Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ 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.	10/13/2026	MARY PATER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	MARY PATER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3382
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2067
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1959
b	Retired or separated participants receiving benefits	**6b**	42
c	Other retired or separated participants entitled to future benefits	**6c**	1244
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3245
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	34
f	Total. Add lines **6d** and **6e**.	**6f**	3279
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	3242
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	3121
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AFFORDABLE CARE, LLC

D Employer Identification Number (EIN)
56-1505559

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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 38 52 99	NONE	279772	Yes [X] No [ ]	Yes [X] 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	76926	Yes [ ] No [X]	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	22000	Yes [ ] No [X]	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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-7041744-024	C	8374654

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083982-001	C	2053263

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083980-001	C	6472832

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083978-001	C	20291620

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083976-001	C	30290283

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083974-001	C	24573197

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083972-001	C	21533689

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) 16120119

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) 10813035

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) 4744347

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) 2246878

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) 820510

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) 3818052

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) 4122158

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) 610883

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
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)	4007877	3806016
(9) Value of interest in common/collective trusts	1c(9)	136699708	156885520
(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)	94538090	106686668
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	235245675	267378204
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	235245675	267378204

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)	7351697	
(B) Participants	2a(1)(B)	14167809	
(C) Others (including rollovers)	2a(1)(C)	2209509	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		23729015
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)	319810	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		319810
(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)	6535428	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		6535428
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		23257003
(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)		11253950
c Other income	2c		21805
d Total income. Add all **income** amounts in column (b) and enter total	2d		65117011
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32552271	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	21147	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		32573418
f Corrective distributions (see instructions)	2f		12368
g Certain deemed distributions of participant loans (see instructions)	2g		23618
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)	375078	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		375078
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		32984482
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		32132529
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: 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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
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**

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)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2025** **This Form is Open to Public Inspection**

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

A Name of plan 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** [X] 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	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES PENSACOLA PA	16-1664004	0.24	1110154
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 OMAHA PC	20-0262037	0.00	3865

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 [X] 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 O'HEARN DDS PA	20-0490261	0.00	7278
DENNIS D GASKIN DDS PA	20-0546499	0.27	597436
DR BRUCE GRAY PA	20-0546582	0.00	60521
C GREGORY MARTIN DDS PA	20-0546675	0.36	168718
ROBIN EDWARDS DDS PA	20-0546795	0.00	149777
AFFORDABLE DENTURES GAINESVILLE PA	20-1011283	0.25	2043604
LARISSA M MASTRO DDS PA	20-1013600	0.40	2262247
JAY QUIGLEY DDS PA	20-1044598	0.06	1511609
AFFORDABLE DENTURES MADISON SC	20-1749472	0.04	260980

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
ANTHONY F WILLIAMS DDS PC	20-1878577	0.00	2950
OSCAR C GIDO DDS PC	20-2428987	0.00	1
TAMMY J CLIFFORD DDS A PROFESSIONAL SERVICE CORPORATION	20-2805416	0.00	540780
REUBEN R LITTLE DDS PC	20-3466250	0.07	423178
AFFORDABLE DENTURES TAMPA PA	20-3467207	0.51	1754318
JAYESH S PATEL DDS PA	20-3566981	0.00	42510
VALERIE H WASHINGTON DDS A PROFESSIONAL DENTAL CORPORATION	20-3615727	0.00	3845
MICHAEL W SANT DMD PC	20-4063389	0.16	545544
CRAIG M MROSAK DDS PC	20-4418717	0.00	26

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 COLUMBUS II PC	20-4983916	0.11	527876
AFFORDABLE DENTURES ALBUQUERQUE PC	20-5443404	0.42	2009479
AFFORDABLE DENTURES WEST PALM BEACH PA	20-5560496	0.30	529068
P HIRAM RODRIGUEZ DDS A PROFESSIONAL CORPORATION	20-5645689	0.00	130648
AFFORDABLE DENTURES WEST MELBOURNE PA	20-5717391	0.00	45569
JOHN KNOWLES DDS PA	20-5737497	0.00	24386
AFFORDABLE DENTURES SARASOTA PA	20-5918405	0.17	63861
AFFORDABLE DENTURES JACKSONVILLE PA	20-8367801	0.31	196488
AFFORDABLE DENTURES COVINGTON PC	20-8640824	0.25	2312929

