and change in net assets available for benefits by approximately \$1,500.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter that could be significant to the financial statements or the auditors' report. We are pleased to report no such disagreements arose over the course of the audit.

Reportable Findings

For purposes of this letter, a reportable finding is a matter that includes one or more of the following: (1) noncompliance or suspected noncompliance with laws and regulations, (2) a finding that in our professional judgment is significant and relevant to you regarding your responsibility to oversee the financial reporting process, and (3) an indication of internal control deficiencies identified during the audit that have not been previously communicated to management by other parties and that we determined are sufficiently important to merit management's attention. We identified the following reportable findings during our audit:

- Participant contributions and participant loan repayments were not being remitted to the Plan timely. The Company remitted from 1 to 47 days. The Department of Labor requires that the Company remits participant contributions as soon as administratively feasible. As the Company regularly remitted at 1 to 4 days on a consistent basis, we considered those 5 days and over as not timely. Total untimely contributions were \$101,393 and related to 8 different pay periods. The Company is responsible for remitting lost earnings to the Plan and establishing a process for improving consistent timeliness moving forward.
- We identified a reportable finding related to 22 participants who erroneously received profit sharing employer contributions when they are not eligible. This resulted in \$19,091 of funds that should have been forfeited but were instead allocated to participant accounts. We recommend that management review participant eligibility prior to allocating employer contributions to ensure compliance with Plan provisions. In addition, the Plan should correct the identified ineligible contributions.
- We noted in our 2023 audit missed deferral opportunities requiring corrective contributions related to four participants who had missed deferral opportunities due to payroll errors. In 2024, no corrective contribution was made. The Company is required to make corrective contributions for the missed deferrals, including the related employer match and lost earnings. We recommend reviewing all participants to ensure completeness of corrections.

Circumstance Affecting the Form and Content of the Auditor's Report

We encountered no circumstances that affect the form and content of the auditor's report.

Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters. If a consultation involves application of an accounting principle to the Plan's financial statements, or a determination of the type of auditors' opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Management Representations

We have requested certain representations from management that are included in the management representation letter. This letter has been provided to you.

Independence

We are not aware of any relationships between Bonadio & Co., LLP and the Plan that, in our professional judgment, may reasonably be thought to bear on our independence. Relating to our audit of the financial statements of the Plan as of and for the year ended December 31, 2024, Bonadio & Co., LLP hereby confirms in accordance with the Code of Professional Conduct issued by the American Institute of Certified Public Accountants, that we, in our professional judgment, are independent with respect to the Plan.

During the year ended December 31, 2024, Bonadio & Co., LLP provided the following nonattest services to the Plan:

- Preparation of plan financial statements
- Other nonattest services for the plan sponsor including:
 - Preparation of plan sponsor's financial statements
 - Preparation of other tax returns, such as IRS Form 990
 - Transformation grant application consulting
 - Merger and affiliation consulting

Form 5500

In performing our audit, in accordance with GAAS, we are responsible for obtaining and reading the draft Form 5500 in order to identify material inconsistencies, if any, with the audited ERISA plan financial statements. During our audit we obtained and read the draft Form 5500 from management and did not identify any material inconsistencies.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of Board of Directors and management of the Plan and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

BONADIO & CO., LLP

Attachment to January 2024 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Plan Name: THRIVE Wellness and Recovery Inc. 401(k) Profit Sharing Plan
EIN: 16-1012469
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
.	American Century	MUTUAL FUND American Century Heritage R6		224
.	American Funds	MUTUAL FUND American Funds New World R6		7,871
.	American Funds	MUTUAL FUND American Funds Washington Mutual R6		162,415
.	Calvert	MUTUAL FUND Calvert Balanced R6		390
.	Dodge & Cox	MUTUAL FUND Dodge & Cox Stock		59,901
.	Harbor Capital	MUTUAL FUND Harbor Capital Appreciation Retirement		73,306
.	Invesco	MUTUAL FUND Invesco Stable Value Trust A1		7,209
.	Mutual of America	PARTICIPANT LOANS Loan Fund		11,737
.	MFS	MUTUAL FUND MFS Mid Cap Value R6		13,439
.	Mutual of America	MUTUAL FUND MoA Aggressive Allocation Fund		16,917
.	Mutual of America	MUTUAL FUND MoA Clear Passage 2015 Fund		945
.	Mutual of America	MUTUAL FUND MoA Clear Passage 2020 Fund		62,968
.	Mutual of America	MUTUAL FUND MoA Clear Passage 2025 Fund		859,328
.	Mutual of America	MUTUAL FUND MoA Clear Passage 2030 Fund		624,041
.	Mutual of America	MUTUAL FUND MoA Clear Passage 2035 Fund		1,211,748
.	Mutual of America	MUTUAL FUND MoA Clear Passage 2040 Fund		780,782
.	Mutual of America	MUTUAL FUND MoA Clear Passage 2045 Fund		625,100
.	Mutual of America	MUTUAL FUND MoA Clear Passage 2050 Fund		606,121
.	Mutual of America	MUTUAL FUND MoA Clear Passage 2055 Fund		242,787
.	Mutual of America	MUTUAL FUND MoA Clear Passage 2060 Fund		141,724
.	Mutual of America	MUTUAL FUND MoA Clear Passage 2065 Fund		37,309
.	Mutual of America	MUTUAL FUND MoA Equity Index Fund		418
.	Mutual of America	MUTUAL FUND MoA International Fund		8,765
.	Mutual of America	MUTUAL FUND MoA Mid Cap Equity Index Fund		39,872
.	Mutual of America	MUTUAL FUND MoA Moderate Allocation Fund		24,488
.	Mutual of America	MUTUAL FUND MoA Retirement Income Fund		448

