Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PINNACLE TREATMENT CENTERS EMPLOYEE 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2004

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)
PINNACLE TREATMENT CENTERS, INC.

1317 RT. 73, SUITE 200
MT. LAUREL, NJ 08054

2b Employer Identification Number (EIN)
56-2623168

2c Plan Sponsor's telephone number
856-439-6111

2d Business code (see instructions)
621399

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.	10/14/2026	KELLY BROWN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	KELLY BROWN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	4125
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)**	3288
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3108
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	572
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3681
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	3681
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)**	1837
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)**	1585
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
PINNACLE TREATMENT CENTERS EMPLOYEE 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PINNACLE TREATMENT CENTERS, INC.

D Employer Identification Number (EIN)
56-2623168

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	YH4223	3681	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
84834	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

JANNEY MONTGOMERY SCOTT LLC
MUTUAL FUND OPERATIONS 1717 ARCH ST
PHILADELPHIA, PA 19103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
84834			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	2020707
5	Current value of plan's interest under this contract in separate accounts at year end	5	48050533

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	1922080
c	Additions: (1) Contributions deposited during the year	7c(1)	456354		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	31936		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	488290
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2410370
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	266652		
	(2) Administration charge made by carrier	7e(2)	11823		
	(3) Transferred to separate account	7e(3)	34289		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	312764
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2097606

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
PINNACLE TREATMENT CENTERS EMPLOYEE 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PINNACLE TREATMENT CENTERS, INC.

D Employer Identification Number (EIN)
56-2623168

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
64	SERVICE PROVIDER	237337	Yes [X] No [ ]	Yes [X] No [ ]	1	Yes [ ] No [X]

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

MORNINGSTAR

36-3297908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	6294	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR	27	6294
(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.	
VOYA RETIREMENT INSURANCE & ANNUITY 71-0294708	INVESTMENT ADVISORY (PLAN)	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
PINNACLE TREATMENT CENTERS EMPLOYEE 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PINNACLE TREATMENT CENTERS, INC.

D Employer Identification Number (EIN)
56-2623168

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT & INSURANCE ANNUITY CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	48050533

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
PINNACLE TREATMENT CENTERS EMPLOYEE 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PINNACLE TREATMENT CENTERS, INC.

D Employer Identification Number (EIN)
56-2623168

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1408	
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	39339952	48050533
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1922080	2097606
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	41263440	50148139
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	41263440	50148139

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)	2802382	
(B) Participants	2a(1)(B)	5628795	
(C) Others (including rollovers)	2a(1)(C)	975521	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9406698
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	22	
(F) Other	2b(1)(F)	31936	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		31958
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		7075314
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		16513970
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7391676	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		7391676
f Corrective distributions (see instructions)	2f		258
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)	229087	
(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)	8250	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		237337
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7629271
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8884699
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CONNOLLY STEELE & COMPANY **(2)** EIN: 25-1767399

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
PINNACLE TREATMENT CENTERS EMPLOYEE 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PINNACLE TREATMENT CENTERS, INC.

D Employer Identification Number (EIN)
56-2623168

Part I Distributions

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

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

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

EIN(s): 71-0294708

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702844A .

PINNACLE TREATMENT CENTERS EMPLOYEE 401k PLAN

Financial Statements for the Years Ended December 31, 2025 and 2024, Supplemental Schedules and Independent Auditors' Report

PINNACLE TREATMENT CENTERS EMPLOYEE 401k PLAN

Table of Contents

	PAGE
Independent Auditors' Report	1
Financial Statements as of December 31, 2025 and 2024:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-13
Supplementary Financial Information:	
Schedule of Assets Held for Investment at End of Year:	
December 31, 2025	14
December 31, 2024	15
Schedule of Delinquent Participant Contributions:	
December 31, 2025	16

CONNOLLY STEELE + COMPANY

INDEPENDENT AUDITORS' REPORT

Trustees
Pinnacle Treatment Centers Employee 401k Plan
Mt. Laurel, New Jersey

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

We have performed audits of the financial statements of Pinnacle Treatment Centers Employee 401k 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, 2025 and 2024, 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 audit of the Pinnacle Treatment Centers Employee 401k Plan 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 the qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 and 4 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Pinnacle Treatment Centers Employee 401k 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 Pinnacle Treatment Centers Employee 401k Plan's ability to continue as a going concern.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS 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 could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Pinnacle Treatment Centers Employee 401k 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 Pinnacle Treatment Centers Employee 401k Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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.

Other Matters – Supplemental Schedules Required by ERISA

The supplemental schedules of assets held for investment purposes at the end of the year for the years ended December 31, 2025 and 2024 and schedule of delinquent participant contributions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 GAAS. 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 and the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Connolly, Steele + Company, P.C.

Connolly, Steele + Company, P.C.
Pittsburgh, Pennsylvania
October 12, 2026

PINNACLE TREATMENT CENTERS EMPLOYEE 401k PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS		
Investments at fair value	$ 50,148,139	$ 41,262,032
RECEIVABLES		
Participant contributions	25,639	77,685
Employer contributions	47,175	104,170
Notes receivable from participants	-	1,408
Total receivables	72,814	183,263
TOTAL ASSETS	50,220,953	41,445,295
NET ASSETS AVAILABLE FOR BENEFITS	$ 50,220,953	$ 41,445,295

See independent auditors' report and notes to the financial statements.

