

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>FAMILY ORTHODONTICS INC 401(K) PROFIT SHARING PLAN & TRUST</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FAMILY ORTHODONTICS INC</u> <u>189 MAIN ST</u> <u>MILFORD, MA 01757-2627</u>	1c Effective date of plan <u>01/01/2014</u> 2b Employer Identification Number (EIN) <u>04-3581871</u> 2c Plan Sponsor's telephone number <u>617-596-1416</u> 2d Business code (see instructions) <u>541990</u>

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	760
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)	647
	6a(2)	636
	6b	0
	6c	140
	6d	776
	6e	0
	6f	776
	6g(1)	285
6g(2)	331	
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 2T 3D 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan FAMILY ORTHODONTICS INC 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FAMILY ORTHODONTICS INC	D Employer Identification Number (EIN) 04-3581871	

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

PAYCHEX SECURITIES CORPORATION **225 KENNETH DRIVE**
ROCHESTER, NY 14623

16-1486352

(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)

KESTRA ADVISORY SERVICES, LLC

1250 S CAPITAL OF TX HWY
#2-125
AUSTIN, TX 78746

74-2794194

(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?
26	ADVISOR	15300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PAYCHEX, INC.

911 PANORAMA TRAIL S
ROCHESTER, NY 14625

16-1124166

(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	RECORDKEEPER	16020	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FAMILY ORTHODONTICS INC 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FAMILY ORTHODONTICS INC	D Employer Identification Number (EIN) 04-3581871

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	13402	219353
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	87565	89031
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4676317	6127729
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	
(2) Employer real property.....	1d(2)	0	
e Buildings and other property used in plan operation.....	1e	0	
f Total assets (add all amounts in lines 1a through 1e).....	1f	4777284	6436113
Liabilities			
g Benefit claims payable.....	1g	0	
h Operating payables.....	1h	0	
i Acquisition indebtedness.....	1i	0	
j Other liabilities.....	1j	0	
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	4777284	6436113

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)	0	
(B) Participants.....	2a(1)(B)	1198955	
(C) Others (including rollovers).....	2a(1)(C)	85726	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1284681
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5782	
(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)	6370	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12152
(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)	209267	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		209267
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		620978
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2127078

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	348987	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		348987
f Corrective distributions (see instructions)	2f		85839
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	15950	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	16613	
(6) Bank or trust company trustee/custodial fees	2i(6)	860	
(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)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		33423
j Total expenses. Add all expense amounts in column (b) and enter total	2j		468249

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1658829
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: O'CONNOR MALONEY & COMPANY P.C.

(2) EIN: 04-2595327

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		365000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

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

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

A Name of plan <u>FAMILY ORTHODONTICS INC 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FAMILY ORTHODONTICS INC</u>	D Employer Identification Number (EIN) <u>04-3581871</u>	

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

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

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

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 27-3169253

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 31 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704150A.

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST
FINANCIAL STATEMENTS
AND INDEPENDENT AUDITORS' REPORT
DECEMBER 31, 2024 AND 2023



FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

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INDEPENDENT AUDITORS' REPORT

October 14, 2025

To the Plan Administrators and Participants of
Family Orthodontics, Inc. 401(k) Profit Sharing Plan and Trust

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

We have performed an audit of the accompanying financial statements of Family Orthodontics, Inc. 401(k) Profit Sharing Plan and Trust, 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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Family Orthodontics, Inc. 401(k) Profit Sharing Plan and Trust'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 audit 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, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Family Orthodontics, Inc. 401(k) Profit Sharing Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Family Orthodontics, Inc. 401(k) Profit Sharing Plan and Trust'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.

Auditors' Responsibilities for the Audits 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 Family Orthodontics, Inc. 401(k) Profit Sharing Plan and Trust'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 Family Orthodontics, Inc. 401(k) Profit Sharing Plan and Trust'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 audits.

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule of Assets (Held at End of Year) 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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

O'Connor, Maloney and Company

Certified Public Accountants

Worcester, Massachusetts

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments at Fair Value:		
Mutual Funds	6,127,729	4,676,319
Interest-Bearing Cash	219,353	13,404
Total	6,347,082	4,689,723
Receivables:		
Participant Contribution Receivable	-	23,636
Notes Receivable from Participants	89,031	87,565
Total	89,031	111,201
Total Assets	6,436,113	4,800,924
Liabilities		
Excess Contributions Payable	-	85,839
Net Assets Available for Benefits	6,436,113	4,715,085

See accompanying notes to financial statements.

