

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401K PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1996
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) AFFORDABLE CARE, LLC 629 DAVIS DRIVE SUITE 300 MORRISVILLE, NC 27560
2b	Employer Identification Number (EIN) 56-1505559
2c	Plan Sponsor's telephone number 919-623-9642
2d	Business code (see instructions) 621210

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.	10/11/2024	CINDY KLEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2024	CINDY KLEIN
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4434
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2393 6a(2) 2354 6b 37 6c 1282 6d 3673 6e 29 6f 3702 6g(1) 4327 6g(2) 3557 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2E 2F 2G 2J 2K 2T 2U 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401K PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AFFORDABLE CARE, LLC	D Employer Identification Number (EIN) 56-1505559

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

THE VANGUARD GROUP, INC.

23-1945930

(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)

THE VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 25 37 52 99	NONE	283145	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

CAPFINANCIAL PARTNERS, LLC

26-0058143

(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	NONE	50345	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKMAN & SLOOP

56-1304727

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	23000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AFFORDABLE CARE, LLC</u>	D Employer Identification Number (EIN) <u>56-1505559</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD RETIREMENT SAVINGS TR III</u>				
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>				
c EIN-PN <u>38-7041744-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9931144</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RET 2020 TR II</u>				
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>				
c EIN-PN <u>90-6083982-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4840231</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RET 2025 TR II</u>				
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>				
c EIN-PN <u>90-6083980-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10277336</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RET 2030 TR II</u>				
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>				
c EIN-PN <u>90-6083978-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18068821</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RET 2035 TR II</u>				
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>				
c EIN-PN <u>90-6083976-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23336512</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RET 2040 TR II</u>				
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>				
c EIN-PN <u>90-6083974-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16217076</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RET 2045 TR II</u>				
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>				
c EIN-PN <u>90-6083972-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15794746</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2050 TR II		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083970-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10589581

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2055 TR II		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 27-6715091-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7261392

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2060 TR II		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 45-3799419-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2513153

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2065 TR II		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 82-6194314-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1311390

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2070 TR II		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 87-7039453-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 245842

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET INCOME TR II		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083967-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2220939

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LARGE CAP VALUE FUND; CT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST COMPANY		
c EIN-PN 38-7275332-781	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3718178

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VALUE FUND; CT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST COMPANY		
c EIN-PN 38-4126294-616	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 375844

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

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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401K PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AFFORDABLE CARE, LLC	D Employer Identification Number (EIN) 56-1505559

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

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)	3378745	3372575
(9) Value of interest in common/collective trusts	1c(9)	105960539	126702185
(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)	70028552	83447888
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	179367836	213522648
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	179367836	213522648

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)	7141235	
(B) Participants	2a(1)(B)	13757580	
(C) Others (including rollovers)	2a(1)(C)	1771633	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		22670448
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)	207461	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		207461
(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)	3139449	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3139449
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		17049215
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		12442509
c Other income	2c		58788
d Total income. Add all income amounts in column (b) and enter total	2d		55567870

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20989367	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)	28594	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		21017961
f Corrective distributions (see instructions)	2f		2808
g Certain deemed distributions of participant loans (see instructions)	2g		40289
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	352000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		352000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		21413058

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		34154812
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BALANCE & STRATEGY ADVISORS, CPAS**

(2) EIN: **99-2359763**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401K PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AFFORDABLE CARE, LLC	D Employer Identification Number (EIN) 56-1505559

Part I	Distributions
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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): 23-2186884 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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
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
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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
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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.
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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

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

Schedule R (Form 5500) 2023
v. 230707

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) 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) 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)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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
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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
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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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703218A</u> .	

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401K PLAN	B Three-digit Plan number (PN) ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF AFFORDABLE CARE, LLC	D Administrator's EIN 56-1505559	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer DENNIS D GASKIN DDS PA	2b EIN 20-0546499	2c Percentage of Total Contributions for the Plan Year 0.26	2d Aggregate Account Balances Attributable to Participating Employer 533843
2a Name of Participating Employer C GREGORY MARTIN DDS PA	2b EIN 20-0546675	2c Percentage of Total Contributions for the Plan Year 0.31	2d Aggregate Account Balances Attributable to Participating Employer 905586

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES GAINESVILLE PA	20-1011283	0.26	1541846
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LARISSA M MASTRO DDS PA	20-1013600	0.28	1442599
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JAY QUIGLEY DDS PA	20-1044598	0.09	1395401
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES MADISON SC	20-1749472	0.11	1196366
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REUBEN R LITTLE DDS PC	20-3466250	0.09	283005
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES TAMPA PA	20-3467207	0.28	1225282
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VALERIE H WASHINGTON DDS A PROFESSIONAL DENTAL CORPORATION	20-3615727	0.21	1256774
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MICHAEL W SANT DMD PC	20-4063389	0.16	368957
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES COLUMBUS II PC	20-4983916	0.03	382334

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES ALBUQUERQUE PC	20-5443404	0.35	1397162
AFFORDABLE DENTURES WEST PALM BEACH PA	20-5560496	0.14	280681
P HIRAM RODRIGUEZ DDS A PROFESSIONAL CORPORATION	20-5645689	0.41	232173
AFFORDABLE DENTURES SARASOTA PA	20-5918405	0.23	131921
AFFORDABLE DENTURES JACKSONVILLE PA	20-8367801	0.27	121249
AFFORDABLE DENTURES COVINGTON PC	20-8640824	0.26	2094336
AFFORDABLE DENTURES SUN CITY PC	20-8755392	0.39	663156
AFFORDABLE DENTURES DAYTONA BEACH PA	26-0591393	0.03	365743
LISA D PATRICK DDS PC	26-0591645	0.23	1329868