PINNACLE TREATMENT CENTERS EMPLOYEE 401k PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
INCREASES IN NET ASSETS		
Investment income, net of investment expenses:		
Net appreciation in fair value of investments	$ 7,046,348	$ 4,448,231
Dividend income	60,903	27,423
Interest income on notes receivable from participants	22	171
Net investment income	7,107,273	4,475,825
Contributions:		
Participants' voluntary deferral contributions	5,576,750	4,924,168
Participants' rollover contributions	975,521	597,043
Employer matching contributions	2,745,387	2,454,467
Total contributions	9,297,658	7,975,678
Total increases in net assets	16,404,931	12,451,503
DECREASES IN NET ASSETS		
Benefits paid to participants	7,391,934	3,464,961
Administrative expenses	237,339	188,627
Total decreases in net assets	7,629,273	3,653,588
NET INCREASE IN NET ASSETS	8,775,658	8,797,915
NET ASSETS - BEGINNING OF YEAR	41,445,295	32,647,380
NET ASSETS - END OF YEAR	$ 50,220,953	$ 41,445,295

See independent auditors' report and notes to the financial statements.

PINNACLE TREATMENT CENTERS EMPLOYEE 401k PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2025 AND 2024

1. DESCRIPTION OF PLAN

The following description of Pinnacle Treatment Centers Employee 401k Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan, as amended, is a defined contribution plan with a 401(k) safe harbor employer matching feature covering all eligible employees of PTC Acquisition Corporation and Subsidiaries (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility: Employees who are age twenty-one or older and have 30 days of service are eligible to participate in the Plan.

Contributions:

Employee Deferral Contributions

Participants may make pre-tax elective deferral contributions to the Plan subject to annual limits as authorized in the Internal Revenue Code and thereafter adjusted by the Secretary of the Treasury. In 2025 and 2024 the contribution limits were $23,500 and $23,000, respectfully. The Plan allows after-tax Roth contributions, subject to the same limits. In addition, participants who have attained the age of 50 before the end of the plan year are eligible to make "catch-up" contributions.

Rollover Contributions

Participants may also contribute amounts representing rollovers from other qualified retirement plans.

Employer Matching Contributions

The Company matches 100% of the first 3% of compensation that a participant contributes to the Plan, plus 50% of compensation that is contributed over 3%, but not to exceed 5% of pay. For purposes of this computation, employee catch-up contributions are covered.

Employer Voluntary Contributions

Additional qualified non-elective amounts may be contributed at the option of the Company. No voluntary employer contributions were authorized for the years 2025 or 2024.

All participant and Company contributions are subject to regulatory and Plan limitations and total contributions credited to a participant's account are further subject to additional limitations under the Internal Revenue Code.

Participant accounts: Each participant's account is credited with the participant's contribution and allocable share of any employer contributions and earnings of the participant's self-directed investments and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their account balances among various investment options offered by the Plan. All investments are participant directed.

Vesting: Participants are immediately vested in their rollover contributions, regular contributions, the Company's safe harbor matching contributions and any earnings thereon. Vesting in the Company's discretionary contributions portion of their account plus the actual earnings related thereto is based on covered years of service as defined. Starting at 2 years of service, participants vest 20% annually in the Plan. A participant is 100% vested after 6 years of credited service.

Notes receivable from participants: Participants may not borrow from their fund accounts. In 2021, the Company acquired 100% of the majority interest in Aegis Treatment Centers, LLC. Participants previously covered under their Plan were able to borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans were secured by the balance in the participant's account and bear interest at a fixed rate as determined by the plan administrator based on local prevailing interest rates. These loans were rolled into the Plan as part of the merger; however, no new loans are allowed. Principal and interest are paid ratably through payroll deductions. All participant loans were paid in full as of December 31, 2025. As of December 31, 2024, outstanding participant loan balances totaled $1,408.

Payment of benefits: Benefits may be distributed to participants, spouses or designated beneficiaries, as appropriate, upon normal retirement (age 65), death, disability, or termination of employment. Prior to termination of service, participants who have attained the age of 59 ½ may make in-service withdrawals from all vested accounts. The Plan provides for certain required minimum distributions commencing at age 72 for certain participants. The Plan provides participants to make emergency withdrawals from the Plan to meet certain hardships. On the termination of service due to any reason other than death, disability or normal retirement, a participant will only be entitled to receive their vested percentage of their account balance under various distribution options offered by the Plan. Upon termination due to death, the participant's vested account balance will be used to provide the participant's beneficiary with a death benefit. Payment options for these death benefits will vary based on the circumstances. Benefits are recorded when paid.

Forfeited accounts: At December 31, 2025 and 2024, the forfeiture balance totaled $19,702 and $19,037, respectively. Any forfeited account balances deriving from employer contributions can be used to offset future employer contributions or Plan expenses. The Plan did not use any forfeitures for the years ended December 31, 2025 and 2024.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The financial statements are prepared using the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (US GAAP).

Estimates - The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and notes to financial statements. Actual results may differ from the amounts reported based upon those certain estimates and assumptions.

Investment valuation and revenue recognition – Investments are reported at fair value (except for group annuity contracts that are valued at contract value) (Note 3 and 5). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions receivable – Participant and employer contributions receivable consist of participant deferrals withheld and employer matching contributions accrued as of December 31, 2025 and 2024, and remitted to the Plan in subsequent years. The Plan does not record an allowance for uncollectible employer contributions receivable.