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

Additions to Assets Attributed to:

Investment Income:

Net Appreciation in Fair Value of Investments	620,974
Interest and Dividends	215,049
Interest Income on Participant Notes Receivable	6,370
Net	842,393

Contributions:

Participants	1,175,319
Rollovers	85,726
Total	1,261,045

Total Additions	2,103,438
-----------------	-----------

Deductions from Assets Attributed to:

Benefits Paid to Participants	348,987
Administrative Expenses	33,423
Total Deductions	382,410

Net Increase	1,721,028
---------------------	-----------

Net Assets Available for Benefits, Beginning	4,715,085
---	-----------

Net Assets Available for Benefits, Ending	6,436,113
--	-----------

See accompanying notes to financial statements.

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1. Description of Plan

The following description of Family Orthodontics, Inc. 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan covering all employees of Family Orthodontics, Inc. (the Company) who have three consecutive months of service and are age twenty-one or older. Employees are eligible for employer non-elective profit-sharing contributions after one year of service with at least 500 hours of service in that year. Participants can enter into the Plan immediately upon meeting age and eligible service requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA).

Participants may contribute up to 92% of pre-tax or after-tax compensation or \$23,000 and participants age fifty and older may make a "catch-up" contribution of an additional \$7,500, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct their contributions and Company profit sharing contributions, if any, within the investment options offered by the Plan through PayChex. Participants must be employed on the last day of the year to receive a profit-sharing contribution. Contributions are subject to certain limitations. The Company did not provide any profit-sharing contributions in 2024.

The Plan Sponsor pays certain expenses of the Plan. Employees pay a fee for certain administrative services such as loans and distributions as well as a proportionate amount of advisory, bookkeeping and trustee management fees. Total fees paid by employees through the plan in 2024 were \$33,423.

Participants are immediately vested in their voluntary contributions and profit-sharing contributions, plus actual earnings thereon.

On termination of service for any reason, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her retirement account or under certain other circumstances in accordance with the Plan document. Terminated employees with account balances less than \$5,000 will be required to either roll over their funds to another account or receive a distribution from the Plan.

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1. Description of Plan (Cont.)

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 95% of one-half the vested portion of their individual accounts or 95% of the total vested account balance excluding the Roth Elective Deferral balance, whichever is less. Roth Elective Deferral balances are not available for loans. Loans must be repaid within four and a half years unless the proceeds are used to buy a primary residence. The loans are secured by the balance in the participant's account and bear interest at rates at 1% above the prime rate as published in the Wall Street Journal at the time of the loan request. Principal and interest are paid ratably through bi-weekly payroll deductions. An employee can only have one outstanding loan at any time.

Note 2. Summary of Significant Accounting Policies

The financial statements of the Plan are prepared on the accrual basis of accounting.

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

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Dividends are recorded on the ex-dividend date. Benefits are recorded when paid.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. Delinquent participant loans are recorded as distributions on the basis of terms of the Plan agreement.

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

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 3. Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Mid Atlantic Trust Company, the custodian.

	2024	2023
Investments at Fair Value:		
Investments	<u>6,347,082</u>	<u>4,689,723</u>
Total Investments	<u><u>6,347,082</u></u>	<u><u>4,689,723</u></u>
Net Investment Income	<u><u>842,393</u></u>	
Benefit Payments and Administrative Expenses	<u><u>382,410</u></u>	

Note 4. Fair Value Measurements

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	<p>Inputs to the valuation methodology include</p> <ul style="list-style-type: none"> • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.</p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 4. Fair Value Measurements (cont.)

Following is a description of the valuation methodologies used for assets measured at fair value.

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

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.

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

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

Assets at Fair Value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Mutual Funds				
BNY Mellon S&P 500 Index Fund	171,961	-	-	171,961
DFA U.S. Targeted Value Port. Inst. Class	38,008	-	-	38,008
DFA U.S. Large Cap Value Port. Inst. Class	84,305	-	-	84,305
DFA U.S. Small Cap Port. Inst. Class	16,162	-	-	16,162
DFA U.S. Large Company Port. Inst. Class	36,396	-	-	36,396
Fidelity Low-Priced Stock Fund Class	49,969	-	-	49,969
Franklin Small-Mid Cap Growth Fund Adv. Class	76,493	-	-	76,493
Franklin Small Cap Value Fund Adv. Class	53,789	-	-	53,789
T. Rowe Price Growth Stock Fund I Class	231,075	-	-	231,075
Vanguard 500 Index Fund Admiral Shares	1,349,113	-	-	1,349,113
DFA Int'l Small Co. Portfolio Inst. Class	3,271	-	-	3,271
DFA Int'l Small Cap Value Portfolio Inst. Class	34,700	-	-	34,700
Amer. Funds EuroPacific Growth Fund Class R6	72,886	-	-	72,886
DFA Five-Yr Global Fixed Inc. Portfolio Inst. Fund	20,235	-	-	20,235
Fidelity Advisors Total Bond Class I	62,488	-	-	62,488
Vanguard Inflation-Protected Sec. Fund Inv. Share	14,710	-	-	14,710
Invesco Global Allocation Fund Class R6	46,865	-	-	46,865

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 4. Fair Value Measurements (cont.)