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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 SUN CITY PC	20-8755392	0.08	239259
AFFORDABLE DENTURES ALBANY II PC	20-8989117	0.00	412
AFFORDABLE DENTURES DAYTONA BEACH PA	26-0591393	0.00	461859
LISA D PATRICK DDS PC	26-0591645	0.20	427659
AFFORDABLE DENTURES TUCSON PC	26-0865587	0.00	6209
CHER Y CHANG DMD PC	26-1085858	0.31	1364770
AFFORDABLE DENTURES CEDAR RAPIDS PC	26-1395442	0.00	73
AFFORDABLE DENTURES MYRTLE BEACH PC	26-1398014	0.00	1637694
AFFORDABLE DENTURES EWING HYEEUN KIM DMD A PROFESSIONAL ASSOCIATION	26-2606304	0.00	666026

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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
KENNETH D SULLIVAN DMD PC	26-3060155	0.12	77472
AFFORDABLE DENTURES ROCHESTER II PC	26-3374613	0.02	595882
AFFORDABLE DENTURES LANSING II PC	26-3478390	0.00	317
AFFORDABLE DENTURES EAU CLAIRE SC	26-3685324	0.36	944839
DIXIE DENTAL CENTER PC	26-3827888	0.33	2227410
AFFORDABLE DENTURES WILKESBARRE PC	26-3845620	0.00	11563
KAREN T MAYS DDS PC	26-3965399	0.00	1003773
SHARNN AARIN SHEPHEARD DDS PC	27-1014028	0.00	13102
AFFORDABLE DENTURES ZANESVILLE MARK H CLEARY DDS INC	27-1524930	0.41	484195

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AFFORDABLE DENTURES ORLANDO WEST II PA	27-1524998	0.00	2540
SHERRI J DALE MCGEE DDS PC	27-1559296	0.02	37795
AFFORDABLE DENTURES QUAD CITIES PC	27-2424719	0.00	14605
MESFIN ZELLEKE DDS PC	27-2481938	0.15	1399288
DR GERALD L FAIRCHILD PSC	27-2655321	0.08	446753
AFFORDABLE DENTURES CARROLLTON PSC	27-2863061	0.00	491
AFFORDABLE DENTURES AUGUSTA II PC	27-3040978	0.17	1416310
LYNNE C FAXIO DDS PC	27-3088417	0.38	1111101
AFFORDABLE DENTURES ROCK HILL PC	27-3480753	0.07	710533

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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 WEEKI WACHEE II PA	27-3684503	0.00	974530
AFFORDABLE DENTURES RIVERDALE PC	27-3971318	0.00	251119
AFFORDABLE DENTURES TULSA PC	27-4066904	0.00	113
AFFORDABLE DENTURES WILSONVILLE PC	27-4150440	0.52	277625
AFFORDABLE DENTURES AMERICAN FORK PC	27-5545594	0.03	283
CHRISTOPHER A PARKS DDS PC	27-5555555	0.30	779278
AFFORDABLE DENTURES TERRE HAUTE PC	30-0103692	0.00	1247
AFFORDABLE DENTURES ROCKFORD PC	30-0116084	0.49	1151436
AFFORDABLE DENTURES AND IMPLANTS LIVONIA PC	33-1249683	0.10	23004

