

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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
1a	Name of plan AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401K PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1996
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AFFORDABLE CARE, LLC 629 DAVIS DRIVE SUITE 300 MORRISVILLE, NC 27560
2b	Employer Identification Number (EIN) 56-1505559
2c	Plan Sponsor's telephone number 919-623-9642
2d	Business code (see instructions) 621210

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

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

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	3702
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)	2354
		6a(2)	2067
		6b	41
		6c	1244
		6d	3352
		6e	30
		6f	3382
		6g(1)	3557
		6g(2)	3242
		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AFFORDABLE CARE, LLC	D Employer Identification Number (EIN) 56-1505559	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP, INC.
23-1945930

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

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

THE VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 25 37 52 99	NONE	339968	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

CAPFINANCIAL PARTNERS LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	91261	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BALANCE & STRATEGY

99-2359763

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	25000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401K PLAN	B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AFFORDABLE CARE, LLC	D Employer Identification Number (EIN) 56-1505559	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD RETIREMENT SAVINGS TR III			
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY			
c EIN-PN 38-7041744-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7206344	
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2020 TR II			
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY			
c EIN-PN 90-6083982-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3859111	
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2025 TR II			
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY			
c EIN-PN 90-6083980-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8176134	
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2030 TR II			
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY			
c EIN-PN 90-6083978-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18701610	
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2035 TR II			
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY			
c EIN-PN 90-6083976-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26537981	
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2040 TR II			
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY			
c EIN-PN 90-6083974-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19765257	
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2045 TR II			
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY			
c EIN-PN 90-6083972-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18780842	

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2050 TR II		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083970-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13036075
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2055 TR II		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 27-6715091-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8202345
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2060 TR II		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 45-3799419-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3223882
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2065 TR II		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 82-6194314-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1510944
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2070 TR II		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 87-7039453-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 472764
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET INCOME TR II		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083967-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2241896
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LARGE CAP VALUE FUND; CT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST COMPANY		
c EIN-PN 38-7275332-781	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4247538
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VALUE FUND; CT		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST COMPANY		
c EIN-PN 38-4126294-616	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 736985
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AFFORDABLE CARE, LLC	D Employer Identification Number (EIN) 56-1505559	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)	3372575	4007877
(9) Value of interest in common/collective trusts	1c(9)	126702185	136699708
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	83447888	94538090
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	213522648	235245675
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	213522648	235245675

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)	7283578	
(B) Participants	2a(1)(B)	14064128	
(C) Others (including rollovers)	2a(1)(C)	644922	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		21992628
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	274861	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		274861
(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)	3766053	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		3766053
(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)		14489628
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		9101142
c Other income	2c		22513
d Total income. Add all income amounts in column (b) and enter total	2d		49646825

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27429491	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	11954	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		27441445
f Corrective distributions (see instructions)	2f		25315
g Certain deemed distributions of participant loans (see instructions)	2g		5725
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	451313	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		451313
j Total expenses. Add all expense amounts in column (b) and enter total	2j		27923798

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		21723027
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 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 AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401K PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 AFFORDABLE CARE, LLC				D Employer Identification Number (EIN) 56-1505559	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 23-2186884					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703218A.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401K PLAN	B Three-digit Plan number (PN)..... ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF AFFORDABLE CARE, LLC	D Administrator's EIN 56-1505559	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
--------	--

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
---------	-------------------------------------

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

2a Name of Participating Employer AFFORDABLE DENTURES PENSACOLA PA	2b EIN 16-1664004	2c Percentage of Total Contributions for the Plan Year 0.20	2d Aggregate Account Balances Attributable to Participating Employer 908614
2a Name of Participating Employer AFFORDABLE DENTURES OMAHA PC	2b EIN 20-0262037	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 3186

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

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DR SHAUN OHEARN DDS PA	20-0490261	0.00	263327
DENNIS D GASKIN DDS PA	20-0546499	0.26	595427
DR BRUCE GRAY PA	20-0546582	0.00	50993
C GREGORY MARTIN DDS PA	20-0546675	0.30	272928
ROBIN EDWARDS DDS PA	20-0546795	0.00	126946
AFFORDABLE DENTURES LINCOLN PC	20-0687970	0.00	561089
AFFORDABLE DENTURES GAINESVILLE PA	20-1011283	0.24	1735743
LARISSA M MASTRO DDS PA	20-1013600	0.35	1703061
JAY QUIGLEY DDS PA	20-1044598	0.08	1570854

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES MADISON SC	20-1749472	0.10	1367201
2a Name of Participating Employer ANTHONY F WILLIAMS DDS PC	20-1878577	0.00	2431
2a Name of Participating Employer OSCAR C GIDO DDS PC	20-2428987	0.00	0
2a Name of Participating Employer TAMMY J CLIFFORD DDS A PROFESSIONAL SERVICE CORPORATION	20-2805416	0.00	457436
2a Name of Participating Employer REUBEN R LITTLE DDS PC	20-3466250	0.10	355175
2a Name of Participating Employer AFFORDABLE DENTURES TAMPA PA	20-3467207	0.36	1401398
2a Name of Participating Employer JAYESH S PATEL DDS PA	20-3566981	0.00	36491
2a Name of Participating Employer VALERIE H WASHINGTON DDS A PROFESSIONAL DENTAL CORPORATION	20-3615727	0.12	1381585
2a Name of Participating Employer MICHAEL W SANT DMD PC	20-4063389	0.13	447117

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CRAIG M MROSAK DDS PC	20-4418717	0.00	22
AFFORDABLE DENTURES COLUMBUS II PC	20-4983916	0.06	420238
AFFORDABLE DENTURES ALBUQUERQUE PC	20-5443404	0.36	1614926
AFFORDABLE DENTURES WEST PALM BEACH PA	20-5560496	0.26	461612
P HIRAM RODRIGUEZ DDS A PROFESSIONAL CORPORATION	20-5645689	0.00	112728
AFFORDABLE DENTURES WEST MELBOURNE PA	20-5717391	0.00	39792
JOHN KNOWLES DDS PA	20-5737497	0.00	20336
AFFORDABLE DENTURES SARASOTA PA	20-5918405	0.18	113557
AFFORDABLE DENTURES JACKSONVILLE PA	20-8367801	0.20	146175

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES COVINGTON PC	20-8640824	0.39	2198630
AFFORDABLE DENTURES SUN CITY PC	20-8755392	0.21	607541
AFFORDABLE DENTURES ALBANY II PC	20-8989117	0.00	351
AFFORDABLE DENTURES DAYTONA BEACH PA	26-0591393	0.01	392836
LISA D PATRICK DDS PC	26-0591645	0.25	333623
AFFORDABLE DENTURES TUCSON PC	26-0865587	0.00	5288
CHER Y CHANG DMD PC	26-1085858	0.29	1084383
AFFORDABLE DENTURES CEDAR RAPIDS PC	26-1395442	0.00	417675
AFFORDABLE DENTURES MYRTLE BEACH PC	26-1398014	0.08	1403089

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Part II Participating Employer Information (Continued).