Amer. Funds 2010 Target Date Class R6	543	-	-	543
Amer. Funds 2015 Target Date Class R6	33,059	-	-	33,059
Amer. Funds 2020 Target Date Class R6	519	-	-	519
Amer. Funds 2025 Target Date Class R6	136,929	-	-	136,929
Amer. Funds 2030 Target Date Class R6	82,692	-	-	82,692
Amer. Funds 2035 Target Date Class R6	412,869	-	-	412,869
Amer. Funds 2040 Target Date Class R6	544,659	-	-	544,659
Amer. Funds 2045 Target Date Class R6	897,879	-	-	897,879
Amer. Funds 2050 Target Date Class R6	684,705	-	-	684,705
Amer. Funds 2055 Target Date Class R6	531,197	-	-	531,197
Amer. Funds 2060 Target Date Class R6	331,451	-	-	331,451
Amer. Funds 2065 Target Date Class R6	95,438	-	-	95,438
Fidelity Advisor Asset Manager 50% Class I	5,382	-	-	5,382
Fidelity Advisor Balanced Fund Class Z	7,981	-	-	7,981
Total Mutual Funds	6,127,729	-	-	6,127,729
Interest-Bearing Cash:				
Vanguard Treasury MM Fund Investor Shares	219,353	-	-	219,353
Total Assets at Fair Value	6,347,082	-	-	6,347,082

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

Assets at Fair Value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Mutual Funds				
BNY Mellon S&P 500 Index Fund	103,997	-	-	103,997
DFA U.S. Targeted Value Port. Inst. Class	35,658	-	-	35,658
DFA U.S. Large Cap Value Port. Inst. Class	70,226	-	-	70,226
DFA U.S. Small Cap Port. Inst. Class	9,435	-	-	9,435
DFA U.S. Large Company Port. Inst. Class	45,699	-	-	45,699
Fidelity Low-Priced Stock Fund Class	16,379	-	-	16,379
Franklin Small-Mid Cap Growth Fund Adv. Class	55,125	-	-	55,125
Franklin Small Cap Value Fund Adv. Class	22,554	-	-	22,554
T. Rowe Price Growth Stock Fund I Class	180,012	-	-	180,012
Vanguard 500 Index Fund Admiral Shares	956,021	-	-	956,021
DFA Int'l Small Co. Portfolio Inst. Class	2,654	-	-	2,654

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 4. Fair Value Measurements (cont.)

DFA Int'l Small Cap Value Portfolio Inst. Class	26,958	-	-	26,958
Amer. Funds EuroPacific Growth Fund Class R6	56,464	-	-	56,464
DFA Five-Yr Global Fixed Inc. Portfolio Inst. Fund	16,370	-	-	16,370
Fidelity Advisors Total Bond Class I	45,497	-	-	45,497
Vanguard Inflation-Protected Sec. Fund Inv. Shr.	49,059	-	-	49,059
Invesco Global Allocation Fund Class R6	31,861	-	-	31,861
Amer. Funds 2010 Target Date Class R6	42,574	-	-	42,574
Amer. Funds 2015 Target Date Class R6	24,369	-	-	24,369
Amer. Funds 2020 Target Date Class R6	421	-	-	421
Amer. Funds 2025 Target Date Class R6	111,194	-	-	111,194
Amer. Funds 2030 Target Date Class R6	72,317	-	-	72,317
Amer. Funds 2035 Target Date Class R6	362,950	-	-	362,950
Amer. Funds 2040 Target Date Class R6	387,315	-	-	387,315
Amer. Funds 2045 Target Date Class R6	699,755	-	-	699,755
Amer. Funds 2050 Target Date Class R6	551,877	-	-	551,877
Amer. Funds 2055 Target Date Class R6	402,384	-	-	402,384
Amer. Funds 2060 Target Date Class R6	219,234	-	-	219,234
Amer. Funds 2065 Target Date Class R6	42,034	-	-	42,034
Fidelity Advisor Balanced Z Fund Class I	31,665	-	-	31,665
Fidelity Advisor Asset Manager 50% Class I	4,261	-	-	4,261
	<hr/>			
Total Mutual Funds	4,676,319	-	-	4,676,319
Interest-Bearing Cash:				
Vanguard Treasury MM Fund Investor Shares	13,404	-	-	13,404
	<hr/>			
Total Assets at Fair Value	4,689,723	-	-	4,689,723

Note 5. Excess Contributions Payable

Amounts payable to participants totaling \$85,839 at December 31, 2023 (\$0 at December 31, 2024), for contributions in excess of amounts allowed by the IRS are recorded as excess contributions payable.