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHER Y CHANG DMD PC	26-1085858	0.34	954299
AFFORDABLE DENTURES MYRTLE BEACH PC	26-1398014	0.15	1324354
AFFORDABLE DENTURES EWING HYEUN KIM DMD A PROFESSIONAL ASSOCIATION	26-2606304	0.05	528770
KENNETH D SULLIVAN DMD PC	26-3060155	0.20	77115
AFFORDABLE DENTURES ROCHESTER II PC	26-3374613	0.02	102095
AFFORDABLE DENTURES EAU CLAIRE SC	26-3685324	0.28	625126
DIXIE DENTAL CENTER PC	26-3827888	0.37	1839362
KAREN T MAYS DDS PC	26-3965399	0.15	774880
AFFORDABLE DENTURES ZANESVILLE MARK H CLEARY DDS INC	27-1524930	0.38	247167

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHERRI J DALE MCGEE DDS PC	27-1559296	0.03	145003
MESFIN ZELLEKE DDS PC	27-2481938	0.23	998980
DR GERALD L FAIRCHILD PSC	27-2655321	0.13	357124
AFFORDABLE DENTURES AUGUSTA II PC	27-3040978	0.17	1112539
LYNNE C FAXIO DDS PC	27-3088417	0.23	849371
AFFORDABLE DENTURES ROCK HILL PC	27-3480753	0.08	608711
AFFORDABLE DENTURES WILSONVILLE PC	27-4150440	0.42	1251360
AFFORDABLE DENTURES AMERICAN FORK PC	27-5545594	0.04	34527
CHRISTOPHER A PARKS DDS PC	27-5555555	0.21	384940

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES TERRE HAUTE PC	30-0103692	0.04	1046139
AFFORDABLE DENTURES ROCKFORD PC	30-0116084	0.42	671867
WALTER J WULF DDS PA	34-2001651	0.30	319103
AFFORDABLE DENTURES FRANKLIN PC	35-1981451	0.13	317458
AFFORDABLE DENTURES SOUTH BEND PC	35-2007676	0.26	3429495
AFFORDABLE DENTURES COLUMBIA PC	37-1708962	0.32	503976
AFFORDABLE DENTURES DECATUR PC	38-3656095	0.25	454036
BEVERLY GOODMAN DDS PC	45-4516842	0.10	284080
DEANDRAE W ALEXANDER DDS PA	45-5358507	0.24	561457

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DENNIS D GASKIN DDS PC	46-0589172	0.03	217467
MARVO C ODDS DDS PC	46-1163560	0.32	855283
CHRISTOPHER BRETT ORR DDS PC	46-2486912	0.25	415371
KIM T VAN DMD II PA	46-2905266	0.10	411748
FLOYD BAGWELL III DDS PC	46-4079220	0.15	411276
JENNIFER C SMITH DDS PA	46-4301037	0.24	432399
LI MIN HOU DDS A PROFESSIONAL CORPORATION	46-4831307	0.18	499347
AFFORDABLE DENTURES STOCKBRIDGE PC	46-5273725	0.20	541886
AFFORDABLE DENTURES BROOK PARK BRIAN W REDDITT DMD INC	47-1449445	0.29	428371

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES MESA PC	47-1464481	0.23	352637
KASEY FARAH DDS PC	47-2468294	0.01	29575
AUSTIN HOANG DDS PA	47-2709384	0.18	331688
AFFORDABLE DENTURES WICHITA PA	47-3273001	0.29	550104
AFFORDABLE DENTURES NORWOOD SHERRY SENTERS DMD INC	47-3317809	0.28	318090
AFFORDABLE DENTURES OAK PARK PC	47-3414298	0.03	27407
JAMIAH DAWSON DDS PC	47-3573398	0.03	77190
HAITHAM MOSLY DMD A PROFESSIONAL CORPORATION	47-3613730	0.20	357129
AFFORDABLE DENTURES MILWAUKEE III SC	47-4035133	0.19	316898

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES CARROLLTON II PC	47-4563943	0.24	495565
2a Name of Participating Employer JENNIFER ALSTONSAKO DDS PC	54-1606728	0.21	798032
2a Name of Participating Employer DR STEVEN B NICHOLAS LTD	55-0717921	0.19	55720
2a Name of Participating Employer AFFORDABLE DENTURES BLUFF CITY PC	56-1477739	0.64	1959189
2a Name of Participating Employer AFFORDABLE CARE LLC	56-1505559	13.55	29812088
2a Name of Participating Employer AFFORDABLE DENTURES COOKEVILLE PC	56-1591329	0.24	3450024
2a Name of Participating Employer AFFORDABLE DENTURES DENTAL LABORATORIES	56-1678938	12.53	32622688
2a Name of Participating Employer ERIC Y LEE DDS PC	56-1865764	0.40	2784767
2a Name of Participating Employer AFFORDABLE DENTURES ALBERTVILLE PC	56-2175595	0.27	331501

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DONOVAN SMITH DDS A PROFESSIONAL DENTAL CORPORATION	56-2222243	0.25	1981859
AFFORDABLE DENTURES HUNTSVILLE PC	56-2266001	0.12	621264
JOHN J DOYLE DDS PC	56-2290907	0.23	2694650
AFFORDABLE DENTURES SAVANNAH PC	58-2543589	0.11	1129350
VANITA D FARROW DMD PSC	61-1286313	0.04	234632
RONALD A GRAVIL DMD PSC	61-1297052	0.20	597000
LEOTIS RICHARDSON III DDS PC	71-0887152	0.21	658548
AFFORDABLE DENTURES GREENVILLE PC	80-0875482	0.36	891519
AFFORDABLE DENTURES AND IMPLANTS AURORA PC	81-0715264	0.40	377188