Income taxes - The Plan received a determination letter from the Internal Revenue Service and is exempt from liability for federal income taxes under Section 401 of the Internal Revenue Code (Note 7).

Administrative Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements and not considered an employer contribution. Plan administration fees and fees related to participant transactions are included in administrative expenses. Investment related fees are included in net appreciation in fair value of investments.

3. FAIR VALUE MEASURES

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

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has 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 other inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2025 and 2024:

Mutual funds – Valued at a quoted market price that is available on an active market.

Group Annuity Contracts – Valued at contract value as defined by the contract.

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

December 31, 2025:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 48,050,533	$ -	$ -	$ 48,050,533
Group Annty. Contracts	-	2,097,606	-	2,097,606
Total Asset Fair Value	$ 48,050,533	$ 2,097,606	$ -	$ 50,148,139

December 31, 2024:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 39,339,952	$ -	$ -	$ 39,339,952
Group Annty. Contracts	-	1,922,080	-	1,922,080
Total Asset Fair Value	$ 39,339,952	$ 1,922,080	$ -	$ 41,262,032

4. CERTIFIED INVESTMENTS

The Plan's investments are held in trust and administered by Voya Retirement Insurance and Annuity Company (VRIAC), as custodians and recordkeepers. All investment information and related investment income disclosed in the accompanying financial statements and supplemental schedules was unaudited and obtained or derived from information supplied by the custodians to the plan administrator.

The investment values of $50,148,139 and $41,262,032 as of December 31, 2025 and 2024, and the net appreciation in fair value of investments of $7,107,251 and $4,475,654 for the years then ended, respectively, were certified as complete and accurate by the custodians.

5. ANNUITY CONTRACTS WITH INSURANCE COMPANIES

The Plan has a fully benefit-responsive group annuity contract with VRIAC. VRIAC maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The value of the contract is determined by the daily crediting of interest which is subject to minimum contractual guarantees. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contracts do not have a maturity date. Non-benefit surrenders from the contract may be subject to surrender charges. At December 31, 2025 and 2024, the guaranteed interest rate was 1.0%.

The Plan's ability to receive amounts due from these contracts is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments (such as amendments to the Plan document, complete or partial Plan termination, merger with another plan, changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, bankruptcy of the plan sponsor and premature termination of the contract). No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contact value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include an uncured violation of the Plan's investment guidelines, a breach of material obligation under the contract, a material misrepresentation, or a material amendment to the agreement without consent of the issuer.

6. PLAN TERMINATION

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

7. TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated March 31, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code and, therefore, the related trust is exempt from taxation. The Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan administrator believes the Plan is being operated in

compliance with the applicable requirements of the Code and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits between the financial statements and Form 5500 as of December 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per the financial statements	$ 50,220,953	$ 41,445,295
Participant contributions receivable included in the financial statements in excess of amount reported on Form 5500	(25,639)	(77,685)
Employer contributions receivable included in the financial statements in excess of amount reported on Form 5500	(47,175)	(104,170)
Net assets available for benefits per Form 5500	$ 50,148,139	$ 41,263,440

The following is a reconciliation of participant elective deferral contributions between the financial statements and Form 5500 as of December 31, 2025 and 2024:

	2025	2024
Participant contributions per the financial statements	$ 5,576,750	$ 4,924,168
Participant contributions receivable, beginning of year	77,685	235,316
Participant contributions receivable in excess of amount reported on Form 5500, end of year	(25,639)	(77,685)
Prior year deferred contributions recognized in current year	-	(23,722)
Participant contributions per Form 5500	$ 5,628,796	$ 5,058,077

The following is a reconciliation of employer matching contributions between the financial statements and Form 5500 as of December 31, 2025 and 2024:

	2025	2024
Employer contributions per the financial statements	$ 2,745,387	$ 2,454,467
Employer contributions receivable, beginning of year	104,170	180,661
Employer contributions receivable in excess of amount reported on Form 5500, end of year	(47,175)	(104,170)
Prior year deferred contributions recognized in current year	-	(10,389)
Employer contributions per Form 5500	$ 2,802,382	$ 2,520,569

9. RISK 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.

10. PARTY-IN-INTEREST TRANSACTIONS

Fees paid during 2025 and 2024 for professional, administrative and custodial services were paid by the Plan based on customary and reasonable rates for services. While these transactions qualify as party-in-interest activity, they are expressly exempt from the prohibited transaction rules. Certain Plan investments are shares of mutual funds and pooled separate accounts managed by Voya Retirement Insurance and Annuity Company. VRIAC is the trustee and recordkeeper as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in the net appreciation in fair value of the related investment. The Plan sponsor paid certain costs of administrating and maintaining the Plan which are not included in these financial statements.

11. SUBSEQUENT EVENTS

The Plan evaluated all subsequent events through October 12, 2026, the date these financial statements were available to be issued. There are no other material subsequent events that require recognition or additional disclosure in these financial statements.