Attachment to January 2024 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Plan Name: THRIVE Wellness and Recovery Inc. 401(k) Profit Sharing Plan
EIN: 16-1012469
Plan Number: 001

.	Mutual of America	MUTUAL FUND MoA Small Cap Equity Index Fund		31,082
.	PIMCO	MUTUAL FUND PIMCO Real Return Instl		5,978
.	Vanguard	MUTUAL FUND Vanguard International Growth Adm		92,883
.	Vanguard	MUTUAL FUND Vanguard Strategic Equity Inv		219
.	Vanguard	MUTUAL FUND Vanguard Total Bond Market Index Adm		94,771
.	Vanguard	MUTUAL FUND Vanguard Treasury Money Market Investor		1,484

THRIVE WELLNESS AND RECOVERY, INC. 401(K) PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER 16-1012469

PENSION PLAN NUMBER 001

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

DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	* CASH			
	Cash	Cash	**	\$ 74
	MONEY MARKET ACCOUNTS:			
	Vanguard Treasury Money Market Investor	Money market account	**	1,484
	COMMON/COLLECTIVE TRUSTS:			
	Invesco Stable Value Trust A1	Common/Collective Trusts	**	7,209
	REGISTERED INVESTMENT COMPANIES:			
	* MoA Clear Passage 2035 Fund	Registered Investment Company	**	1,211,748
	* MoA Clear Passage 2025 Fund	Registered Investment Company	**	859,328
	* MoA Clear Passage 2040 Fund	Registered Investment Company	**	780,782
	* MoA Clear Passage 2045 Fund	Registered Investment Company	**	625,100
	* MoA Clear Passage 2030 Fund	Registered Investment Company	**	624,041
	* MoA Clear Passage 2050 Fund	Registered Investment Company	**	606,121
	* MoA Clear Passage 2055 Fund	Registered Investment Company	**	242,787
	American Funds Washington Mutual R6	Registered Investment Company	**	162,415
	* MoA Clear Passage 2060 Fund	Registered Investment Company	**	141,724
	Vanguard Total Bond Market Index Adm	Registered Investment Company	**	94,772
	Vanguard International Growth Adm	Registered Investment Company	**	92,883
	Harbor Capital Appreciation Retirement	Registered Investment Company	**	73,307
	* MoA Clear Passage 2020 Fund	Registered Investment Company	**	62,968
	Dodge & Cox Stock	Registered Investment Company	**	59,903
	* MoA Mid Cap Equity Index Fund	Registered Investment Company	**	39,872
	* MoA Clear Passage 2065 Fund	Registered Investment Company	**	37,309
	* MoA Small Cap Equity Index Fund	Registered Investment Company	**	31,082
	* MoA Moderate Allocation Fund	Registered Investment Company	**	24,488
	* MoA Aggressive Allocation Fund	Registered Investment Company	**	16,917
	MFS Mid Cap Value R6	Registered Investment Company	**	13,439
	* MoA International Fund	Registered Investment Company	**	8,765
	American Funds New World R6	Registered Investment Company	**	7,871
	PIMCO Real Return Instl	Registered Investment Company	**	5,978
	* MoA Clear Passage 2015 Fund	Registered Investment Company	**	945
	* MoA Retirement Income Fund	Registered Investment Company	**	451
	* MoA Equity Index Fund	Registered Investment Company	**	418
	Calvert Balanced R6	Registered Investment Company	**	390
	American Century Heritage R6	Registered Investment Company	**	224
	Vanguard Strategic Equity Inv	Registered Investment Company	**	219
				<u>5,826,247</u>
	NOTES RECEIVABLE FROM PARTICIPANTS			
	* Participant Loans	Maturing through January 2030, bearing interest at 9.50%		11,737
				<u>\$ 5,846,751</u>

* Denotes party-in-interest.

** Cost omitted as investments are participant directed.

The accompanying notes are an integral part of these schedules.