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS GRANDVILLE PC	81-1695639	0.29	199958
JOSEPH BOONE DMD PC	81-2248691	0.47	797577
MARLON HANLEY DDS A PROFESSIONAL DENTAL CORPORATION	81-3702149	0.14	269829
AFFORDABLE DENTURES BOARDMAN RONALD L GREGO DMD INC	81-3721190	0.10	214924
GIAO H LE DDS PA	81-4196382	0.18	386420
JOVIAN S MONETTE DDS A PROFESSIONAL DENTAL CORPORATION	81-4269586	0.05	228752
COREY ANDERSON DDS LTD	81-4604212	0.21	615158
DAVID M PEREZ DMD PC	81-5136123	0.22	526603
TROY SIMMONS DDS PA	81-5155200	0.21	434576

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BAHRU S NURE DDS PC	82-0746574	0.34	374133
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MICHAEL DOE DMD PC	82-0843372	0.21	356746
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOLLIS LEE JONES DDS PA	82-1902251	0.27	267983
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES COLUMBUS BINAL PATEL DDS INC	82-2004151	0.19	248672
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS ANDERSON PC	82-2086130	0.07	265898
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MICHAEL ST A BROWN DDS PC	82-2188497	0.24	212677
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS DOTHAN PC	82-2552669	0.15	87082
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS MUNCIE PC	82-4057477	0.31	294330
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHAUN P OHEARN DDS PA	82-4309001	0.34	2065080

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ISMAIL JOLAOSO DDS PC	82-4621766	0.21	296272
AFFORDABLE DENTURES AND IMPLANTS JEFFERSONVILLE PC	82-4689553	0.01	15650
AFFORDABLE DENTURES AND IMPLANTS TOPEKA PA	82-4779823	0.25	208739
AFFORDABLE DENTURES AND IMPLANTS PELL CITY PC	82-4964246	0.10	494178
CHARLES CORDOVA DDS PC	82-5417394	0.08	157659
AFFORDABLE DENTURES AND IMPLANTS LAFAYETTE II PC	83-0627767	0.16	76957
AFFORDABLE DENTURES AND IMPLANTS KENOSHA SC	83-0773366	0.15	132516
AFFORDABLE DENTURES AND IMPLANTS FORT PAYNE PC	83-1012558	0.16	122185
AFFORDABLE DENTURES AND IMPLANTS PORT CHARLOTTE PA	83-1055888	0.24	400307

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS OVERLAND PARK PA	83-1165401	0.13	163514
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES ST CLAIRSVILLE HARKIRAN KAUR DDS INC	83-1216716	0.21	566384
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS DES MOINES PC	83-1354520	0.14	216817
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS PANAMA CITY PA	83-1399328	0.22	300294
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS NORTHGLENN PC	83-1592441	0.03	32831
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS TUCSON PC	83-1881571	0.21	117644
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS MERRILLVILLE II PC	83-2228729	0.09	83507
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAHMOUD AMINE DDS PC	83-2229331	0.20	370768
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS FAIRVIEW HEIGHTS II PC	83-2231102	0.12	167134

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS LENOIR CITY III PC	83-2237286	0.58	1210348
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES CHILLICOTHE HUSAM NAJAH BDS INC	83-2503824	0.01	41202
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS EVANSVILLE PC	83-2652875	0.20	304880
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS DAWSONVILLE PC	83-2861313	0.23	911132
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TALYA MINTZ DDS PA	83-2907379	0.05	76465
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS RIVERDALE II PC	83-2983352	0.31	314099
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AUDUBON STEPHANIE HARDING DDS PA	83-3064424	0.05	207455
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES VINELAND STEPHANIE HARDING DDS PA	83-3070724	0.04	49472
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS LEESBURG II PA	83-3164281	0.20	189066

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES PHOENIX BETHANY HOME II PC	83-3239586	0.18	159524
AFFORDABLE DENTURES AND IMPLANTS COLORADO SPRINGS II PC	83-3431657	0.24	479132
AFFORDABLE DENTURES AND IMPLANTS DALTON PC	83-3450589	0.07	1435800
AFFORDABLE DENTURES AND IMPLANTS BEND PC	83-3688045	0.02	24037
AFFORDABLE DENTURES AND IMPLANTS LAKE MARY II PA	83-3819807	0.52	298605
AFFORDABLE DENTURES AND IMPLANTS ORLANDO IV PA	83-3850468	0.23	239504
AFFORDABLE DENTURES AND IMPLANTS FORT WORTH PA	83-4144487	0.13	40870
AFFORDABLE DENTURES AND IMPLANTS WEST MELBOURNE II PA	83-4272440	0.37	488808
AFFORDABLE DENTURES AND IMPLANTS MORRISTOWN III PC	83-4280775	0.21	155229

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CALVIN WILSON DDS PC	83-4363979	0.19	100579
KENNETH KILLPACK DDS PC	83-4421193	0.03	106084
AFFORDABLE DENTURES AND IMPLANTS LAKELAND PA	83-4580559	0.20	193405
AFFORDABLE DENTURES AND IMPLANTS FOLSOM PC	83-4614911	0.18	94503
NICOLE JACKSON DDS A PROFESSIONAL DENTAL CORPORATION	84-1969122	0.16	63163
DANIEL DRISKILL DDS PA	84-2106673	0.36	1263022
AFFORDABLE DENTURES AND IMPLANTS DENTON PA	84-2115517	0.14	102604
LEONARD MCELROY BROWN JR DDS PA	84-2131581	0.21	156425
CALVIN WILSON DDS A PROFESSIONAL SERVICE CORPORATION	84-2132510	0.26	782019

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THOMAS KENNEDY DDS OF ARKANSAS II PLLC	84-2172508	2.21	3549919
AFFORDABLE DENTURES AND IMPLANTS KENTUCKY PLLC	84-2190480	0.58	401925
STEPHEN GANT DDS PA	84-2214956	0.23	136036
THOMAS KENNEDY DDS OF LOUISIANA II A PROFESSIONAL DENTAL LLC	84-2219553	1.47	3205859
THOMAS KENNEDY DDS OF MISSOURI II LLC	84-2275723	3.21	4498769
STEPHANIE HARDING DDS OF MISSISSIPPI II PLLC	84-2290219	0.84	2347089
HEATH BRYAN COLEMAN DDS OF OKLAHOMA II PLLC	84-2320244	3.26	5777180
AFFORDABLE DENTURES AND IMPLANTS TENNESSEE PLLC	84-2331114	1.14	898359
AFFORDABLE DENTURES AND IMPLANTS ALABAMA LLC	84-2349096	0.06	228137