PINNACLE TREATMENT CENTERS EMPLOYEE 401k PLAN

SCHEDULE OF ASSETS HELD FOR INVESMENT PURPOSES AT END OF YEAR (SCHEDULE H, PART IV, LINE 4I) EIN 56-2623168, PLAN NUMBER 001 DECEMBER 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Market Value
	Investments:			
	AB Large Cap Grw Fnd Z	Mutual Funds	**	$ 1,710,232
	All Spring Special Mid Cap Value R6	Mutual Funds	**	69,355
	American Funds 2010 Target Date R6	Mutual Funds	**	294,578
	American Funds 2015 Target Date R6	Mutual Funds	**	784,671
	American Funds 2020 Target Date R6	Mutual Funds	**	476,920
	American Funds 2025 Target Date R6	Mutual Funds	**	1,496,924
	American Funds 2030 Target Date R6	Mutual Funds	**	9,722,585
	American Funds 2035 Target Date R6	Mutual Funds	**	7,779,687
	American Funds 2040 Target Date R6	Mutual Funds	**	4,588,240
	American Funds 2045 Target Date R6	Mutual Funds	**	4,380,507
	American Funds 2050 Target Date R6	Mutual Funds	**	4,319,176
	American Funds 2055 Target Date R6	Mutual Funds	**	3,082,559
	American Funds 2060 Target Date R6	Mutual Funds	**	2,105,975
	American Funds 2065 Target Date R6	Mutual Funds	**	581,965
	American Funds 2070 Target Date R6	Mutual Funds	**	23,122
	American Funds EuroPacific Grw R6	Mutual Funds	**	318,761
	DFA U.S. Targeted Value Port Inst	Mutual Funds	**	122,298
	Fidelity 500 Index Fund	Mutual Funds	**	3,563,629
	Fidelity International Idx Fd	Mutual Funds	**	623,166
	Fidelity Mid Cap Index Fund	Mutual Funds	**	445,654
	Fidelity Sm Cp Ind Fund	Mutual Funds	**	225,373
	MFS Mid Cap Growth Fund R6	Mutual Funds	**	252,155
	MFS Value Fund R6	Mutual Funds	**	366,103
	PIMCO Glbl Adv Str Bd Fd Inst	Mutual Funds	**	177,627
	Putnam Small Cap Growth Fnd R6	Mutual Funds	**	204,783
*	Voya Fixed Account	Group Annuity Contract	**	2,097,606
*	Voya Gov Money Mkt Fnd A	Mutual Funds	**	18,910
*	Voya Intermediate Bond Fund R6	Mutual Funds	**	315,578
	Total Investments			$ 50,148,139

* Party-in-interest as defined by ERISA

** Related cost information has been omitted as all investments are participant-directed.

PINNACLE TREATMENT CENTERS EMPLOYEE 401k PLAN

SCHEDULE OF ASSETS HELD FOR INVESMENT PURPOSES AT END OF YEAR (SCHEDULE H, PART IV, LINE 4I) EIN 56-2623168, PLAN NUMBER 001 DECEMBER 31, 2024

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Market Value
	Investments:			
	AB Large Cap Grw Fnd Z	Mutual Funds	**	$ 1,624,525
	All Spring Special Mid Cap Value R6	Mutual Funds	**	63,218
	American Funds 2010 Target Date R6	Mutual Funds	**	210,950
	American Funds 2015 Target Date R6	Mutual Funds	**	706,386
	American Funds 2020 Target Date R6	Mutual Funds	**	1,031,111
	American Funds 2025 Target Date R6	Mutual Funds	**	1,509,806
	American Funds 2030 Target Date R6	Mutual Funds	**	8,525,050
	American Funds 2035 Target Date R6	Mutual Funds	**	5,979,564
	American Funds 2040 Target Date R6	Mutual Funds	**	3,622,085
	American Funds 2045 Target Date R6	Mutual Funds	**	3,261,836
	American Funds 2050 Target Date R6	Mutual Funds	**	3,247,977
	American Funds 2055 Target Date R6	Mutual Funds	**	2,418,941
	American Funds 2060 Target Date R6	Mutual Funds	**	1,577,937
	American Funds 2065 Target Date R6	Mutual Funds	**	360,667
	American Funds EuroPacific Grw R6	Mutual Funds	**	243,336
	DFA U.S. Targeted Value Port Inst	Mutual Funds	**	122,393
	Fidelity 500 Index Fund	Mutual Funds	**	2,681,400
	Fidelity International Idx Fd	Mutual Funds	**	412,242
	Fidelity Mid Cap Index Fund	Mutual Funds	**	305,522
	Fidelity Sm Cp Ind Fund	Mutual Funds	**	161,087
	MFS Mid Cap Growth Fd R6	Mutual Funds	**	339,712
	MFS Value Fund R6	Mutual Funds	**	314,249
	PIMCO Glbl Adv Str Bd Fd Inst	Mutual Funds	**	121,809
	Putnam Small Cap Growth Fnd R6	Mutual Funds	**	218,615
*	Voya Fixed Account	Group Annuity Contract	**	1,922,080
*	Voya Gov Money Mkt Fnd A	Mutual Funds	**	18,246
*	Voya Intermediate Bond Fund R6	Mutual Funds	**	261,288
	Total Investments			$ 41,262,032
*	Participant Loans	4.25% to 6.5% interest rates, Maturing through 2025		$ 1,408

* Party-in-interest as defined by ERISA

** Related cost information has been omitted as all investments are participant-directed.

PINNACLE TREATMENT CENTERS EMPLOYEE 401k PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
(SCHEDULE H, PART IV, LINE 4A)
EIN 56-2623168, PLAN NUMBER 001
FOR THE YEAR ENDED DECEMBER 31, 2025

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			
Check here if late Participant loan repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	Totally Fully Corrected Under VFCP and PTE 2002-51
-	$ 5,580	$ 28,968	$ -	$ -