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES EWING HYEUN KIM DMD A PROFESSIONAL ASSOCIATION	26-2606304	0.00	561120
KENNETH D SULLIVAN DMD PC	26-3060155	0.21	62616
AFFORDABLE DENTURES ROCHESTER II PC	26-3374613	0.02	522397
AFFORDABLE DENTURES LANSING II PC	26-3478390	0.00	265
AFFORDABLE DENTURES EAU CLAIRE SC	26-3685324	0.36	735947
DIXIE DENTAL CENTER PC	26-3827888	0.35	1830594
AFFORDABLE DENTURES WILKESBARRE PC	26-3845620	0.00	9712
KAREN T MAYS DDS PC	26-3965399	0.02	855306
SHARNN AARIN SHEPHEARD DDS PC	27-1014028	0.00	11444

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES ZANESVILLE MARK H CLEARY DDS INC	27-1524930	0.41	347719
AFFORDABLE DENTURES ORLANDO WEST II PA	27-1524998	0.00	2094
SHERRI J DALE MCGEE DDS PC	27-1559296	0.00	162057
AFFORDABLE DENTURES QUAD CITIES PC	27-2424719	0.00	12039
MESFIN ZELLEKE DDS PC	27-2481938	0.24	1168439
DR GERALD L FAIRCHILD PSC	27-2655321	0.09	419420
AFFORDABLE DENTURES CARROLLTON PSC	27-2863061	0.00	418
AFFORDABLE DENTURES AUGUSTA II PC	27-3040978	0.16	1309260
LYNNE C FAXIO DDS PC	27-3088417	0.26	949523

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES ROCK HILL PC	27-3480753	0.09	586829
AFFORDABLE DENTURES WEEKI WACHEE II PA	27-3684503	0.00	828692
AFFORDABLE DENTURES RIVERDALE PC	27-3971318	0.00	213887
AFFORDABLE DENTURES TULSA PC	27-4066904	0.00	97
AFFORDABLE DENTURES WILSONVILLE PC	27-4150440	0.49	1453601
AFFORDABLE DENTURES AMERICAN FORK PC	27-5545594	0.03	1493
CHRISTOPHER A PARKS DDS PC	27-5555555	0.38	601918
AFFORDABLE DENTURES TERRE HAUTE PC	30-0103692	0.01	1073
AFFORDABLE DENTURES ROCKFORD PC	30-0116084	0.52	849415

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS LEESBURG III PA	33-1736275	0.00	6700
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WALTER J WULF DDS PA	34-2001651	0.37	384646
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES FRANKLIN PC	35-1981451	0.12	393465
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES SOUTH BEND PC	35-2007676	0.26	3868194
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES BLOOMINGTON PC	35-2123111	0.00	58588
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES PEORIA PC	35-2171479	0.00	26770
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES COLUMBIA PC	37-1708962	0.03	489888
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES DECATUR PC	38-3656095	0.24	556977
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PATRICIA BEZAD DMD A PROFESSIONAL CORPORATION	45-1581620	0.00	24553

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARINO J ALEA IGLESIAS DDS A PROFESSIONAL CORPORATION	45-3975990	0.00	178992
AFFORDABLE DENTURES TOPEKA PA	45-4165195	0.01	7760
BEVERLY GOODMAN DDS PC	45-4516842	0.00	28287
AFFORDABLE DENTURES ALBANY NY III PC	45-4595617	0.00	58074
NICHOLAS J WILLIAMS DDS A PROFESSIONAL CORPORATION	45-4964859	0.00	63393
DEANDRAE W ALEXANDER DDS PA	45-5358507	0.23	671916
DENNIS D GASKIN DDS PC	46-0589172	0.00	194389
STEPHEN ROGERS DANIEL DDS PC	46-0613901	0.00	1429
MARVO C ODDS DDS PC	46-1163560	0.31	1017875

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAMERON K BLAIR DDS PA	46-1305507	0.00	41909
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ANNE K STEINBERG DMD PC	46-2178722	0.00	94811
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MICHAEL D HARRIS DMD PC	46-2294025	0.00	10074
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHRISTOPHER BRETT ORR DDS PC	46-2486912	0.25	525907
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SIMEON O UDUNKA DDS PA	46-3079489	0.00	312729
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARK F ADAMS DMD PC	46-3772506	0.00	60269
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAVID E STUBBS DDS PC	46-3967541	0.00	1622
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLOYD BAGWELL III DDS PC	46-4079220	0.14	488332
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES MERRILLVILLE PC	46-4248344	0.00	34761

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JENNIFER C SMITH DDS PA	46-4301037	0.23	535717
THINH LUONG DDS PA	46-4831059	0.00	45473
LI MIN HOU DDS A PROFESSIONAL CORPORATION	46-4831307	0.00	542663
PAUL B BELUSKO DDS A PROFESSIONAL CORPORATION	46-5061099	0.00	24439
NADEEM U HASEEB DDS A PROFESSIONAL CORPORATION	46-5061221	0.00	7515
AFFORDABLE DENTURES STOCKBRIDGE PC	46-5273725	0.22	458870
BLAKE G SINCLAIR DDS PA	47-0914527	0.00	244863
AFFORDABLE DENTURES BROOK PARK BRIAN W REDDITT DMD INC	47-1449445	0.36	562463
AFFORDABLE DENTURES MESA PC	47-1464481	0.23	448106

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES CANTON VICTOR H NGUYEN DMD INC	47-1914266	0.00	11079
KASEY FARAH DDS PC	47-2468294	0.00	55122
AUSTIN HOANG DDS PA	47-2709384	0.19	415352
AFFORDABLE DENTURES WICHITA PA	47-3273001	0.29	669869
AFFORDABLE DENTURES NORWOOD SHERRY SENTERS DMD INC	47-3317809	0.36	271496
AFFORDABLE DENTURES OAK PARK PC	47-3414298	0.17	110355
JAMIAH DAWSON DDS PC	47-3573398	0.03	127233
HAITHAM MOSLY DMD A PROFESSIONAL CORPORATION	47-3613730	0.27	432312
ROHINI K SHAH DMD PC	47-3935468	0.00	241695

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES MILWAUKEE III SC	47-4035133	0.20	403063
2a Name of Participating Employer SHANNA G BURRESS DMD PSC	47-4241752	0.00	284
2a Name of Participating Employer AFFORDABLE DENTURES CARROLLTON II PC	47-4563943	0.24	611727
2a Name of Participating Employer AFFORDABLE DENTURES HUBER HEIGHTS WAITHAKA NJIHIA DMD INC	47-5263862	0.00	1613
2a Name of Participating Employer JENNIFER ALSTONSAKO DDS PC	54-1606728	0.16	634730
2a Name of Participating Employer DR STEVEN B NICHOLAS LTD	55-0717921	0.12	192043
2a Name of Participating Employer AFFORDABLE DENTURES BLUFF CITY PC	56-1477739	0.58	2213384
2a Name of Participating Employer AFFORDABLE CARE LLC	56-1505559	12.84	32485692
2a Name of Participating Employer AFFORDABLE DENTURES COOKEVILLE PC	56-1591329	0.23	3736918