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEVAREMENT SOURCING SOLUTIONS LLC	84-2405413	1.56	1153455
ERIN PALMREUTER DDS PC	84-2485768	0.13	77709
AFFORDABLE DENTURES AND IMPLANTS PUEBLO PC	84-2635217	0.02	23742
ALAN RODRIGUEZ DDS PA	84-2944745	0.01	16309
ADAM E THOMPSON DMD PSC	84-2975107	0.17	1112174
AFFORDABLE DENTURES AND IMPLANTS KISSIMMEE II PA	84-3071957	0.16	81530
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA PLLC	84-3224068	2.18	2286510
AFFORDABLE DENTURES AND IMPLANTS LAKEWOOD III PC	84-3304847	0.04	128584
BEVERLY RICE DDS PA	84-3353364	0.14	210347

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS TEXAS PLLC	84-3357563	8.61	10781632
AFFORDABLE DENTURES AND IMPLANTS DULUTH PC	84-3418238	0.16	241275
AFFORDABLE DENTURES AND IMPLANTS CHATTANOOGA II PC	84-3453570	0.21	390132
AFFORDABLE DENTURES AND IMPLANTS FORT COLLINS III PC	84-3494324	0.06	105048
AFFORDABLE DENTURES AND IMPLANTS DICKSON II PC	84-3707391	0.19	83909
BYRON NOVOSAD DDS PA	84-3719517	0.04	11256
AFFORDABLE DENTURES AND IMPLANTS NASHVILLE II PC	84-3755058	0.06	402972
AFFORDABLE DENTURES AND IMPLANTS BETHLEHEM PC	84-4210225	0.28	202485
LACY MANKIN DDS PA	84-4283349	0.05	46689

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS OF GEORGIA LLC	84-4668252	0.27	95088
KATHERINE JONES DDS PA	84-4753715	0.16	74652
MARK A MCCATTY DMD PA	84-4784426	0.16	302770
AFFORDABLE DENTURES AND IMPLANTS MINNEAPOLIS III PC	84-4956736	0.14	187216
AFFORDABLE DENTURES AND IMPLANTS OCALA PA	84-5092365	0.20	125707
AFFORDABLE DENTURES AND IMPLANTS CEDAR RAPIDS IV PC	84-5134687	0.15	548058
AFFORDABLE DENTURES AND IMPLANTS AVON PARK PA	85-1209232	0.23	233311
DANIEL STACKOWICZ DDS PC	85-1350680	0.02	113212
AFFORDABLE DENTURES AND IMPLANTS WINTER HAVEN II PA	85-1518416	0.19	169091

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES EAST COLUMBUS FENG CHANG DDS INC	85-1682505	0.01	31235
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NIRJAL PATEL DMD PA	85-1825314	0.24	767805
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS SHOREWOOD II PC	85-1892742	0.09	95132
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS FORT MYERS PA	85-1947454	0.31	470486
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS OF GEORGIA II LLC	85-2075575	0.32	460406
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS NEW PORT RICHEY II PA	85-2076984	0.19	364389
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS ALBANY II PC	85-2095865	0.13	88731
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS KALAMAZOO PC	85-2685145	0.20	127204
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROGER B WEI DDS A PROFESSIONAL CORPORATION	85-2800896	0.09	287976

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS PHILADELPHIA III PC	85-3596335	0.08	211840
AFFORDABLE DENTURES AND IMPLANTS SOUTH CAROLINA LLC	85-3783159	0.21	251969
AFFORDABLE DENTURES AND IMPLANTS FLORIDA PLLC	85-3814984	0.08	13610
STEPHANIE K HARDING DDS PC	85-3891584	0.40	349290
ROLANDO REYES RODRIGUEZ DMD PC	85-4067760	0.14	79689
AFFORDABLE DENTURES MENTOR NATALIE FARBER DDS INC	86-1434210	0.25	538334
AFFORDABLE DENTURES LIMA BRIAN REDDITT DMD INC	86-1818874	0.02	19720
AFFORDABLE DENTURES AND IMPLANTS ORLAND PARK II PC	86-2213894	0.18	176928
AFFORDABLE DENTURES AND IMPLANTS EAST AUGUSTA PC	86-2249458	0.24	306267

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AFFORDABLE DENTURES AND IMPLANTS ILLINOIS PLLC	86-2497970	0.27	153963
AFFORDABLE DENTURES AND IMPLANTS NY PC	86-2524758	0.16	92125
RUBY NAH DDS PC	86-2734880	0.01	29
STEPHANIE K HARDING DDS PA	86-2999515	0.01	15634
AFFORDABLE DENTURES FOREST PARK MONTHER HAMDAN DDS INC	86-3437277	0.03	7090
LYNN GILBERT DDS MPH LTD	86-3787430	0.27	130660
AFFORDABLE DENTURES DAYTON MICHAEL A SULLIVAN DDS INC	87-1177477	0.05	86547
AFFORDABLE DENTURES AND IMPLANTS MACON PC	87-1251918	0.02	62114
AFFORDABLE DENTURES AND IMPLANTS FLORIDA II PLLC	87-1275282	0.69	416796