VOYA FINANCIAL

Attachment to 2025 Form 5500

Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
PINNACLE TREATMENT CENTERS EE 401(K) PLAN
EIN#56-2623168
Plan# 001
As of December 31, 2025

(a)	(b) Identity of issue, borrower,lessor or similar party	(c) Description of investments including maturity date,rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	AB Large Cap Grw Fnd Z	Registered Investment Company		$1,710,232
	AMF 2010 Tgt Date Ret Inc R-6	Registered Investment Company		$294,578
	AMF 2015 Tgt Date Ret Inc R-6	Registered Investment Company		$784,671
	AMF 2020 Tgt Date Ret Inc R-6	Registered Investment Company		$476,920
	AMF 2025 Tgt Date Ret Inc R-6	Registered Investment Company		$1,496,924
	Allspg Spec MdCp Vl Fd R6	Registered Investment Company		$69,358
	Amer Fnds 2030 Target Date R6	Registered Investment Company		$9,722,585
	Amer Fnds 2035 Target Date R6	Registered Investment Company		$7,779,687
	Amer Fnds 2040 Target Date R6	Registered Investment Company		$4,588,240
	Amer Fnds 2045 Target Date R6	Registered Investment Company		$4,380,507
	Amer Fnds 2050 Target Date R6	Registered Investment Company		$4,319,177
	Amer Fnds 2055 Target Date R6	Registered Investment Company		$3,082,559
	Amer Fnds 2060 Target Date R6	Registered Investment Company		$2,105,975
	Amer Fnds 2065 Target Date R6	Registered Investment Company		$581,965
	Amer Fnds 2070 Target Date R6	Registered Investment Company		$23,122
	Amer Fnds EUPAC Fund R6	Registered Investment Company		$318,761
	DFA US Targeted Vl Port Ins	Registered Investment Company		$122,298
	Fidelity 500 Index Fund	Registered Investment Company		$3,563,630
	Fidelity Intl Index Fnd	Registered Investment Company		$623,166
	Fidelity Mid Cap Idx Fd	Registered Investment Company		$445,654
	Fidelity Sm Cp Ind Fd	Registered Investment Company		$225,373
	MFS Mid Cap Growth Fd R6	Registered Investment Company		$252,154

Attachment to 2025 Form 5500

Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
PINNACLE TREATMENT CENTERS EE 401(K) PLAN
EIN#56-2623168
Plan# 001

	MFS Value Fund R6	Registered Investment Company		$366,103
	PIMCO Glbl Adv Str Bd Fd Inst	Registered Investment Company		$177,627
	Putnam Small Cap Growth Fnd R6	Registered Investment Company		$204,783
*	Voya Fixed Account (4450)	Insurance Company General Account		$2,097,606
*	Voya Gv Mny Mkt F A (Hld Acct)	Registered Investment Company		$18,910
*	Voya Intermediate Bond Fund R6	Registered Investment Company		$315,578
	TOTAL			$50,148,139

*** denotes party-in-interest**
Column (d) is not required as the Plan investments are totally participant directed.

PINNACLE TREATMENT CENTERS EMPLOYEE 401k PLAN

Financial Statements for the Years Ended December 31, 2025 and 2024, Supplemental Schedules and Independent Auditors' Report

PINNACLE TREATMENT CENTERS EMPLOYEE 401k PLAN

Table of Contents

	PAGE
Independent Auditors' Report	1
Financial Statements as of December 31, 2025 and 2024:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-13
Supplementary Financial Information:	
Schedule of Assets Held for Investment at End of Year:	
December 31, 2025	14
December 31, 2024	15
Schedule of Delinquent Participant Contributions:	
December 31, 2025	16

CONNOLLY STEELE + COMPANY

INDEPENDENT AUDITORS' REPORT

Trustees
Pinnacle Treatment Centers Employee 401k Plan
Mt. Laurel, New Jersey

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

We have performed audits of the financial statements of Pinnacle Treatment Centers Employee 401k 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, 2025 and 2024, 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 audit of the Pinnacle Treatment Centers Employee 401k Plan 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 the qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 and 4 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Pinnacle Treatment Centers Employee 401k 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 Pinnacle Treatment Centers Employee 401k Plan's ability to continue as a going concern.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS 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 could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Pinnacle Treatment Centers Employee 401k 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 Pinnacle Treatment Centers Employee 401k Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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.

Other Matters – Supplemental Schedules Required by ERISA

The supplemental schedules of assets held for investment purposes at the end of the year for the years ended December 31, 2025 and 2024 and schedule of delinquent participant contributions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 GAAS. 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 and the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Connolly, Steele + Company, P.C.

Connolly, Steele + Company, P.C.
Pittsburgh, Pennsylvania
October 12, 2026

PINNACLE TREATMENT CENTERS EMPLOYEE 401k PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS		
Investments at fair value	$ 50,148,139	$ 41,262,032
RECEIVABLES		
Participant contributions	25,639	77,685
Employer contributions	47,175	104,170
Notes receivable from participants	-	1,408
Total receivables	72,814	183,263
TOTAL ASSETS	50,220,953	41,445,295
NET ASSETS AVAILABLE FOR BENEFITS	$ 50,220,953	$ 41,445,295

See independent auditors' report and notes to the financial statements.