Note 6. Plan Termination

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.

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 7. Administrative Costs

Family Orthodontics, Inc., the Plan Sponsor, absorbs certain administrative costs of the Plan.

Note 8. Tax Status

The Company has a Prototype Plan and Trust Agreement. The Internal Revenue Service has determined that the prototype plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Management does not believe the Plan's financial statements include any uncertain tax positions. Generally, the Plan's tax returns remain subject to examination for a period of three years.

Note 9. Risks and Uncertainties

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

Note 10. Reconciliation of Financial Statements to Form 5500

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

	2024	2023
Net Assets Available for Plan Benefits per the Financial Statements	6,436,113	4,715,085
Participant Contribution Receivable	-	(23,636)
Excess Contributions Payable	-	85,839
Net Assets Available for Benefits per the Form 5500	<u>6,436,113</u>	<u>4,777,288</u>

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note 10. Reconciliation of Financial Statements to Form 5500 (cont.)

The following is a reconciliation of total income and expenses as presented in the statement of changes in net assets available for benefits to Form 5500 for the year ended December 31, 2024:

Total Additions per the Financial Statements	2,103,438
Change in Participant Contribution Receivable	<u>23,636</u>
Total Income per the Form 5500	<u>2,127,074</u>
Total Deductions per the Financial Statements	382,410
Excess Deferrals Paid to Participants in 2024	<u>85,839</u>
Total Expenses per the Form 5500	<u>468,249</u>

This reconciliation is included as the 5500 is prepared on the cash basis and the financial statements are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America.

Note 11. Parties in Interest

Mid Atlantic Trust Company is the custodian of plan assets and Paychex Retirement Services is bookkeeper of the Plan, therefore, these transactions qualify as party in interest transactions. Fees paid to them respectively were \$860 and \$15,950. Fees paid by the Plan for investment management services totaled \$16,613 for the year ended December 31, 2024.

Note 12. Subsequent Events

Management has evaluated all material subsequent events from the end of the fiscal year through October 14, 2025, the date the financial statements were available to be issued.

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST
FORM 5500 - SCHEDULE H, LINE 4 I
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

EIN Number: 04-3581871
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral par or maturity value	(d) Cost	(e) Current Value
	Vanguard	Vanguard Treasury MM Fund Investor Shares	N/A	219,353
	BNY Mellon	BNY Mellon S&P 500 Index Fund	N/A	171,961
	DFA	DFA U.S. Targeted Value Portfolio Institutional Class	N/A	38,008
	DFA	DFA U.S. Large Cap Value Portfolio Institutional Class	N/A	84,305
	DFA	DFA U.S. Small Cap Portfolio Institutional Class	N/A	16,162
	DFA	DFA U.S. Large Company Portfolio Institutional Class	N/A	36,396
	Fidelity	Fidelity Low-Priced Stock Fund Class I	N/A	49,969
	Franklin	Franklin Small-Mid Cap Growth Fund Advisor Class	N/A	76,493
	Franklin	Franklin Small Cap Value Fund Advisor Class	N/A	53,789
	T. Rowe Price	T. Rowe Price Growth Stock Fund I Class	N/A	231,075
	Vanguard	Vanguard 500 Index Fund Admiral Shares	N/A	1,349,113
	DFA	DFA International Small Company Portfolio Inst. Class I	N/A	3,271
	DFA	DFA International Small Cap Value Portfolio Inst. Class I	N/A	34,700
	American Funds	American Funds EuroPacific Growth Fund Class R6	N/A	72,886
	DFA	DFA Five-Year Global Fixed Income Portfolio Institutional Fund	N/A	20,235
	Fidelity	Fidelity Advisors Total Bond Class I	N/A	62,488
	Vanguard	Vanguard Inflation-Protected Securities Fund Investor Share Class	N/A	14,710
	Invesco	Invesco Global Allocation Fund Class R6	N/A	46,865
	American Funds	American Funds 2010 Target Date Retirement Fund Class R6	N/A	543
	American Funds	American Funds 2015 Target Date Retirement Fund Class R6	N/A	33,059
	American Funds	American Funds 2020 Target Date Retirement Fund Class R6	N/A	519
	American Funds	American Funds 2025 Target Date Retirement Fund Class R6	N/A	136,929
	American Funds	American Funds 2030 Target Date Retirement Fund Class R6	N/A	82,692
	American Funds	American Funds 2035 Target Date Retirement Fund Class R6	N/A	412,869
	American Funds	American Funds 2040 Target Date Retirement Fund Class R6	N/A	544,659
	American Funds	American Funds 2045 Target Date Retirement Fund Class R6	N/A	897,879
	American Funds	American Funds 2050 Target Date Retirement Fund Class R6	N/A	684,705
	American Funds	American Funds 2055 Target Date Retirement Fund Class R6	N/A	531,197
	American Funds	American Funds 2060 Target Date Retirement Fund Class R6	N/A	331,451
	American Funds	American Funds 2065 Target Date Retirement Fund Class R6	N/A	95,438
	Fidelity	Fidelity Advisor Asset Manager 50% Class I	N/A	5,382
	Fidelity	Fidelity Advisor Balanced Fund Class Z	N/A	7,981
				6,347,082
		Loans (Notes Receivable from Participants), with interest at 4.25%-9.5% and maturity through February 2028.		89,031
				6,436,113