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES DENTAL LABORATORIES	56-1678938	12.39	39272202
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ERIC Y LEE DDS PC	56-1865764	0.38	3191980
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES MONTGOMERY PC	56-1951144	0.00	107680
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES ALBERTVILLE PC	56-2175595	0.25	161300
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JEFFREY LEE MARTIN DDS A PROFESSIONAL DENTAL CORPORATION	56-2203603	0.00	1135684
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DONOVAN SMITH DDS A PROFESSIONAL DENTAL CORPORATION	56-2222243	0.17	2164403
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES HUNTSVILLE PC	56-2266001	0.11	626947
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOHN J DOYLE DDS PC	56-2290907	0.24	2629235
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES COMMERCE PC	58-2221605	0.00	112074

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES SAVANNAH PC	58-2543589	0.07	1263692
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VANITA D FARROW DMD PSC	61-1286313	0.05	244050
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RONALD A GRAVIL DMD PSC	61-1297052	0.19	605973
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RODNEY ALAN STEVENS DMD PSC	61-1299144	0.00	19141
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES DICKSON PC	62-1559765	0.00	17990
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES JACKSON PC	62-1621830	0.00	34094
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES NASHVILLE PC	62-1846000	0.00	8643
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES PELL CITYEDEN PC	63-1178862	0.00	303644
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEOTIS RICHARDSON III DDS PC	71-0887152	0.16	726554

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES GREEN BAY SC	77-0599918	0.00	1250
AFFORDABLE DENTURES GREENVILLE PC	80-0875482	0.34	959917
AFFORDABLE DENTURES GREENWOOD PC	80-0876690	0.00	57306
AFFORDABLE DENTURES AND IMPLANTS AURORA PC	81-0715264	0.18	329785
AFFORDABLE DENTURES AND IMPLANTS FORT COLLINS PC	81-1027802	0.00	9716
AFFORDABLE DENTURES AND IMPLANTS GRANDVILLE PC	81-1695639	0.25	258336
JOSEPH BOONE DMD PC	81-2248691	0.17	486085
AFFORDABLE DENTURES AND IMPLANTS WEST ST PAUL PC	81-2825616	0.00	25409
AFFORDABLE DENTURES AND IMPLANTS PHILADELPHIA PC	81-2870191	0.00	34418

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARLON HANLEY DDS A PROFESSIONAL DENTAL CORPORATION	81-3702149	0.19	377960
AFFORDABLE DENTURES BOARDMAN RONALD L GREGO DMD INC	81-3721190	0.11	260593
AFFORDABLE DENTURES BURLINGTON III PC	81-3943644	0.00	1212
GIAO H LE DDS PA	81-4196382	0.19	403786
JOVIAN S MONETTE DDS A PROFESSIONAL DENTAL CORPORATION	81-4269586	0.07	269409
COREY ANDERSON DDS LTD	81-4604212	0.21	706400
ABBY RAYMOND DDS PC	81-4673602	0.00	33705
DAVID M PEREZ DMD PC	81-5136123	0.24	533843
TROY SIMMONS DDS PA	81-5155200	0.19	447307

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JUSTIN DAVID MOODY DDS A PROFESSIONAL CORPORATION	81-5155522	0.02	3378
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RICHARD CHRISTIANSEN DDS PA	81-5392352	0.00	38537
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RAELINE K MCINTYRE DMD PC	82-0567626	0.00	1920055
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BAHRU S NURE DDS PC	82-0746574	0.30	397311
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MICHAEL DOE DMD PC	82-0843372	0.22	377878
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES MANSFIELD SUSAN CAMPBELL DDS INC	82-1041692	0.00	40079
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS ST PETERSBURG PA	82-1384724	0.00	15389
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOLLIS LEE JONES DDS PA	82-1902251	0.22	341355
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES COLUMBUS BINAL PATEL DDS INC	82-2004151	0.31	389745

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS ANDERSON PC	82-2086130	0.31	461987
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THOMAS J STACK DDS PC	82-2188338	0.00	72762
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MICHAEL ST A BROWN DDS PC	82-2188497	0.29	273880
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS AURORA IL PC	82-2233338	0.00	8877
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS DOTHAN PC	82-2552669	0.14	350497
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JI H CHOI DDS PC	82-2682134	0.00	8258
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JASON R DUKE DDS PA	82-3007309	0.00	44792
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES CHILLICOTHE TANISHA BROWN DDS INC	82-3043861	0.00	76841
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J MICHAEL SCOTT DMD PC	82-3701422	0.00	917

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JEEVAN YENUGANTI DDS A PROFESSIONAL DENTAL CORPORATION	82-3922954	0.00	253983
AFFORDABLE DENTURES AND IMPLANTS MUNCIE PC	82-4057477	0.20	220087
SHAUN P OHEARN DDS PA	82-4309001	0.43	1612958
ISMAIL JOLAOSO DDS PC	82-4621766	0.23	346642
AFFORDABLE DENTURES AND IMPLANTS JEFFERSONVILLE PC	82-4689553	0.00	173272
AFFORDABLE DENTURES AND IMPLANTS WEST MELBOURNE PA	82-4876283	0.00	39
AFFORDABLE DENTURES AND IMPLANTS CHARLESTON PC	82-4963973	0.00	14754
AFFORDABLE DENTURES AND IMPLANTS PELL CITY PC	82-4964246	0.14	253385
DAX M SINN DDS PA	82-5034386	0.00	5778

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHARLES CORDOVA DDS PC	82-5417394	0.06	177612
AFFORDABLE DENTURES AND IMPLANTS LENOIR CITY PC	83-0543478	0.00	8937
AFFORDABLE DENTURES AND IMPLANTS LAFAYETTE II PC	83-0627767	0.15	77483
LISA R GAITHER DMD PA	83-0628900	0.00	57379
AFFORDABLE DENTURES AND IMPLANTS ROCHESTER II PC	83-0629513	0.00	17221
AFFORDABLE DENTURES AND IMPLANTS MEMPHIS PC	83-1011459	0.00	9561
AFFORDABLE DENTURES AND IMPLANTS FORT PAYNE PC	83-1012558	0.19	51986
AFFORDABLE DENTURES AND IMPLANTS PORT CHARLOTTE PA	83-1055888	0.32	558450
AFFORDABLE DENTURES AND IMPLANTS FLORENCE PC	83-1056213	0.00	8992

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AFFORDABLE DENTURES AND IMPLANTS OVERLAND PARK PA	83-1165401	0.20	224092
AFFORDABLE DENTURES AND IMPLANTS LINCOLN PC	83-1184048	0.00	16536
AFFORDABLE DENTURES ST CLAIRSVILLE HARKIRAN KAUR DDS INC	83-1216716	0.23	658379
AFFORDABLE DENTURES AND IMPLANTS DES MOINES PC	83-1354520	0.15	279709
AFFORDABLE DENTURES AND IMPLANTS SIOUX CITY PC	83-1367560	0.00	1406
AFFORDABLE DENTURES AND IMPLANTS PANAMA CITY PA	83-1399328	0.22	389551
TIMOTHY BARBER DMD PA	83-1591390	0.00	84875
AFFORDABLE DENTURES AND IMPLANTS NORTHGLENN PC	83-1592441	0.04	41748
AFFORDABLE DENTURES AKRON BRIAN REDDITT DMD INC	83-1691817	0.02	1072