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AFFORDABLE DENTURES AND IMPLANTS WEST ATLANTA II PC	87-1713545	0.19	223104
AFFORDABLE DENTURES AND IMPLANTS VALDOSTA IV PC	87-1921221	0.01	30734
AFFORDABLE DENTURES AND IMPLANTS NEW JERSEY LLC	87-2245553	0.01	27028
AFFORDABLE DENTURES AND IMPLANTS MCDONOUGH IV PC	87-2432571	0.05	44970
AFFORDABLE DENTURES AND IMPLANTS KOKOMO III PC	87-2731154	0.20	78468
AFFORDABLE DENTURES AND IMPLANTS LYNCHBURG PC	87-3032219	0.20	112214
AFFORDABLE DENTURES AND IMPLANTS OHIO LLC	87-3061430	0.23	168819
AFFORDABLE DENTURES AND IMPLANTS MAPLEWOOD PC	87-3078646	0.01	37773
AFFORDABLE DENTURES AND IMPLANTS WEST ASHLEY PC	87-3167301	0.18	155330

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AFFORDABLE DENTURES AND IMPLANTS MICHIGAN PLLC	87-3190508	0.19	44998
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROGER WEI DDS A PROFESSIONAL CORPORATION	87-3333742	0.02	2987
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS WEST ST PAUL IV PC	87-3504568	0.16	264518
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHAUN OHEARN DDS PLLC	87-3897874	0.41	194331
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS NORTH DAKOTA II PLLC	87-3911404	0.26	214976
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS EAST INDIANAPOLIS III PC	87-4391533	0.03	44189
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS LAGRANGE PC	87-4393507	0.09	47570
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TIFFANY WHITE PARKER DDS PA	87-4448095	0.10	486595
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOHEIL KARBASSI DMD PA	87-4585265	0.15	36330

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS WEEKI WACHEE PA	87-4806680	0.10	41514
AFFORDABLE DENTURES AND IMPLANTS ALBANY GA II PC	88-0583745	0.02	173054
AFFORDABLE DENTURES AND IMPLANTS CLEARWATER III PA	88-1159081	0.24	97291
DANNY J HOLTZCLAW DDS A PROFESSIONAL CORPORATION	88-1271106	0.38	93518
KEITH FETTEROLF DMD PA	88-1595656	0.19	77459
KALYANI STARR DDS PA	88-1596342	0.21	92410
HYUNG WON LEE DDS PA	88-1597044	0.33	2436260
AFFORDABLE DENTURES AND IMPLANTS BLOOMINGTON IV PC	88-1890836	0.03	47468
AFFORDABLE DENTURES AND IMPLANTS PETERSBURG II PA	88-2169799	0.19	78338

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MICHAEL KIMBLE DMD PC	88-2257023	0.15	37301
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOHAMMED ALROSHAI DAN DDS A PROFESSIONAL CORPORATION	88-2790254	0.19	106173
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS PEORIA PC	88-3248529	0.08	26595
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARIZONA DENTAL AFFILIATES PLLC	88-3305010	0.39	87230
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS DULUTH GA II PC	88-3434793	0.17	38640
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YUJIN LEE DMD PC	88-3502059	0.06	18520
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS FORT WAYNE III PC	88-3529036	0.20	362243
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS OAK RIDGE PC	88-3889565	0.18	12196
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS PALM COAST PA	88-3948081	0.17	51587

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS BRADENTON PA	88-4230797	0.18	132295
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WILLIAM JEONG DDS PA	92-0321286	0.04	28681
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLINICAL PATHWAY AZ PLLC	92-0327866	0.35	78497
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLORADO DENTAL AFFILIATES PLLC	92-0350727	0.62	587338
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS TALLAHASSEE IV PA	92-0628329	0.18	143676
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS CHESTER PC	92-0836640	0.20	89842
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALI SHOJANIA DDS PC	92-0926694	0.02	15446
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS NEWMAN PC	92-1368524	0.20	53100
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS TEXAS II PLLC	92-1403318	0.06	14596

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS SPEEDWAY IV PC	92-1467785	0.05	11778
AFFORDABLE DENTURES AND IMPLANTS CHRISTIANSBURG PC	92-1515056	0.01	5524
AFFORDABLE DENTURES AND IMPLANTS GREENWOOD III PC	92-1629677	0.02	69373
BINH NGO DDS PA	92-1634340	0.06	14174
AFFORDABLE DENTURES AND IMPLANTS OF GEORGIA III LLC	92-1683824	0.01	339
TERA NIX DDS PA	92-1976968	0.30	246968
AFFORDABLE DENTURES AND IMPLANTS SMYRNA PC	92-2154797	0.07	66635
TALYA T MINTZ DDS PA	92-2174193	0.06	97028
AFFORDABLE DENTURES EAST COLUMBUS HATIM LEGHUEL BDS INC	92-2232581	0.12	51617

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS DANVILLE II PC	92-2327314	0.01	15080
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ERIC HUI DMD PC	92-2331426	0.13	35546
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS MOBILE II PC	92-2517005	0.11	51198
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS TEXAS IV PLLC	92-2735047	0.12	100735
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS NE COLUMBIA PC	92-2776651	0.01	1116
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JAMES OHM DMD PA	92-2777421	0.02	24299
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA III PLLC	92-2844277	0.03	2307
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS NORTH CHARLESTON PC	92-3312776	0.12	30635
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS VIRGINIA II PLLC	92-3315044	0.10	23960

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS FISHERS PC	92-3338333	0.01	2281
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALI NILI DMD PA	92-3400673	0.09	49219
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KALYANI VELLANKI STARR DDS PA	92-3467383	0.05	11448
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS DESTIN II PA	92-3591702	0.02	8065
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS CARTERSVILLE PC	92-3893223	0.07	36301
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS BLOOMINGTON V PC	92-3970998	0.01	29198
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS SPARTANBURG PC	93-1622784	0.04	11453
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS MENOMONEE FALLS III SC	93-1843204	0.01	5424
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS TEXAS VI PLLC	93-1938135	0.05	12305