See accompanying notes to financial statements.

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST
FINANCIAL STATEMENTS
AND INDEPENDENT AUDITORS' REPORT
DECEMBER 31, 2024 AND 2023



FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

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INDEPENDENT AUDITORS' REPORT

October 14, 2025

To the Plan Administrators and Participants of
Family Orthodontics, Inc. 401(k) Profit Sharing Plan and Trust

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

We have performed an audit of the accompanying financial statements of Family Orthodontics, Inc. 401(k) Profit Sharing Plan and Trust, 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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Family Orthodontics, Inc. 401(k) Profit Sharing Plan and Trust'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 audit 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, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Family Orthodontics, Inc. 401(k) Profit Sharing Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Family Orthodontics, Inc. 401(k) Profit Sharing Plan and Trust'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.

Auditors' Responsibilities for the Audits 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 Family Orthodontics, Inc. 401(k) Profit Sharing Plan and Trust'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 Family Orthodontics, Inc. 401(k) Profit Sharing Plan and Trust'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 audits.

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule of Assets (Held at End of Year) 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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

O'Connor, Maloney and Company

Certified Public Accountants

Worcester, Massachusetts

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments at Fair Value:		
Mutual Funds	6,127,729	4,676,319
Interest-Bearing Cash	219,353	13,404
Total	6,347,082	4,689,723
Receivables:		
Participant Contribution Receivable	-	23,636
Notes Receivable from Participants	89,031	87,565
Total	89,031	111,201
Total Assets	6,436,113	4,800,924
Liabilities		
Excess Contributions Payable	-	85,839
Net Assets Available for Benefits	6,436,113	4,715,085

See accompanying notes to financial statements.

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

Additions to Assets Attributed to:

Investment Income:

Net Appreciation in Fair Value of Investments	620,974
Interest and Dividends	215,049
Interest Income on Participant Notes Receivable	6,370
	842,393
Net	842,393

Contributions:

Participants	1,175,319
Rollovers	85,726
	1,261,045
Total	1,261,045

Total Additions	2,103,438
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Deductions from Assets Attributed to:

Benefits Paid to Participants	348,987
Administrative Expenses	33,423
	382,410
Total Deductions	382,410

Net Increase	1,721,028
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Net Assets Available for Benefits, Beginning	4,715,085
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Net Assets Available for Benefits, Ending	6,436,113
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See accompanying notes to financial statements.

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1. Description of Plan

The following description of Family Orthodontics, Inc. 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan covering all employees of Family Orthodontics, Inc. (the Company) who have three consecutive months of service and are age twenty-one or older. Employees are eligible for employer non-elective profit-sharing contributions after one year of service with at least 500 hours of service in that year. Participants can enter into the Plan immediately upon meeting age and eligible service requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA).

Participants may contribute up to 92% of pre-tax or after-tax compensation or \$23,000 and participants age fifty and older may make a "catch-up" contribution of an additional \$7,500, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct their contributions and Company profit sharing contributions, if any, within the investment options offered by the Plan through PayChex. Participants must be employed on the last day of the year to receive a profit-sharing contribution. Contributions are subject to certain limitations. The Company did not provide any profit-sharing contributions in 2024.