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS TUCSON PC	83-1881571	0.18	184427
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MURRAY M REEFER DDS PA	83-2013837	0.00	138394
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOSEPH J BROWN DMD PSC	83-2221924	0.00	10246
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOSEPH BROWN DMD PSC	83-2226950	0.00	27172
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS MERRILLVILLE II PC	83-2228729	0.09	108328
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS LENOIR CITY III PC	83-2237286	0.62	989256
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
URGENT DENTAL W CHESTER JOSEPH J BROWN DMD INC	83-2241507	0.00	9761
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS FORT WAYNE II PC	83-2485564	0.00	9778
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES CHILLICOTHE HUSAM NAJAH BDS INC	83-2503824	0.02	104475

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GEORGE MATHEW DMD PA	83-2505079	0.00	11508
GEORGE TANKSLEY DMD PA	83-2506039	0.00	4773
AFFORDABLE DENTURES AND IMPLANTS EVANSVILLE PC	83-2652875	0.19	322376
AFFORDABLE DENTURES FOREST PARK WILLIAM SILVESTRY ORTIZ DMD INC	83-2736875	0.00	2493
OI OKUNUGA DDS PC	83-2748511	0.00	407504
AFFORDABLE DENTURES AND IMPLANTS DAWSONVILLE PC	83-2861313	0.22	1063149
TALYA MINTZ DDS PA	83-2907379	0.00	9136
AFFORDABLE DENTURES AND IMPLANTS RIVERDALE II PC	83-2983352	0.12	151644
AFFORDABLE DENTURES AUDUBON STEPHANIE HARDING DDS PA	83-3064424	0.07	172735

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AFFORDABLE DENTURES VINELAND STEPHANIE HARDING DDS PA	83-3070724	0.06	128920
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS LEESBURG II PA	83-3164281	0.21	230023
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES PHOENIX BETHANY HOME II PC	83-3239586	0.16	236259
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS COLORADO SPRINGS II PC	83-3431657	0.17	572991
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS LAKEWOOD II PC	83-3432298	0.00	2062
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS DALTON PC	83-3450589	0.00	1665352
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS TALLAHASSEE III PA	83-3627017	0.00	47789
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS BEND PC	83-3688045	0.01	30659
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS SEVIERVILLE IV PC	83-3748369	0.00	77371

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS LAKE MARY II PA	83-3819807	0.49	438233
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS ORLANDO IV PA	83-3850468	0.24	269022
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
XO DENTISTRY AZ PC	83-3900319	0.00	13872
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS MCCALLA II PC	83-4117722	0.00	109851
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS FORT WORTH PA	83-4144487	0.18	166067
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS WEST MELBOURNE II PA	83-4272440	0.26	401567
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS MORRISTOWN III PC	83-4280775	0.24	224545
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CALVIN WILSON DDS PC	83-4363979	0.19	35111
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KENNETH KILLPACK DDS PC	83-4421193	0.03	7971

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES MENTOR PETER DENNIS DDS INC	83-4468392	0.00	10517
AFFORDABLE DENTURES AND IMPLANTS LAKELAND PA	83-4580559	0.01	15713
AFFORDABLE DENTURES AND IMPLANTS EAST INDIANAPOLIS PC	83-4652923	0.00	17639
AFFORDABLE DENTURES AND IMPLANTS GREEN BAY SC	83-4654423	0.00	11382
NICOLE JACKSON DDS A PROFESSIONAL DENTAL CORPORATION	84-1969122	0.14	103093
SCOTT YEAMAN DDS PC	84-2000218	0.00	62109
DANIEL DRISKILL DDS PA	84-2106673	0.00	411874
AFFORDABLE DENTURES AND IMPLANTS DENTON PA	84-2115517	0.03	302432
LEONARD MCELROY BROWN JR DDS PA	84-2131581	0.20	220244

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CALVIN WILSON DDS A PROFESSIONAL SERVICE CORPORATION	84-2132510	0.29	487980
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JEONGMIN LEE DDS PA	84-2141139	0.00	213906
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THOMAS KENNEDY DDS OF ARKANSAS II PLLC	84-2172508	2.23	4216451
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS KENTUCKY PLLC	84-2190480	0.41	1324117
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEPHEN GANT DDS PA	84-2214956	0.29	215220
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THOMAS KENNEDY DDS OF LOUISIANA II A PROFESSIONAL DENTAL LLC	84-2219553	1.29	3547555
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THOMAS KENNEDY DDS OF MISSOURI II LLC	84-2275723	3.03	4863538
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEPHANIE HARDING DDS OF MISSISSIPPI II PLLC	84-2290219	1.13	1074689
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HEATH BRYAN COLEMAN DDS OF OKLAHOMA II PLLC	84-2320244	2.83	6687912

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS TENNESSEE PLLC	84-2331114	0.90	928400
AFFORDABLE DENTURES AND IMPLANTS ALABAMA LLC	84-2349096	0.30	291043
SEVAREDET SOURCING SOLUTIONS LLC	84-2405413	1.34	1363685
ERIN PALMREUTER DDS PC	84-2485768	0.19	232153
AFFORDABLE DENTURES AND IMPLANTS MIAMI LAKES III PA	84-2623646	0.05	53114
AFFORDABLE DENTURES AND IMPLANTS PUEBLO PC	84-2635217	0.03	32203
JOHN STUART WILLIAMS DDS PA	84-2849862	0.00	27711
AFFORDABLE DENTURES AND IMPLANTS MCDONOUGH II PC	84-2968455	0.00	12062
ADAM E THOMPSON DMD PSC	84-2975107	0.08	273369

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS KISSIMMEE II PA	84-3071957	0.09	112167
AFFORDABLE DENTURES AND IMPLANTS PHILADELPHIA II PC	84-3076637	0.00	146076
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA PLLC	84-3224068	1.91	2996391
AFFORDABLE DENTURES AND IMPLANTS LAKEWOOD III PC	84-3304847	0.00	10744
KRISTIN KAELEN DMD PC	84-3330855	0.00	18562
BEVERLY RICE DDS PA	84-3353364	0.15	233406
AFFORDABLE DENTURES AND IMPLANTS TEXAS PLLC	84-3357563	8.29	12275597
AFFORDABLE DENTURES AND IMPLANTS DULUTH PC	84-3418238	0.19	199834
BLAKE SINCLAIR DDS PA	84-3437539	0.00	38554

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS CHATTANOOGA II PC	84-3453570	0.23	492651
AFFORDABLE DENTURES TOLEDO KHALID RAGAB DMD INC	84-3454232	0.00	228669
AFFORDABLE DENTURES AND IMPLANTS FORT COLLINS III PC	84-3494324	0.02	36930
AFFORDABLE DENTURES AND IMPLANTS BINGHAMTON PC	84-3527651	0.00	54170
AFFORDABLE DENTURES AND IMPLANTS DICKSON II PC	84-3707391	0.28	123714
BYRON NOVOSAD DDS PA	84-3719517	0.00	8586
AFFORDABLE DENTURES AND IMPLANTS NASHVILLE II PC	84-3755058	0.06	466856
AFFORDABLE DENTURES AND IMPLANTS BETHLEHEM PC	84-4210225	0.23	257009
AFFORDABLE DENTURES AND IMPLANTS QUAD CITIES II PC	84-4219590	0.00	17247