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES EWING STEPHANIE HARDING DDS PA	93-2133251	0.08	45401
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DR JUSTIN MOODY PLLC	93-2177913	0.03	8642
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES TOLEDO JAAFAR ACHKAR DDS INC	93-2406933	0.13	257892
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DANIEL J STACKOWICZ DDS PC	93-2736099	0.01	4148
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
USDM ACI CORP	93-3046523	0.06	55377
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☒ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____



INDEPENDENT AUDITOR'S REPORT

Page 1 of 4

To the Plan Administrator
Affordable Care, LLC Multiple Employer 401(k) Plan

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

We have performed an audit of the accompanying financial statements of Affordable Care, LLC Multiple Employer 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

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

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Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Balance & Strategy

Chapel Hill, North Carolina
October 11, 2024

**AFFORDABLE CARE, LLC
MULTIPLE EMPLOYER 401(k) PLAN**

**AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

**AS OF DECEMBER 31, 2023 AND 2022
AND FOR THE YEAR ENDED DECEMBER 31, 2023**



Everyone deserves to love their smile.

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INDEPENDENT AUDITOR'S REPORT

Page 1 of 4

To the Plan Administrator
Affordable Care, LLC Multiple Employer 401(k) Plan

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

We have performed an audit of the accompanying financial statements of Affordable Care, LLC Multiple Employer 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

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

BALANCE & STRATEGY ADVISORS, CPAS LLP

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Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Balance & Strategy

Chapel Hill, North Carolina
October 11, 2024

AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401(k) PLAN

**STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS**

EXHIBIT A

December 31, 2023 and 2022

	2023	2022
ASSETS:		
Investments, at fair value	\$ 200,218,929	\$ 166,145,588
Investments, at net asset value	9,931,144	9,843,504
Receivables:		
Notes receivable from participants	3,589,202	3,568,879
Employee contributions	361,280	297,161
Employer contributions	<u>198,957</u>	<u>161,401</u>
Total receivables	<u>4,149,439</u>	<u>4,027,441</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 214,299,512</u></u>	<u><u>\$ 180,016,533</u></u>

The accompanying Notes to Financial Statements are an integral part of these statements.

AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401(k) PLAN

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

EXHIBIT B

For the Year Ended December 31, 2023

CHANGES TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net appreciation in fair value of investments	\$ 29,230,598
Dividends	3,400,574
Other income	<u>157,067</u>
Net investment return	<u>32,788,239</u>

Interest income on notes receivable from participants	<u>207,022</u>
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Contributions:

Employer	7,180,105
Participants	13,821,406
Rollovers	<u>1,771,633</u>
Total contributions	<u>22,773,144</u>

Deductions:

Benefits paid to participants	(21,034,566)
Administrative expenses	<u>(450,860)</u>
Total deductions	<u>(21,485,426)</u>

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	34,282,979
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NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>180,016,533</u>
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NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 214,299,512</u></u>
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The accompanying Notes to Financial Statements are an integral part of these statements.

**AFFORDABLE CARE, LLC
MULTIPLE EMPLOYER 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS

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A. DESCRIPTION OF THE PLAN

The following description of Affordable Care, LLC (the “Company”) Multiple Employer 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description or Plan document for a more complete description of the Plan’s provisions.

1. General. The Plan is a defined contribution plan covering all employees of the Company who have completed two consecutive months of service as defined by the Plan. The Investment Committee of the Company controls and manages the operation and administration of the Plan. Vanguard Fiduciary Trust Company (“Vanguard”) serves as the trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).
2. Contributions. Each year, participants may contribute up to 50% of pre-tax and/or Roth annual compensation, as defined by the Plan, subject to Internal Revenue Code (“IRC”) limitations. The limit for 2023 is \$22,500, with an additional “catch-up contribution” of \$7,500 allowed for participants who have attained age 50 before the end of the Plan year. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. After completing twelve months of service, the Company provides a safe harbor match equal to 100% of the first 4% of base compensation that a participant contributes to the Plan. The Company may also make a discretionary, non-elective contribution, regardless of whether or not employees elected to defer any of their compensation. There were no discretionary contributions in the year ended December 31, 2023.
3. Participant accounts. Each participant’s account is credited with the participant’s contribution and Company contributions, if any, as well as allocations of Plan earnings (losses). Participant accounts are charged with benefit payments and allocations of administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.
4. Vesting. Participants are immediately vested in their accounts upon their effective date of participation, and are immediately vested in safe harbor matching contributions at the time they are eligible for the safe harbor match.
5. Notes receivable from participants. Participants may borrow from their accounts the lesser of 50% of their vested account balance or \$50,000 with a minimum loan amount of \$1,000. Loan terms range from 1-5 years, or a reasonable time determined at the time of the loan for the purchase of a primary residence. The loans are secured by the balance in the participant’s account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest is paid ratably through payroll deductions.
6. Investment options. Upon enrollment in the Plan, a participant may direct contributions to their account to any combination of investment options, which includes mutual funds, a money market fund, and a common collective trust. Participants may change their investment options daily.

**AFFORDABLE CARE, LLC
MULTIPLE EMPLOYER 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS

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A. DESCRIPTION OF THE PLAN (CONTINUED)

7. Payment of benefits. Upon termination of service due to death, disability, or retirement, a participant whose account exceeds \$5,000 may elect either to receive a lump-sum payment, or to leave that amount in the Plan until distributions are required or requested. Accounts of participants that do not exceed \$5,000 will be paid out in a lump sum as soon as administratively possible after termination of service.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of accounting. The financial statements of the Plan are prepared under the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").
2. Estimates. The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates and assumptions, and those differences may be material.
3. Investment valuation and income recognition. Investments are reported at fair value. Fair value is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., the exit price). The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

4. Notes receivable from participants. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable is recognized using the interest method. Related fees are recorded as administrative expenses and are expensed when they are incurred. Participants are not allowed to take out a loan in excess of half of the fair value of the vested interest in their account. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. Plan Management does not consider an allowance for credit losses to be necessary based on the nature of the receivables.
5. Benefits. Benefits are recorded when paid.