The Plan Sponsor pays certain expenses of the Plan. Employees pay a fee for certain administrative services such as loans and distributions as well as a proportionate amount of advisory, bookkeeping and trustee management fees. Total fees paid by employees through the plan in 2024 were \$33,423.

Participants are immediately vested in their voluntary contributions and profit-sharing contributions, plus actual earnings thereon.

On termination of service for any reason, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her retirement account or under certain other circumstances in accordance with the Plan document. Terminated employees with account balances less than \$5,000 will be required to either roll over their funds to another account or receive a distribution from the Plan.

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1. Description of Plan (Cont.)

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 95% of one-half the vested portion of their individual accounts or 95% of the total vested account balance excluding the Roth Elective Deferral balance, whichever is less. Roth Elective Deferral balances are not available for loans. Loans must be repaid within four and a half years unless the proceeds are used to buy a primary residence. The loans are secured by the balance in the participant's account and bear interest at rates at 1% above the prime rate as published in the Wall Street Journal at the time of the loan request. Principal and interest are paid ratably through bi-weekly payroll deductions. An employee can only have one outstanding loan at any time.

Note 2. Summary of Significant Accounting Policies

The financial statements of the Plan are prepared on the accrual basis of accounting.

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

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Dividends are recorded on the ex-dividend date. Benefits are recorded when paid.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. Delinquent participant loans are recorded as distributions on the basis of terms of the Plan agreement.

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

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 3. Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Mid Atlantic Trust Company, the custodian.

	2024	2023
Investments at Fair Value:		
Investments	<u>6,347,082</u>	<u>4,689,723</u>
Total Investments	<u><u>6,347,082</u></u>	<u><u>4,689,723</u></u>
Net Investment Income	<u><u>842,393</u></u>	
Benefit Payments and Administrative Expenses	<u><u>382,410</u></u>	

Note 4. Fair Value Measurements

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	<p>Inputs to the valuation methodology include</p> <ul style="list-style-type: none"> • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.</p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 4. Fair Value Measurements (cont.)

Following is a description of the valuation methodologies used for assets measured at fair value.

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

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.

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

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

Assets at Fair Value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Mutual Funds				
BNY Mellon S&P 500 Index Fund	171,961	-	-	171,961
DFA U.S. Targeted Value Port. Inst. Class	38,008	-	-	38,008
DFA U.S. Large Cap Value Port. Inst. Class	84,305	-	-	84,305
DFA U.S. Small Cap Port. Inst. Class	16,162	-	-	16,162
DFA U.S. Large Company Port. Inst. Class	36,396	-	-	36,396
Fidelity Low-Priced Stock Fund Class	49,969	-	-	49,969
Franklin Small-Mid Cap Growth Fund Adv. Class	76,493	-	-	76,493
Franklin Small Cap Value Fund Adv. Class	53,789	-	-	53,789
T. Rowe Price Growth Stock Fund I Class	231,075	-	-	231,075
Vanguard 500 Index Fund Admiral Shares	1,349,113	-	-	1,349,113
DFA Int'l Small Co. Portfolio Inst. Class	3,271	-	-	3,271
DFA Int'l Small Cap Value Portfolio Inst. Class	34,700	-	-	34,700
Amer. Funds EuroPacific Growth Fund Class R6	72,886	-	-	72,886
DFA Five-Yr Global Fixed Inc. Portfolio Inst. Fund	20,235	-	-	20,235
Fidelity Advisors Total Bond Class I	62,488	-	-	62,488
Vanguard Inflation-Protected Sec. Fund Inv. Share	14,710	-	-	14,710
Invesco Global Allocation Fund Class R6	46,865	-	-	46,865

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 4. Fair Value Measurements (cont.)

Amer. Funds 2010 Target Date Class R6	543	-	-	543
Amer. Funds 2015 Target Date Class R6	33,059	-	-	33,059
Amer. Funds 2020 Target Date Class R6	519	-	-	519
Amer. Funds 2025 Target Date Class R6	136,929	-	-	136,929
Amer. Funds 2030 Target Date Class R6	82,692	-	-	82,692
Amer. Funds 2035 Target Date Class R6	412,869	-	-	412,869
Amer. Funds 2040 Target Date Class R6	544,659	-	-	544,659
Amer. Funds 2045 Target Date Class R6	897,879	-	-	897,879
Amer. Funds 2050 Target Date Class R6	684,705	-	-	684,705
Amer. Funds 2055 Target Date Class R6	531,197	-	-	531,197
Amer. Funds 2060 Target Date Class R6	331,451	-	-	331,451
Amer. Funds 2065 Target Date Class R6	95,438	-	-	95,438
Fidelity Advisor Asset Manager 50% Class I	5,382	-	-	5,382
Fidelity Advisor Balanced Fund Class Z	7,981	-	-	7,981
Total Mutual Funds	6,127,729	-	-	6,127,729
Interest-Bearing Cash:				
Vanguard Treasury MM Fund Investor Shares	219,353	-	-	219,353
Total Assets at Fair Value	6,347,082	-	-	6,347,082