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AFFORDABLE DENTURES AND IMPLANTS TITUSVILLE PA	84-4230897	0.00	19099
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LACY MANKIN DDS PA	84-4283349	0.06	65992
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS OF GEORGIA LLC	84-4668252	0.00	1308
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KATHERINE JONES DDS PA	84-4753715	0.08	87302
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARK A MCCATTY DMD PA	84-4784426	0.15	373966
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS MINNEAPOLIS III PC	84-4956736	0.05	87048
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS OCALA PA	84-5092365	0.23	189025
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS CEDAR RAPIDS IV PC	84-5134687	0.12	214014
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS NORTH LAUDERDALE III PA	85-1086410	0.00	50757

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AFFORDABLE DENTURES AND IMPLANTS AVON PARK PA	85-1209232	0.23	319395
AFFORDABLE DENTURES AND IMPLANTS SPEEDWAY III PC	85-1293947	0.00	51265
DANIEL STACKOWICZ DDS PC	85-1350680	0.00	19481
AFFORDABLE DENTURES AND IMPLANTS WINTER HAVEN II PA	85-1518416	0.19	219398
AFFORDABLE DENTURES AND IMPLANTS BURLINGTON VT PC	85-1672365	0.00	53239
AFFORDABLE DENTURES EAST COLUMBUS FENG CHANG DDS INC	85-1682505	0.00	34523
NIRJAL PATEL DMD PA	85-1825314	0.39	437350
AFFORDABLE DENTURES AND IMPLANTS SPRINGFIELD III PC	85-1833316	0.00	22761
AFFORDABLE DENTURES AND IMPLANTS SHOREWOOD II PC	85-1892742	0.16	141561

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AFFORDABLE DENTURES AND IMPLANTS FORT MYERS PA	85-1947454	0.36	518994
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS OF GEORGIA II LLC	85-2075575	0.33	955283
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS NEW PORT RICHEY II PA	85-2076984	0.19	474675
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS ALBANY II PC	85-2095865	0.06	115596
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS KALAMAZOO PC	85-2685145	0.06	48727
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROGER B WEI DDS A PROFESSIONAL CORPORATION	85-2800896	0.09	162939
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS NORTON SHORES III PC	85-2912899	0.00	29006
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOHN F MAJORS JR DDS PA	85-3091490	0.00	3959
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS ROCHESTER III PC	85-3542663	0.00	9018

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AFFORDABLE DENTURES AND IMPLANTS PHILADELPHIA III PC	85-3596335	0.13	269834
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOSHUA LEWIS DDS PC	85-3761566	0.00	3353
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS SOUTH CAROLINA LLC	85-3783159	0.05	289849
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS FLORIDA PLLC	85-3814984	0.05	23667
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEPHANIE K HARDING DDS PC	85-3891584	0.57	555449
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROLANDO REYES RODRIGUEZ DMD PC	85-4067760	0.13	114643
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES MENTOR NATALIE FARBER DDS INC	86-1434210	0.26	198067
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES LIMA BRIAN REDDITT DMD INC	86-1818874	0.02	26257
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS EAST AUGUSTA PC	86-2249458	0.30	599061

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AFFORDABLE DENTURES AND IMPLANTS ILLINOIS PLLC	86-2497970	0.18	211951
AFFORDABLE DENTURES AND IMPLANTS NY PC	86-2524758	0.52	203414
STEPHANIE K HARDING DDS PA	86-2999515	0.00	17609
STEPHANIE KAYE HARDING DDS PA	86-3094224	0.03	10413
AFFORDABLE DENTURES FOREST PARK MONTHER HAMDAN DDS INC	86-3437277	0.00	303
LYNN GILBERT DDS MPH LTD	86-3787430	0.46	85829
MARK R RICE JR DDS PSC	87-1062698	0.00	3515
AFFORDABLE DENTURES DAYTON MICHAEL A SULLIVAN DDS INC	87-1177477	0.03	82592
AFFORDABLE DENTURES AND IMPLANTS MACON PC	87-1251918	0.01	131

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS FLORIDA II PLLC	87-1275282	0.34	426585
AFFORDABLE DENTURES AND IMPLANTS EAST INDIANAPOLIS II PC	87-1641228	0.00	10252
TINA S LUCAS STONER DMD PC	87-1652813	0.00	933
AFFORDABLE DENTURES AND IMPLANTS WEST ATLANTA II PC	87-1713545	0.16	284290
AFFORDABLE DENTURES AND IMPLANTS VALDOSTA IV PC	87-1921221	0.00	12153
AFFORDABLE DENTURES AND IMPLANTS MCDONOUGH IV PC	87-2432571	0.12	65724
AFFORDABLE DENTURES AND IMPLANTS MEMPHIS II PC	87-2533346	0.00	1125
BLAKE GEORGE SINCLAIR DDS PA	87-2695956	0.00	528
AFFORDABLE DENTURES AND IMPLANTS KOKOMO III PC	87-2731154	0.20	134281

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AFFORDABLE DENTURES AND IMPLANTS LYNCHBURG PC	87-3032219	0.21	173887
AFFORDABLE DENTURES AND IMPLANTS OHIO LLC	87-3061430	0.16	221543
AFFORDABLE DENTURES AND IMPLANTS MAPLEWOOD PC	87-3078646	0.06	40917
AFFORDABLE DENTURES AND IMPLANTS WEST ASHLEY PC	87-3167301	0.17	225467
AFFORDABLE DENTURES AND IMPLANTS MICHIGAN PLLC	87-3190508	0.44	143394
ROGER WEI DDS A PROFESSIONAL CORPORATION	87-3333742	0.09	23791
AFFORDABLE DENTURES AND IMPLANTS WEST ST PAUL IV PC	87-3504568	0.14	323278
SHAUN OHEARN DDS PLLC	87-3897874	0.43	316120
AFFORDABLE DENTURES AND IMPLANTS NORTH DAKOTA II PLLC	87-3911404	0.01	143367

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS LINCOLN III PC	87-3939283	0.04	12106
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS EAST INDIANAPOLIS III PC	87-4391533	0.16	84386
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS LAGRANGE PC	87-4393507	0.01	54885
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TIFFANY WHITE PARKER DDS PA	87-4448095	0.10	34547
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
T MINTZ DDS PA	87-4508448	0.00	5213
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS WEEKI WACHEE PA	87-4806680	0.22	141104
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS ALBANY GA II PC	88-0583745	0.02	129918
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS CLEARWATER III PA	88-1159081	0.28	187952
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DANNY J HOLTZCLAW DDS A PROFESSIONAL CORPORATION	88-1271106	0.62	239135

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS WISCONSIN LLC	88-1427165	0.19	143636
AFFORDABLE DENTURES AND IMPLANTS SEVIERVILLE VI PC	88-1441295	0.02	7799
KEITH FETTEROLF DMD PA	88-1595656	0.18	136516
KALYANI STARR DDS PA	88-1596342	0.22	156259
HYUNG WON LEE DDS PA	88-1597044	0.30	2929285
ERNESTO DELGADO PEREZ DDS A PROFESSIONAL CORPORATION	88-1718267	0.06	21184
AFFORDABLE DENTURES AND IMPLANTS BLOOMINGTON IV PC	88-1890836	0.00	53556
AFFORDABLE DENTURES AND IMPLANTS ST PETERSBURG II PA	88-2169799	0.17	129821
MICHAEL KIMBLE DMD PC	88-2257023	0.20	102257