**AFFORDABLE CARE, LLC
MULTIPLE EMPLOYER 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS

Page 3 of 8

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

6. Administrative expenses. The Plan's administrative expenses are paid by the Plan, as provided by the Plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Expenses relating to specific participant transactions (participant loans and distributions) are charged directly to the participant's account.

Several of the investment fund options are subject to investment fees based on a percentage of invested assets, as disclosed in the funds' prospectus. All such fees are charged directly against the funds' investment performance and thus are not separately disclosed in the accompanying financial statements. These fees are included in net appreciation of fair value of investments.

C. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The accompanying financial statements and supplemental schedules include the following unaudited information as of December 31, 2023 and 2022, and for the year ended December 31, 2023, that was obtained from data that has been prepared and certified as complete and accurate by the Plan's trustee.

	2023	2022
Investments, at fair value	\$ 200,218,929	\$ 166,145,588
Investments, at net asset value	9,931,144	9,843,504
Notes receivable from participants	3,589,202	3,568,879
Net appreciation in fair value of investments	29,230,598	
Dividends	3,400,574	
Interest income on notes receivable from participants	207,022	
Other income	157,067	

The certification mentioned above includes all investment information discussed in Note D and in the supplemental schedule.

**AFFORDABLE CARE, LLC
MULTIPLE EMPLOYER 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS

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D. FAIR VALUE OF ASSETS

U.S. GAAP establishes a framework for measuring fair value that includes a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1 – Inputs to the valuation methodology are quoted, unadjusted prices in active markets for identical assets that the Plan can access at the measurement date.

Level 2 – Inputs other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, such as quoted prices for similar assets in active or inactive markets, inputs other than quoted prices that are observable for the asset, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Pricing inputs are unobservable and include situations where there is little, if any, market activity for the investment. Fair value for these investments is determined using valuation methodologies that consider a range of factors including, but not limited to, the price at which the investment was acquired, the nature of the investment, local market conditions, trading values on public exchanges for comparable securities, current and projected operating performance and financing transactions subsequent to the acquisition of the investment. The inputs into the determination of fair value require significant management judgment. Due to the inherent uncertainty of these estimates, these values may differ materially from the values that would have been used had a ready market for these investments existed.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment, and considers factors specific to the investment.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

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

**AFFORDABLE CARE, LLC
MULTIPLE EMPLOYER 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS

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D. FAIR VALUE OF ASSETS (CONTINUED)

Retirement Savings Trust Fund – A stable value fund that is composed of traditional and synthetic investment contracts that is valued at the net asset value of units of the collective trust. The Plan uses the net asset value per unit, as determined by Vanguard, as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value on a recurring basis as of December 31, 2023 and 2022. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 200,022,555	\$ -	\$ -	\$ 200,022,555
Money market fund	196,374	-	-	196,374
Total investments in fair value hierarchy	200,218,929	-	-	200,218,929
Investments measured at net asset value*				9,931,144
Total investments	<u>\$ 200,218,929</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 210,150,073</u>
	Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 165,945,385	\$ -	\$ -	\$ 165,945,385
Money market fund	200,203	-	-	200,203
Total investments in fair value hierarchy	166,145,588	-	-	166,145,588
Investments measured at net asset value*				9,843,504
Total investments	<u>\$ 166,145,588</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 175,989,092</u>

*In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

**AFFORDABLE CARE, LLC
MULTIPLE EMPLOYER 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS

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D. FAIR VALUE OF ASSETS (CONTINUED)

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2023 and 2022, respectively. The redemption notice period is applicable only to the Plan.

December 31, 2023				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust fund	\$ 9,931,144	n/a	Daily	30 days

December 31, 2022				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust fund	\$ 9,843,504	n/a	Daily	30 days

E. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are mutual funds managed by Vanguard. Vanguard is the trustee as defined by the Plan, and therefore, these transactions qualify as exempt party-in-interest transactions.

Fees paid by the Plan to Vanguard for administrative services totaled \$450,860 for the year ended December 31, 2023.

F. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits between the financial statements and Schedule H of Form 5500 for the years ended December 31:

	2023	2022
Net assets available for benefits per financial statements	\$ 214,299,512	\$ 180,016,533
Prior years deemed distributions	(190,135)	(183,228)
Current year deemed distributions	(40,288)	(19,955)
Current year distributions deemed in prior years	13,796	13,048
Employee contributions receivable not on 5500	(361,280)	(297,161)
Employer contributions receivable not on 5500	(198,957)	(161,401)
Net assets available for benefits per Form 5500	<u>\$ 213,522,648</u>	<u>\$ 179,367,836</u>

**AFFORDABLE CARE, LLC
MULTIPLE EMPLOYER 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS

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F. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

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

Increase in net assets available for benefits per financial statements	\$ 34,282,979
Employee contributions receivable not on 5500	(361,280)
Employer contributions receivable not on 5500	(198,957)
Prior year employee contributions receivable not on 5500	297,161
Prior year employer contributions receivable not on 5500	161,401
Current year deemed distributions	(40,288)
Increase in distributions due to deemed distributions	<u>13,796</u>
 Increase in net assets available for benefits per Form 5500	 <u><u>\$ 34,154,812</u></u>

G. 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 would become 100% vested in their employer contributions.

H. TAX STATUS

The Plan is relying on the Internal Revenue Service (“IRS”) approval of the non-standardized prototype plan that it is utilizing. The IRS has determined and informed the custodian by a letter dated June 30, 2020, that the prototype plan document was designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and Plan’s tax counsel believes that the Plan is designed, and currently being operated, in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes that the Plan is qualified, and the related trust is tax-exempt.

I. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, credit risks, and overall market volatility. 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 statements of net assets available for benefits.