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

Assets at Fair Value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Mutual Funds				
BNY Mellon S&P 500 Index Fund	103,997	-	-	103,997
DFA U.S. Targeted Value Port. Inst. Class	35,658	-	-	35,658
DFA U.S. Large Cap Value Port. Inst. Class	70,226	-	-	70,226
DFA U.S. Small Cap Port. Inst. Class	9,435	-	-	9,435
DFA U.S. Large Company Port. Inst. Class	45,699	-	-	45,699
Fidelity Low-Priced Stock Fund Class	16,379	-	-	16,379
Franklin Small-Mid Cap Growth Fund Adv. Class	55,125	-	-	55,125
Franklin Small Cap Value Fund Adv. Class	22,554	-	-	22,554
T. Rowe Price Growth Stock Fund I Class	180,012	-	-	180,012
Vanguard 500 Index Fund Admiral Shares	956,021	-	-	956,021
DFA Int'l Small Co. Portfolio Inst. Class	2,654	-	-	2,654

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 4. Fair Value Measurements (cont.)

DFA Int'l Small Cap Value Portfolio Inst. Class	26,958	-	-	26,958
Amer. Funds EuroPacific Growth Fund Class R6	56,464	-	-	56,464
DFA Five-Yr Global Fixed Inc. Portfolio Inst. Fund	16,370	-	-	16,370
Fidelity Advisors Total Bond Class I	45,497	-	-	45,497
Vanguard Inflation-Protected Sec. Fund Inv. Shr.	49,059	-	-	49,059
Invesco Global Allocation Fund Class R6	31,861	-	-	31,861
Amer. Funds 2010 Target Date Class R6	42,574	-	-	42,574
Amer. Funds 2015 Target Date Class R6	24,369	-	-	24,369
Amer. Funds 2020 Target Date Class R6	421	-	-	421
Amer. Funds 2025 Target Date Class R6	111,194	-	-	111,194
Amer. Funds 2030 Target Date Class R6	72,317	-	-	72,317
Amer. Funds 2035 Target Date Class R6	362,950	-	-	362,950
Amer. Funds 2040 Target Date Class R6	387,315	-	-	387,315
Amer. Funds 2045 Target Date Class R6	699,755	-	-	699,755
Amer. Funds 2050 Target Date Class R6	551,877	-	-	551,877
Amer. Funds 2055 Target Date Class R6	402,384	-	-	402,384
Amer. Funds 2060 Target Date Class R6	219,234	-	-	219,234
Amer. Funds 2065 Target Date Class R6	42,034	-	-	42,034
Fidelity Advisor Balanced Z Fund Class I	31,665	-	-	31,665
Fidelity Advisor Asset Manager 50% Class I	4,261	-	-	4,261
	<hr/>			
Total Mutual Funds	4,676,319	-	-	4,676,319
Interest-Bearing Cash:				
Vanguard Treasury MM Fund Investor Shares	13,404	-	-	13,404
	<hr/>			
Total Assets at Fair Value	4,689,723	-	-	4,689,723

Note 5. Excess Contributions Payable

Amounts payable to participants totaling \$85,839 at December 31, 2023 (\$0 at December 31, 2024), for contributions in excess of amounts allowed by the IRS are recorded as excess contributions payable.

Note 6. Plan Termination

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.

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 7. Administrative Costs

Family Orthodontics, Inc., the Plan Sponsor, absorbs certain administrative costs of the Plan.

Note 8. Tax Status

The Company has a Prototype Plan and Trust Agreement. The Internal Revenue Service has determined that the prototype plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Management does not believe the Plan's financial statements include any uncertain tax positions. Generally, the Plan's tax returns remain subject to examination for a period of three years.

Note 9. Risks and Uncertainties

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

Note 10. Reconciliation of Financial Statements to Form 5500

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

	2024	2023
Net Assets Available for Plan Benefits per the Financial Statements	6,436,113	4,715,085
Participant Contribution Receivable	-	(23,636)
Excess Contributions Payable	-	85,839
Net Assets Available for Benefits per the Form 5500	<u>6,436,113</u>	<u>4,777,288</u>

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Note 10. Reconciliation of Financial Statements to Form 5500 (cont.)