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOHAMMED ALROSHAIDAN DDS A PROFESSIONAL CORPORATION	88-2790254	0.21	162880
AFFORDABLE DENTURES AND IMPLANTS PEORIA PC	88-3248529	0.09	54149
ARIZONA DENTAL AFFILIATES PLLC	88-3305010	0.46	289921
AFFORDABLE DENTURES AND IMPLANTS DULUTH GA II PC	88-3434793	0.19	86728
YUJIN LEE DMD PC	88-3502059	0.09	41062
AFFORDABLE DENTURES AND IMPLANTS FORT WAYNE III PC	88-3529036	0.26	457513
AFFORDABLE DENTURES AND IMPLANTS SIOUX CITY III PC	88-3709755	0.16	33050
AFFORDABLE DENTURES AND IMPLANTS PALM COAST PA	88-3948081	0.20	119275
AFFORDABLE DENTURES AND IMPLANTS CHARLOTTESVILLE PC	88-4218784	0.20	46408

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS BRADENTON PA	88-4230797	0.06	165693
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JE CAULEY DMD PC	90-0917334	0.00	6944
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLINICAL PATHWAY AZ PLLC	92-0327866	0.36	189772
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLORADO DENTAL AFFILIATES PLLC	92-0350727	0.46	706155
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS ORANGEBURG III PC	92-0405305	0.01	3198
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS TALLAHASSEE IV PA	92-0628329	0.18	208208
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS CHESTER PC	92-0836640	0.31	171096
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALI SHOJANIA DDS PC	92-0926694	0.16	46627
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS TEXAS II PLLC	92-1403318	0.12	43783

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS SPEEDWAY IV PC	92-1467785	0.14	47084
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS CHRISTIANSBURG PC	92-1515056	0.02	4927
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS ALABAMA III LLC	92-1557718	0.00	4962
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS MICHIGAN II PLLC	92-1567737	0.04	8466
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS VIRGINIA BEACH III PC	92-1909076	0.04	3930
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TERA NIX DDS PA	92-1976968	0.39	372206
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS SMYRNA PC	92-2154797	0.00	57863
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES EAST COLUMBUS HATIM LEGHUEL BDS INC	92-2232581	0.17	94810
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS DANVILLE II PC	92-2327314	0.16	86974

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ERIC HUI DMD PC	92-2331426	0.19	82008
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA II PLLC	92-2508561	0.03	5987
AFFORDABLE DENTURES AND IMPLANTS MOBILE II PC	92-2517005	0.15	92811
AFFORDABLE DENTURES AND IMPLANTS TEXAS III PLLC	92-2631260	0.02	86738
AFFORDABLE DENTURES AND IMPLANTS TEXAS IV PLLC	92-2735047	0.16	144560
AFFORDABLE DENTURES AND IMPLANTS TITUSVILLE II PA	92-2740541	0.00	60641
JAMES OHM DMD PA	92-2777421	0.01	129
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA III PLLC	92-2844277	0.07	14338
AFFORDABLE DENTURES AND IMPLANTS TEXAS V PLLC	92-2890263	0.00	880

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NOZAR TARKESH DMD A PROFESSIONAL CORPORATION	92-3029146	0.25	196374
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADAM THOMPSON DMD PSC	92-3070610	0.02	22427
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA V PLLC	92-3151214	0.14	29201
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA VII PLLC	92-3178571	0.07	13869
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS AVONDALE II PC	92-3185181	0.02	32744
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS UTAH PLLC	92-3196170	0.04	7116
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MUHAMMAD SEYAL DMD PSC	92-3211691	0.17	38188
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA VIII PLLC	92-3252226	0.11	22933
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS VIRGINIA III PLLC	92-3275817	0.02	3589

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AFFORDABLE DENTURES AND IMPLANTS NORTH CHARLESTON PC	92-3312776	0.06	48588
AFFORDABLE DENTURES AND IMPLANTS VIRGINIA II PLLC	92-3315044	0.17	67726
AFFORDABLE DENTURES AND IMPLANTS FISHERS PC	92-3338333	0.01	275
ALI NILI DMD PA	92-3400673	0.21	197497
S HARDING DDS PA	92-3462005	0.12	23890
KALYANI VELLANKI STARR DDS PA	92-3467383	0.20	48303
AFFORDABLE DENTURES EAST CINCINNATI MICHAEL SULLIVAN DDS INC	92-3563759	0.01	974
AFFORDABLE DENTURES AND IMPLANTS DESTIN II PA	92-3591702	0.00	10062
NICOLE L JACKSON DDS A PROFESSIONAL DENTAL CORPORATION	92-3877450	0.00	134

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS CARTERSVILLE PC	92-3893223	0.31	202074
AFFORDABLE DENTURES AND IMPLANTS BLOOMINGTON V PC	92-3970998	0.03	87625
AFFORDABLE DENTURES AND IMPLANTS YORK PC	93-1395288	0.01	4086
AFFORDABLE DENTURES AND IMPLANTS SPARTANBURG PC	93-1622784	0.01	11717
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA IX PLLC	93-1881589	0.03	7558
AFFORDABLE DENTURES AND IMPLANTS TEXAS VI PLLC	93-1938135	0.14	60804
AFFORDABLE DENTURES AND IMPLANTS FREDERICKSBURG PC	93-1968082	0.00	319
AFFORDABLE DENTURES EWING STEPHANIE HARDING DDS PA	93-2133251	0.11	74901
DR JUSTIN MOODY PLLC	93-2177913	0.20	51044

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS VERO BEACH PA	93-2285734	0.01	2550
AFFORDABLE DENTURES TOLEDO JAAFAR ACHKAR DDS INC	93-2406933	0.17	334459
AFFORDABLE DENTURES AND IMPLANTS CULPEPER PC	93-2710965	0.00	616
AFFORDABLE DENTURES AND IMPLANTS HIXSON PC	93-2765349	0.07	65245
AFFORDABLE DENTURES AND IMPLANTS VIRGINIA IV PLLC	93-2826096	0.14	48473
USDM ACI CORP	93-3046523	0.02	13562
AFFORDABLE DENTURES AND IMPLANTS TEXAS VIII PLLC	93-3344803	0.01	1056
NEW HAMPSHIRE DENTAL AFFILIATES PLLC	93-3537226	0.24	57118
AFFORDABLE DENTURES AND IMPLANTS SOUTH CAROLINA II LLC	93-3602042	0.04	88240

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLORIDA DENTAL AFFILIATES PLLC	93-3704159	0.07	13852
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS MADISON III PC	93-3724156	0.08	29483
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS NORTH TUCSON II PC	93-3931022	0.04	5434
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
N KARIMI DDS PC	93-3931583	0.15	31824
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ERNESTO D PEREZ DDS A PROFESSIONAL CORPORATION	93-3981420	0.07	12837
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GEORGIA DENTAL AFFILIATES LLC	93-4197439	0.03	6038
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS CENTENNIAL II PC	93-4217877	0.04	8948
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HUNG HOANG NGUYEN DMD PC	93-4221882	0.01	2211
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS LAKEWOOD IV PC	93-4237515	0.11	148012