PINNACLE TREATMENT CENTERS EMPLOYEE 401k PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
INCREASES IN NET ASSETS		
Investment income, net of investment expenses:		
Net appreciation in fair value of investments	$ 7,046,348	$ 4,448,231
Dividend income	60,903	27,423
Interest income on notes receivable from participants	22	171
Net investment income	7,107,273	4,475,825
Contributions:		
Participants' voluntary deferral contributions	5,576,750	4,924,168
Participants' rollover contributions	975,521	597,043
Employer matching contributions	2,745,387	2,454,467
Total contributions	9,297,658	7,975,678
Total increases in net assets	16,404,931	12,451,503
DECREASES IN NET ASSETS		
Benefits paid to participants	7,391,934	3,464,961
Administrative expenses	237,339	188,627
Total decreases in net assets	7,629,273	3,653,588
NET INCREASE IN NET ASSETS	8,775,658	8,797,915
NET ASSETS - BEGINNING OF YEAR	41,445,295	32,647,380
NET ASSETS - END OF YEAR	$ 50,220,953	$ 41,445,295

See independent auditors' report and notes to the financial statements.

PINNACLE TREATMENT CENTERS EMPLOYEE 401k PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2025 AND 2024

1. DESCRIPTION OF PLAN

The following description of Pinnacle Treatment Centers Employee 401k Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan, as amended, is a defined contribution plan with a 401(k) safe harbor employer matching feature covering all eligible employees of PTC Acquisition Corporation and Subsidiaries (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility: Employees who are age twenty-one or older and have 30 days of service are eligible to participate in the Plan.

Contributions:

Employee Deferral Contributions

Participants may make pre-tax elective deferral contributions to the Plan subject to annual limits as authorized in the Internal Revenue Code and thereafter adjusted by the Secretary of the Treasury. In 2025 and 2024 the contribution limits were $23,500 and $23,000, respectfully. The Plan allows after-tax Roth contributions, subject to the same limits. In addition, participants who have attained the age of 50 before the end of the plan year are eligible to make "catch-up" contributions.

Rollover Contributions

Participants may also contribute amounts representing rollovers from other qualified retirement plans.

Employer Matching Contributions

The Company matches 100% of the first 3% of compensation that a participant contributes to the Plan, plus 50% of compensation that is contributed over 3%, but not to exceed 5% of pay. For purposes of this computation, employee catch-up contributions are covered.

Employer Voluntary Contributions

Additional qualified non-elective amounts may be contributed at the option of the Company. No voluntary employer contributions were authorized for the years 2025 or 2024.

All participant and Company contributions are subject to regulatory and Plan limitations and total contributions credited to a participant's account are further subject to additional limitations under the Internal Revenue Code.

Participant accounts: Each participant's account is credited with the participant's contribution and allocable share of any employer contributions and earnings of the participant's self-directed investments and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their account balances among various investment options offered by the Plan. All investments are participant directed.

Vesting: Participants are immediately vested in their rollover contributions, regular contributions, the Company's safe harbor matching contributions and any earnings thereon. Vesting in the Company's discretionary contributions portion of their account plus the actual earnings related thereto is based on covered years of service as defined. Starting at 2 years of service, participants vest 20% annually in the Plan. A participant is 100% vested after 6 years of credited service.

Notes receivable from participants: Participants may not borrow from their fund accounts. In 2021, the Company acquired 100% of the majority interest in Aegis Treatment Centers, LLC. Participants previously covered under their Plan were able to borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans were secured by the balance in the participant's account and bear interest at a fixed rate as determined by the plan administrator based on local prevailing interest rates. These loans were rolled into the Plan as part of the merger; however, no new loans are allowed. Principal and interest are paid ratably through payroll deductions. All participant loans were paid in full as of December 31, 2025. As of December 31, 2024, outstanding participant loan balances totaled $1,408.

Payment of benefits: Benefits may be distributed to participants, spouses or designated beneficiaries, as appropriate, upon normal retirement (age 65), death, disability, or termination of employment. Prior to termination of service, participants who have attained the age of 59 ½ may make in-service withdrawals from all vested accounts. The Plan provides for certain required minimum distributions commencing at age 72 for certain participants. The Plan provides participants to make emergency withdrawals from the Plan to meet certain hardships. On the termination of service due to any reason other than death, disability or normal retirement, a participant will only be entitled to receive their vested percentage of their account balance under various distribution options offered by the Plan. Upon termination due to death, the participant's vested account balance will be used to provide the participant's beneficiary with a death benefit. Payment options for these death benefits will vary based on the circumstances. Benefits are recorded when paid.

Forfeited accounts: At December 31, 2025 and 2024, the forfeiture balance totaled $19,702 and $19,037, respectively. Any forfeited account balances deriving from employer contributions can be used to offset future employer contributions or Plan expenses. The Plan did not use any forfeitures for the years ended December 31, 2025 and 2024.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The financial statements are prepared using the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (US GAAP).

Estimates - The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and notes to financial statements. Actual results may differ from the amounts reported based upon those certain estimates and assumptions.

Investment valuation and revenue recognition – Investments are reported at fair value (except for group annuity contracts that are valued at contract value) (Note 3 and 5). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions receivable – Participant and employer contributions receivable consist of participant deferrals withheld and employer matching contributions accrued as of December 31, 2025 and 2024, and remitted to the Plan in subsequent years. The Plan does not record an allowance for uncollectible employer contributions receivable.