The following is a reconciliation of total income and expenses as presented in the statement of changes in net assets available for benefits to Form 5500 for the year ended December 31, 2024:

Total Additions per the Financial Statements	2,103,438
Change in Participant Contribution Receivable	<u>23,636</u>
Total Income per the Form 5500	<u>2,127,074</u>
Total Deductions per the Financial Statements	382,410
Excess Deferrals Paid to Participants in 2024	<u>85,839</u>
Total Expenses per the Form 5500	<u>468,249</u>

This reconciliation is included as the 5500 is prepared on the cash basis and the financial statements are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America.

Note 11. Parties in Interest

Mid Atlantic Trust Company is the custodian of plan assets and Paychex Retirement Services is bookkeeper of the Plan, therefore, these transactions qualify as party in interest transactions. Fees paid to them respectively were \$860 and \$15,950. Fees paid by the Plan for investment management services totaled \$16,613 for the year ended December 31, 2024.

Note 12. Subsequent Events

Management has evaluated all material subsequent events from the end of the fiscal year through October 14, 2025, the date the financial statements were available to be issued.

FAMILY ORTHODONTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST
FORM 5500 - SCHEDULE H, LINE 4 I
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

EIN Number: 04-3581871
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral par or maturity value	(d) Cost	(e) Current Value
	Vanguard	Vanguard Treasury MM Fund Investor Shares	N/A	219,353
	BNY Mellon	BNY Mellon S&P 500 Index Fund	N/A	171,961
	DFA	DFA U.S. Targeted Value Portfolio Institutional Class	N/A	38,008
	DFA	DFA U.S. Large Cap Value Portfolio Institutional Class	N/A	84,305
	DFA	DFA U.S. Small Cap Portfolio Institutional Class	N/A	16,162
	DFA	DFA U.S. Large Company Portfolio Institutional Class	N/A	36,396
	Fidelity	Fidelity Low-Priced Stock Fund Class I	N/A	49,969
	Franklin	Franklin Small-Mid Cap Growth Fund Advisor Class	N/A	76,493
	Franklin	Franklin Small Cap Value Fund Advisor Class	N/A	53,789
	T. Rowe Price	T. Rowe Price Growth Stock Fund I Class	N/A	231,075
	Vanguard	Vanguard 500 Index Fund Admiral Shares	N/A	1,349,113
	DFA	DFA International Small Company Portfolio Inst. Class I	N/A	3,271
	DFA	DFA International Small Cap Value Portfolio Inst. Class I	N/A	34,700
	American Funds	American Funds EuroPacific Growth Fund Class R6	N/A	72,886
	DFA	DFA Five-Year Global Fixed Income Portfolio Institutional Fund	N/A	20,235
	Fidelity	Fidelity Advisors Total Bond Class I	N/A	62,488
	Vanguard	Vanguard Inflation-Protected Securities Fund Investor Share Class	N/A	14,710
	Invesco	Invesco Global Allocation Fund Class R6	N/A	46,865
	American Funds	American Funds 2010 Target Date Retirement Fund Class R6	N/A	543
	American Funds	American Funds 2015 Target Date Retirement Fund Class R6	N/A	33,059
	American Funds	American Funds 2020 Target Date Retirement Fund Class R6	N/A	519
	American Funds	American Funds 2025 Target Date Retirement Fund Class R6	N/A	136,929
	American Funds	American Funds 2030 Target Date Retirement Fund Class R6	N/A	82,692
	American Funds	American Funds 2035 Target Date Retirement Fund Class R6	N/A	412,869
	American Funds	American Funds 2040 Target Date Retirement Fund Class R6	N/A	544,659
	American Funds	American Funds 2045 Target Date Retirement Fund Class R6	N/A	897,879
	American Funds	American Funds 2050 Target Date Retirement Fund Class R6	N/A	684,705
	American Funds	American Funds 2055 Target Date Retirement Fund Class R6	N/A	531,197
	American Funds	American Funds 2060 Target Date Retirement Fund Class R6	N/A	331,451
	American Funds	American Funds 2065 Target Date Retirement Fund Class R6	N/A	95,438
	Fidelity	Fidelity Advisor Asset Manager 50% Class I	N/A	5,382
	Fidelity	Fidelity Advisor Balanced Fund Class Z	N/A	7,981
				6,347,082
		Loans (Notes Receivable from Participants), with interest at 4.25%-9.5% and maturity through February 2028.		89,031
				6,436,113

See accompanying notes to financial statements.