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS OF GEORGIA IV LLC	93-4318027	0.04	17958
AFFORDABLE DENTURES AND IMPLANTS LAGRANGE II PC	99-0452513	0.01	918
SK HARDING DDS PLLC	99-0494355	0.01	1285
AFFORDABLE DENTURES AND IMPLANTS COON RAPIDS PC	99-0529506	0.00	428
AFFORDABLE DENTURES AND IMPLANTS TEXAS VII PLLC	99-0687189	0.02	4337
AFFORDABLE DENTURES AND IMPLANTS TEXAS X PLLC	99-0733156	0.11	22506
AFFORDABLE DENTURES AND IMPLANTS TERRE HAUTE PC	99-0790666	0.19	89023
STEPHANIE KAYE HARDING DDS PC	99-1006354	0.09	20312
AFFORDABLE DENTURES AND IMPLANTS GREENWOOD IV PC	99-1056781	0.02	85201

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS ALPHARETTA PC	99-1134015	0.01	2351
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TALYA TENNELLE MINTZ DDS PA	99-1410388	0.00	432
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS IDAHO II PLLC	99-1582246	0.17	46646
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JONATHAN D MOSLEY DDS PA	99-1756328	0.02	27787
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS SOUTH CAROLINA III LLC	99-2110555	0.02	247
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHANE TEWIS DDS OF ARKANSAS PLLC	99-2132993	0.00	593
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS TOPEKA II PA	99-2296846	0.24	183831
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA IV PLLC	99-2422389	0.04	11881
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS WOODHAVEN II PC	99-2591991	0.01	1118

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS KENTUCKY II PLLC	99-2692748	0.01	2943
AFFORDABLE DENTURES AND IMPLANTS SPRINGFIELD IL PC	99-2723189	0.02	14060
AFFORDABLE DENTURES AND IMPLANTS NORTH RICHMOND II PC	99-2819958	0.01	15911
AFFORDABLE DENTURES AND IMPLANTS NORTH JACKSONVILLE III PA	99-2925214	0.12	20012
RUBY B NAH DDS PA	99-2942483	0.00	258
TRAM ANH NGUYEN DDS PA	99-3064651	0.20	61764
AFFORDABLE DENTURES AND IMPLANTS FAIRVIEW HEIGHTS III PC	99-3218320	0.05	203292
AFFORDABLE DENTURES AND IMPLANTS OAK RIDGE IV PC	99-3386218	0.03	9276
JUSTIN MOODY DDS PC	99-3398530	0.03	5485

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JUSTIN DAVID MOODY DDS PC	99-3426813	0.03	6772
AFFORDABLE DENTURES AND IMPLANTS ORLAND PARK III PC	99-3570145	0.02	65813
AFFORDABLE DENTURES AND IMPLANTS TEXAS XI PLLC	99-3656587	0.11	16663
T NIX DDS PA	99-4144572	0.11	32401
SARA I SALEH DMD PA	99-4144867	0.26	964015
MANISHA PRADHAN DMD PC	99-4366513	0.21	211591
AFFORDABLE DENTURES AND IMPLANTS OF GEORGIA V LLC	99-4511666	0.04	39527
AFFORDABLE DENTURES AND IMPLANTS KALAMAZOO II PC	99-4560284	0.03	7623
AFFORDABLE DENTURES AND IMPLANTS TEXAS XII PLLC	99-5065435	0.05	44768

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

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

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

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



INDEPENDENT AUDITOR'S REPORT

Page 1 of 4

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

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

We have performed audits of the accompanying financial statements of Affordable Care, LLC Multiple Employer 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan by a bank or similar institution or insurance carrier that is regulated, serviced, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

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

BALANCE & STRATEGY ADVISORS, CPAS LLP

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Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

In our opinion:

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

Balance & Strategy

Chapel Hill, North Carolina
October 8, 2025

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

**AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

**AS OF DECEMBER 31, 2024 AND 2023
AND FOR THE YEAR ENDED DECEMBER 31, 2024**



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INDEPENDENT AUDITOR'S REPORT

Page 1 of 4

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

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

We have performed audits of the accompanying financial statements of Affordable Care, LLC Multiple Employer 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan by a bank or similar institution or insurance carrier that is regulated, serviced, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

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

BALANCE & STRATEGY ADVISORS, CPAS LLP

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Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

In our opinion:

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

Balance & Strategy

Chapel Hill, North Carolina
October 8, 2025

AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401(k) PLAN

**STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS**

EXHIBIT A

December 31, 2024 and 2023

	2024	2023
ASSETS:		
Investments, at fair value	\$ 231,237,796	\$ 210,150,073
Receivables:		
Notes receivable from participants	4,142,705	3,589,202
Employee contributions	345,127	361,280
Employer contributions	<u>186,842</u>	<u>198,957</u>
Total receivables	<u>4,674,674</u>	<u>4,149,439</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 235,912,470</u></u>	<u><u>\$ 214,299,512</u></u>

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

AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401(k) PLAN

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

EXHIBIT B

For the Year Ended December 31, 2024

CHANGES TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net appreciation in fair value of investments	\$ 23,363,102
Dividends and interest	3,993,720
Other income	<u>22,513</u>

Total investment income	<u>27,379,335</u>
--------------------------------	-------------------

Interest income on notes receivable from participants	<u>274,861</u>
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Contributions:

Participants	14,047,975
Employer	7,271,463
Rollovers	<u>644,922</u>

Total contributions	<u>21,964,360</u>
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Total additions	<u>49,618,556</u>
------------------------	-------------------

Deductions:

Benefits paid to participants	27,542,331
Administrative expenses	<u>463,267</u>

Total deductions	<u>28,005,598</u>
-------------------------	-------------------

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	21,612,958
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NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>214,299,512</u>
---	--------------------

NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 235,912,470</u></u>
---	------------------------------

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

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

NOTES TO FINANCIAL STATEMENTS

Page 1 of 7

A. DESCRIPTION OF THE PLAN

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

1. General. The Plan is a defined contribution plan covering all employees of the Company who have completed two consecutive months of service as defined by the Plan. The Investment Committee of the Company controls and manages the operation and administration of the Plan. Vanguard Fiduciary Trust Company (“Vanguard”) serves as the trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).
2. Contributions. Each year, participants may contribute up to 50% of their pre-tax or post-tax annual compensation, as defined by the Plan. Participants who have attained age 50 before the end of the plan year are eligible for catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution amounts (rollover). Participants direct their investments of their contributions and company contributions into various investment options offered by the Plan. After completing twelve months of service, the Company provides a safe harbor match equal to 100% of the first 4% of base compensation that a participant contributes to the Plan. The Company may also make a discretionary, non-elective contribution, regardless of whether employees elected to defer any of their compensation. There were no discretionary contributions in the year ended December 31, 2024. Contributions are subject to certain limitations.
3. Participant accounts. Each participant’s account is credited with the participant’s contribution and Company contributions, if any, as well as allocations of Plan earnings (losses). Participant accounts are charged with benefit payments and allocations of administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.
4. Vesting. Participants are immediately vested in their accounts upon their effective date of participation and are immediately vested in safe harbor matching contributions and non-elective contributions at the time they are eligible for the safe harbor match and non-elective contributions.
5. Notes receivable from participants. Participants may borrow from their accounts the lesser of 50% of their vested account balance or \$50,000 with a minimum loan amount of \$1,000. Loan terms range from 1-5 years, or a reasonable time determined at the time of the loan for the purchase of a primary residence. The loans are secured by the balance in the participant’s account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest is paid ratably through payroll deductions.