Income taxes - The Plan received a determination letter from the Internal Revenue Service and is exempt from liability for federal income taxes under Section 401 of the Internal Revenue Code (Note 7).

Administrative Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements and not considered an employer contribution. Plan administration fees and fees related to participant transactions are included in administrative expenses. Investment related fees are included in net appreciation in fair value of investments.

3. FAIR VALUE MEASURES

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

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has 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 other inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2025 and 2024:

Mutual funds – Valued at a quoted market price that is available on an active market.

Group Annuity Contracts – Valued at contract value as defined by the contract.

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

December 31, 2025:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 48,050,533	$ -	$ -	$ 48,050,533
Group Annty. Contracts	-	2,097,606	-	2,097,606
Total Asset Fair Value	$ 48,050,533	$ 2,097,606	$ -	$ 50,148,139

December 31, 2024:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 39,339,952	$ -	$ -	$ 39,339,952
Group Annty. Contracts	-	1,922,080	-	1,922,080
Total Asset Fair Value	$ 39,339,952	$ 1,922,080	$ -	$ 41,262,032

4. CERTIFIED INVESTMENTS

The Plan's investments are held in trust and administered by Voya Retirement Insurance and Annuity Company (VRIAC), as custodians and recordkeepers. All investment information and related investment income disclosed in the accompanying financial statements and supplemental schedules was unaudited and obtained or derived from information supplied by the custodians to the plan administrator.

The investment values of $50,148,139 and $41,262,032 as of December 31, 2025 and 2024, and the net appreciation in fair value of investments of $7,107,251 and $4,475,654 for the years then ended, respectively, were certified as complete and accurate by the custodians.

5. ANNUITY CONTRACTS WITH INSURANCE COMPANIES

The Plan has a fully benefit-responsive group annuity contract with VRIAC. VRIAC maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The value of the contract is determined by the daily crediting of interest which is subject to minimum contractual guarantees. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contracts do not have a maturity date. Non-benefit surrenders from the contract may be subject to surrender charges. At December 31, 2025 and 2024, the guaranteed interest rate was 1.0%.

The Plan's ability to receive amounts due from these contracts is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments (such as amendments to the Plan document, complete or partial Plan termination, merger with another plan, changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, bankruptcy of the plan sponsor and premature termination of the contract). No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contact value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include an uncured violation of the Plan's investment guidelines, a breach of material obligation under the contract, a material misrepresentation, or a material amendment to the agreement without consent of the issuer.

6. PLAN TERMINATION

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

7. TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated March 31, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code and, therefore, the related trust is exempt from taxation. The Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan administrator believes the Plan is being operated in

compliance with the applicable requirements of the Code and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits between the financial statements and Form 5500 as of December 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per the financial statements	$ 50,220,953	$ 41,445,295
Participant contributions receivable included in the financial statements in excess of amount reported on Form 5500	(25,639)	(77,685)
Employer contributions receivable included in the financial statements in excess of amount reported on Form 5500	(47,175)	(104,170)
Net assets available for benefits per Form 5500	$ 50,148,139	$ 41,263,440

The following is a reconciliation of participant elective deferral contributions between the financial statements and Form 5500 as of December 31, 2025 and 2024:

	2025	2024
Participant contributions per the financial statements	$ 5,576,750	$ 4,924,168
Participant contributions receivable, beginning of year	77,685	235,316
Participant contributions receivable in excess of amount reported on Form 5500, end of year	(25,639)	(77,685)
Prior year deferred contributions recognized in current year	-	(23,722)
Participant contributions per Form 5500	$ 5,628,796	$ 5,058,077

The following is a reconciliation of employer matching contributions between the financial statements and Form 5500 as of December 31, 2025 and 2024:

	2025	2024
Employer contributions per the financial statements	$ 2,745,387	$ 2,454,467
Employer contributions receivable, beginning of year	104,170	180,661
Employer contributions receivable in excess of amount reported on Form 5500, end of year	(47,175)	(104,170)
Prior year deferred contributions recognized in current year	-	(10,389)
Employer contributions per Form 5500	$ 2,802,382	$ 2,520,569

9. RISK 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.

10. PARTY-IN-INTEREST TRANSACTIONS

Fees paid during 2025 and 2024 for professional, administrative and custodial services were paid by the Plan based on customary and reasonable rates for services. While these transactions qualify as party-in-interest activity, they are expressly exempt from the prohibited transaction rules. Certain Plan investments are shares of mutual funds and pooled separate accounts managed by Voya Retirement Insurance and Annuity Company. VRIAC is the trustee and recordkeeper as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in the net appreciation in fair value of the related investment. The Plan sponsor paid certain costs of administrating and maintaining the Plan which are not included in these financial statements.

11. SUBSEQUENT EVENTS

The Plan evaluated all subsequent events through October 12, 2026, the date these financial statements were available to be issued. There are no other material subsequent events that require recognition or additional disclosure in these financial statements.