**AFFORDABLE CARE, LLC
MULTIPLE EMPLOYER 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS

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J. RECLASSIFICATIONS

Certain reclassifications have been made to amounts previously reported in the 2022 financial statements in order to conform to 2023 presentation. Such reclassifications had no effect on net assets.

K. SUBSEQUENT EVENTS

Management has evaluated subsequent events for recognition or disclosure through October 11, 2024, the date that the financial statements were available to be issued. Management did not identify any events that occurred subsequent to year-end that require disclosure in the financial statements.

SUPPLEMENTAL INFORMATION
For the Year Ended December 31, 2023

SCHEDULE 1

Affordable Care, LLC Multiple Employer 401(k) Plan
 EIN: 56-1505559 Plan No. 001
 Form 5500, Schedule H, Line 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2023

(a) Party-in-Interest	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
	<i>Cash or cash equivalents:</i>			
*	Vanguard	Cash Reserves Federal Money Market Fund	\$ -	\$ 196,374
	<i>Mutual funds:</i>			
*	Vanguard	Institutional Index Fund	-	26,620,970
*	Vanguard	Target Retirement 2035 Fund	-	23,336,512
*	Vanguard	PRIMECAP Fund	-	23,215,358
*	Vanguard	Target Retirement 2030 Fund	-	18,068,821
*	Vanguard	Target Retirement 2040 Fund	-	16,217,076
*	Vanguard	Target Retirement 2045 Fund	-	15,794,745
*	Vanguard	Target Retirement 2050 Fund	-	10,589,581
*	Vanguard	Target Retirement 2025 Fund	-	10,277,336
*	Vanguard	Target Retirement 2055 Fund	-	7,261,392
*	Vanguard	Explorer Fund Admiral	-	7,258,909
*	Vanguard	Extended Market Index Fund	-	7,247,109
*	Vanguard	Total Bond Market Index Fund	-	7,170,403
*	Vanguard	Total International Stock Index Fund	-	5,336,156
*	Vanguard	Target Retirement 2020 Fund	-	4,840,231
*	MFS	Large Cap Value Fund	-	3,718,178
*	PGIM	Total Return Bond Fund	-	2,589,838
*	Vanguard	Target Retirement 2060 Fund	-	2,513,153
*	Vanguard	Target Retirement Income Fund	-	2,220,939
*	J.P. Morgan	Large Cap Growth Fund	-	1,324,025
*	Vanguard	Target Retirement 2065 Fund	-	1,311,390
*	American Funds	Europacific Growth Fund	-	987,295
*	MassMutual	Select Mid Cap Growth Fund	-	964,621
*	Victory	Scamore Small Company Opportunity Fund		536,831
*	MFS	Mid Cap Value Fund	-	375,844
*	Vanguard	Target Retirement 2070 Fund	-	245,842
	<i>Collective trust:</i>			
*	Vanguard	Retirement Savings Trust V **	-	9,931,144
*	Participant loans***	Interest bearing at 4.25% to 9.50%, maturing through September 2033	-	3,589,202
			<u>\$ -</u>	<u>\$ 213,739,275</u>

* *Party-in-interest*

** *Cost information omitted for participant-directed investments.*

*** *The accompanying financial statements classify participant loans as notes receivable from participants.*

SCHEDULE 1

Affordable Care, LLC Multiple Employer 401(k) Plan
 EIN: 56-1505559 Plan No. 001
 Form 5500, Schedule H, Line 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 December 31, 2023

(a) Party-in-Interest	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
	<i>Cash or cash equivalents:</i>			
*	Vanguard	Cash Reserves Federal Money Market Fund	\$ -	\$ 196,374
	<i>Mutual funds:</i>			
*	Vanguard	Institutional Index Fund	-	26,620,970
*	Vanguard	Target Retirement 2035 Fund	-	23,336,512
*	Vanguard	PRIMECAP Fund	-	23,215,358
*	Vanguard	Target Retirement 2030 Fund	-	18,068,821
*	Vanguard	Target Retirement 2040 Fund	-	16,217,076
*	Vanguard	Target Retirement 2045 Fund	-	15,794,745
*	Vanguard	Target Retirement 2050 Fund	-	10,589,581
*	Vanguard	Target Retirement 2025 Fund	-	10,277,336
*	Vanguard	Target Retirement 2055 Fund	-	7,261,392
*	Vanguard	Explorer Fund Admiral	-	7,258,909
*	Vanguard	Extended Market Index Fund	-	7,247,109
*	Vanguard	Total Bond Market Index Fund	-	7,170,403
*	Vanguard	Total International Stock Index Fund	-	5,336,156
*	Vanguard	Target Retirement 2020 Fund	-	4,840,231
*	MFS	Large Cap Value Fund	-	3,718,178
*	PGIM	Total Return Bond Fund	-	2,589,838
*	Vanguard	Target Retirement 2060 Fund	-	2,513,153
*	Vanguard	Target Retirement Income Fund	-	2,220,939
*	J.P. Morgan	Large Cap Growth Fund	-	1,324,025
*	Vanguard	Target Retirement 2065 Fund	-	1,311,390
*	American Funds	Europacific Growth Fund	-	987,295
*	MassMutual	Select Mid Cap Growth Fund	-	964,621
*	Victory	Scamore Small Company Opportunity Fund		536,831
*	MFS	Mid Cap Value Fund	-	375,844
*	Vanguard	Target Retirement 2070 Fund	-	245,842
	<i>Collective trust:</i>			
*	Vanguard	Retirement Savings Trust V **	-	9,931,144
*	Participant loans***	Interest bearing at 4.25% to 9.50%, maturing through September 2033	-	3,589,202
			<u>\$ -</u>	<u>\$ 213,739,275</u>

* Party-in-interest

** Cost information omitted for participant-directed investments.

*** The accompanying financial statements classify participant loans as notes receivable from participants.