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

NOTES TO FINANCIAL STATEMENTS

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A. DESCRIPTION OF THE PLAN (CONTINUED)

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

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

4. Contributions. Contributions from Plan participants and the matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.
5. Notes receivable from participants. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable is recognized using the interest method. Related fees are recorded as administrative expenses and are expensed when they are incurred. Plan Management does not consider an allowance for credit losses to be necessary based on the nature of the receivables.
6. Benefits. Benefits are recorded when paid.

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

NOTES TO FINANCIAL STATEMENTS

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B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

7. Administrative expenses. The Plan's administrative expenses are paid by either the Plan or the Company. Expenses that are paid by the Company are excluded from the 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.

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

C. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplementary information, including investments and notes receivable from participants held at December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Vanguard Fiduciary Trust Company, the trustee of the Plan.

	<u>2024</u>	<u>2023</u>
Investment values certified	<u>\$ 231,237,796</u>	<u>\$ 210,150,073</u>
Notes receivable from participants certified	<u>\$ 4,142,705</u>	<u>\$ 3,589,202</u>
	<u>2024</u>	
Investment income certified:		
Net appreciation in fair value of investments	<u>\$ 23,363,102</u>	
Dividends and interest	<u>\$ 3,993,720</u>	
Interest income on notes receivable from participants certified	<u>\$ 274,861</u>	

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

NOTES TO FINANCIAL STATEMENTS

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D. FAIR VALUE OF ASSETS

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

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Common Collective Trusts - Valued at the net asset value (NAV) of units held by the Plan at year end. The NAV is determined by the custodian of the fund and is based upon the fair value of the underlying assets held by the fund. NAV is used as a practical expedient to estimate fair value.

There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Mutual Funds - Valued at the net asset value (NAV) of shares held by the Plan at year end based on quoted market prices.

AFFORDABLE CARE, LLC
MULTIPLE EMPLOYER 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

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D. FAIR VALUE OF ASSETS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	<u>2024</u>	<u>2023</u>
Level 1		
Mutual Funds	\$ 94,538,090	\$ 83,447,888
Total investments in the fair value hierarchy	94,538,090	83,447,888
Investments measured at net asset value	<u>136,699,706</u>	<u>126,702,185</u>
Total investments at fair value	<u><u>\$ 231,237,796</u></u>	<u><u>\$ 210,150,073</u></u>
	<u>2024</u>	<u>2023</u>
Common collective trusts		
Fair Value	<u>\$ 136,699,706</u>	<u>\$ 126,702,185</u>
Unfunded commitment	\$ -	\$ -
Redemption frequency	Daily	Daily
Redemption notice period	None	None

E. PARTY-IN-INTEREST TRANSACTIONS

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

Fees paid by the Plan to Vanguard for administrative services totaled \$463,267 for the year ended December 31, 2024.

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

NOTES TO FINANCIAL STATEMENTS

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F. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per financial statements	\$ 235,912,470	\$ 214,299,512
Prior years deemed distributions	(40,288)	(190,135)
Current year deemed distributions	(5,725)	(40,288)
Current year distributions deemed in prior years	(88,813)	13,796
Employee contributions receivable not on 5500	(345,127)	(361,280)
Employer contributions receivable not on 5500	<u>(186,842)</u>	<u>(198,957)</u>
Net assets available for benefits per Form 5500	<u>\$ 235,245,675</u>	<u>\$ 213,522,648</u>

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

Increase in net assets available for benefits per financial statements	\$ 21,612,958
Change in employee contribution receivable	16,153
Change in employer contribution receivable	12,115
Increase in distributions due to deemed distributions	<u>81,800</u>
Increase in net assets available for benefits per Form 5500	<u>\$ 21,723,026</u>

G. PLAN TERMINATION

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

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

NOTES TO FINANCIAL STATEMENTS

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H. TAX STATUS

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

I. RISKS AND UNCERTAINTIES

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

J. RECLASSIFICATIONS

Certain reclassifications have been made to amounts previously reported in the 2023 financial statements in order to conform to 2024 presentation. Such reclassifications had no effect on net assets.

K. SUBSEQUENT EVENTS

Management has evaluated subsequent events for recognition or disclosure through October 8, 2025, the date that the financial statements were available to be issued. Management did not identify any events that occurred subsequent to year-end that require disclosure in the financial statements.

SUPPLEMENTAL INFORMATION
For the Year Ended December 31, 2024

SCHEDULE 1

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 December 31, 2024

(a) Party-in- Interest	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
*	Vanguard Inst Index Fd Inst'l	Mutual Fund	\$ -	\$ 33,020,842
*	Vanguard Tgt Retire 2035 Tr II	Common Collective Trust	-	26,537,981
*	Vanguard PRIMECAP Adm	Mutual Fund	-	24,072,861
*	Vanguard Tgt Retire 2040 Tr II	Common Collective Trust	-	19,765,257
*	Vanguard Tgt Retire 2045 Tr II	Common Collective Trust	-	18,780,842
*	Vanguard Tgt Retire 2030 Tr II	Common Collective Trust	-	18,701,610
*	Vanguard Tgt Retire 2050 Tr II	Common Collective Trust	-	13,036,075
*	Vanguard Extend Mkt Index Inst	Mutual Fund	-	8,209,835
*	Vanguard Tgt Retire 2055 Tr II	Common Collective Trust	-	8,202,345
*	Vanguard Tgt Retire 2025 Tr II	Common Collective Trust	-	8,176,134
*	Vanguard Retirement Savings Trust III	Common Collective Trust	-	7,206,344
*	Vanguard Total Bond Idx Inst	Mutual Fund	-	7,048,785
*	Vanguard Explorer Adm	Mutual Fund	-	6,608,793
*	Vanguard Total Intl Stk Inst	Mutual Fund	-	6,016,159
*	MFS LgCp VI Fnd CT	Common Collective Trust	-	4,247,538
*	JPMorgan Lg Cap Gr R6	Mutual Fund	-	4,094,753
*	Vanguard Tgt Retire 2020 Tr II	Common Collective Trust	-	3,859,111
*	Vanguard Tgt Retire 2060 Tr II	Common Collective Trust	-	3,223,882
*	PGIMI Ttl Ret Bond R6	Mutual Fund	-	2,618,011
*	Vanguard Tgt Retire Inc Tr II	Common Collective Trust	-	2,241,896
*	Vanguard Tgt Retire 2065 Tr II	Common Collective Trust	-	1,510,944
*	MM MdCp Gro, Class I	Mutual Fund	-	1,132,514
*	Amer Funds EuroPacific Gr	Mutual Fund	-	861,129
*	MFS MdCp VI Fnd CT	Common Collective Trust	-	736,985
*	VictorySycamore SmCoOppR6	Mutual Fund	-	660,570
*	Vanguard Tgt Retire 2070 Tr II	Common Collective Trust	-	472,762
*	Vanguard Cash Res Fed MM Adm	Mutual Fund	-	193,838
*	Participant loans***	Interest bearing at 4.25% to 9.50%,	-	4,142,705
			<u>\$ -</u>	<u>\$ 235,380,501</u>

* Party-in-interest

** Cost information omitted for participant-directed investments.

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

SCHEDULE 1

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

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