PINNACLE TREATMENT CENTERS EMPLOYEE 401k PLAN

SCHEDULE OF ASSETS HELD FOR INVESMENT PURPOSES AT END OF YEAR (SCHEDULE H, PART IV, LINE 4I) EIN 56-2623168, PLAN NUMBER 001 DECEMBER 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Market Value
	Investments:			
	AB Large Cap Grw Fnd Z	Mutual Funds	**	$ 1,710,232
	All Spring Special Mid Cap Value R6	Mutual Funds	**	69,355
	American Funds 2010 Target Date R6	Mutual Funds	**	294,578
	American Funds 2015 Target Date R6	Mutual Funds	**	784,671
	American Funds 2020 Target Date R6	Mutual Funds	**	476,920
	American Funds 2025 Target Date R6	Mutual Funds	**	1,496,924
	American Funds 2030 Target Date R6	Mutual Funds	**	9,722,585
	American Funds 2035 Target Date R6	Mutual Funds	**	7,779,687
	American Funds 2040 Target Date R6	Mutual Funds	**	4,588,240
	American Funds 2045 Target Date R6	Mutual Funds	**	4,380,507
	American Funds 2050 Target Date R6	Mutual Funds	**	4,319,176
	American Funds 2055 Target Date R6	Mutual Funds	**	3,082,559
	American Funds 2060 Target Date R6	Mutual Funds	**	2,105,975
	American Funds 2065 Target Date R6	Mutual Funds	**	581,965
	American Funds 2070 Target Date R6	Mutual Funds	**	23,122
	American Funds EuroPacific Grw R6	Mutual Funds	**	318,761
	DFA U.S. Targeted Value Port Inst	Mutual Funds	**	122,298
	Fidelity 500 Index Fund	Mutual Funds	**	3,563,629
	Fidelity International Idx Fd	Mutual Funds	**	623,166
	Fidelity Mid Cap Index Fund	Mutual Funds	**	445,654
	Fidelity Sm Cp Ind Fund	Mutual Funds	**	225,373
	MFS Mid Cap Growth Fund R6	Mutual Funds	**	252,155
	MFS Value Fund R6	Mutual Funds	**	366,103
	PIMCO Glbl Adv Str Bd Fd Inst	Mutual Funds	**	177,627
	Putnam Small Cap Growth Fnd R6	Mutual Funds	**	204,783
*	Voya Fixed Account	Group Annuity Contract	**	2,097,606
*	Voya Gov Money Mkt Fnd A	Mutual Funds	**	18,910
*	Voya Intermediate Bond Fund R6	Mutual Funds	**	315,578
	Total Investments			$ 50,148,139

* Party-in-interest as defined by ERISA

** Related cost information has been omitted as all investments are participant-directed.

PINNACLE TREATMENT CENTERS EMPLOYEE 401k PLAN

SCHEDULE OF ASSETS HELD FOR INVESMENT PURPOSES AT END OF YEAR (SCHEDULE H, PART IV, LINE 4I) EIN 56-2623168, PLAN NUMBER 001 DECEMBER 31, 2024

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Market Value
	Investments:			
	AB Large Cap Grw Fnd Z	Mutual Funds	**	$ 1,624,525
	All Spring Special Mid Cap Value R6	Mutual Funds	**	63,218
	American Funds 2010 Target Date R6	Mutual Funds	**	210,950
	American Funds 2015 Target Date R6	Mutual Funds	**	706,386
	American Funds 2020 Target Date R6	Mutual Funds	**	1,031,111
	American Funds 2025 Target Date R6	Mutual Funds	**	1,509,806
	American Funds 2030 Target Date R6	Mutual Funds	**	8,525,050
	American Funds 2035 Target Date R6	Mutual Funds	**	5,979,564
	American Funds 2040 Target Date R6	Mutual Funds	**	3,622,085
	American Funds 2045 Target Date R6	Mutual Funds	**	3,261,836
	American Funds 2050 Target Date R6	Mutual Funds	**	3,247,977
	American Funds 2055 Target Date R6	Mutual Funds	**	2,418,941
	American Funds 2060 Target Date R6	Mutual Funds	**	1,577,937
	American Funds 2065 Target Date R6	Mutual Funds	**	360,667
	American Funds EuroPacific Grw R6	Mutual Funds	**	243,336
	DFA U.S. Targeted Value Port Inst	Mutual Funds	**	122,393
	Fidelity 500 Index Fund	Mutual Funds	**	2,681,400
	Fidelity International Idx Fd	Mutual Funds	**	412,242
	Fidelity Mid Cap Index Fund	Mutual Funds	**	305,522
	Fidelity Sm Cp Ind Fund	Mutual Funds	**	161,087
	MFS Mid Cap Growth Fd R6	Mutual Funds	**	339,712
	MFS Value Fund R6	Mutual Funds	**	314,249
	PIMCO Glbl Adv Str Bd Fd Inst	Mutual Funds	**	121,809
	Putnam Small Cap Growth Fnd R6	Mutual Funds	**	218,615
*	Voya Fixed Account	Group Annuity Contract	**	1,922,080
*	Voya Gov Money Mkt Fnd A	Mutual Funds	**	18,246
*	Voya Intermediate Bond Fund R6	Mutual Funds	**	261,288
	Total Investments			$ 41,262,032
*	Participant Loans	4.25% to 6.5% interest rates, Maturing through 2025		$ 1,408

* Party-in-interest as defined by ERISA

** Related cost information has been omitted as all investments are participant-directed.

PINNACLE TREATMENT CENTERS EMPLOYEE 401k PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
(SCHEDULE H, PART IV, LINE 4A)
EIN 56-2623168, PLAN NUMBER 001
FOR THE YEAR ENDED DECEMBER 31, 2025

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			
Check here if late Participant loan repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	Totally Fully Corrected Under VFCP and PTE 2002-51
-	$ 5,580	$ 28,968	$ -	$ -