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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 BEND II PC	33-1718415	0.04	57904
AFFORDABLE DENTURES AND IMPLANTS SPRINGFIELD V PC	33-1728167	0.00	0
AFFORDABLE DENTURES AND IMPLANTS LEESBURG III PA	33-1736275	0.09	296169
AFFORDABLE DENTURES AND IMPLANTS TEXAS XIII PLLC	33-1778093	0.02	2680
STEPHANIE K HARDING DDS A PROFESSIONAL DENTAL CORPORATION	33-1862550	0.01	727
S GANT DDS PA	33-1951737	0.25	282674
J D MOODY DDS A PROFESSIONAL CORPORATION	33-2108227	0.01	1576
MOHAMMED ALSHAEBI DMD PA	33-2131030	0.00	0
AFFORDABLE DENTURES AND IMPLANTS LAKEWOOD V PC	33-2883241	0.00	624

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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 MADISON SC	33-2967504	0.05	79116
S K HARDING DDS PC DBA AFFORDABLE DENTURES AND IMPLANTS DA	33-3396124	0.04	30818
AFFORDABLE DENTURES AND IMPLANTS ORLAND PARK IV PC	33-3409910	0.09	82517
AFFORDABLE DENTURES AND IMPLANTS ROCHESTER IV PC	33-3614114	0.00	0
AFFORDABLE DENTURES AND IMPLANTS BLOOMINGTON VI PC	33-3618722	0.01	0
AFFORDABLE DENTURES AND IMPLANTS FISHERS II PC	33-3648204	0.06	71006
AFFORDABLE DENTURES AND IMPLANTS WEST ATLANTA III PC	33-3652209	0.05	14995
AFFORDABLE DENTURES AND IMPLANTS LAFAYETTE III PC	33-4378863	0.01	23053
AFFORDABLE DENTURES AND IMPLANTS OF INDIANA LLC	33-4467383	0.13	43354

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AFFORDABLE DENTURES AND IMPLANTS ANDCOLORADO SPRINGS III PC	33-4703678	0.03	268072
AFFORDABLE DENTURES AND IMPLANTS NORTH RICHMOND III PC	33-5029666	0.03	456045
WALTER J WULF DDS PA	34-2001651	0.37	533506
AFFORDABLE DENTURES FRANKLIN PC	35-1981451	0.18	492115
AFFORDABLE DENTURES SOUTH BEND PC	35-2007676	0.24	4736024
AFFORDABLE DENTURES BLOOMINGTON PC	35-2123111	0.00	69604
AFFORDABLE DENTURES PEORIA PC	35-2171479	0.00	29239
AFFORDABLE DENTURES COLUMBIA PC	37-1708962	0.04	142833
AFFORDABLE DENTURES DECATUR PC	38-3656095	0.23	692279

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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
T M NIX DDS PA	39-2417656	0.00	0
AFFORDABLE DENTURES AND IMPLANTS TEXAS XIV PLLC	39-2700776	0.00	7254
AFFORDABLE DENTURES AND IMPLANTS ANDAURORA II PC	39-2828124	0.09	104350
AFFORDABLE DENTURES AND IMPLANTS ANDCENTENNIAL III PC	39-3083457	0.00	0
AFFORDABLE DENTURES AND IMPLANTS ANDDULUTH GA III PC	39-3090858	0.01	14240
AFFORDABLE DENTURES AND IMPLANTS CEDAR RAPIDS V PC	39-3374472	0.00	59442
AFFORDABLE DENTURES AND IMPLANTS OF WEST VIRGINIA PLLC	39-3495039	0.00	39270
AFFORDABLE DENTURES AND IMPLANTS ANDDAWSONVILLE II PC	39-3638129	0.01	14848
S K HARDING DDS PC	39-3745506	0.00	0

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AFFORDABLE DENTURES AND IMPLANTS ANDGREEN BAY II SC	39-4011495	0.03	110684
NIRJAL S PATEL DMD PA	39-4302441	0.00	0
AFFORDABLE DENTURES AND IMPLANTS ANDORANGEBURG IV PC	39-4450542	0.01	21158
PATRICIA BEZAD DMD A PROFESSIONAL CORPORATION	45-1581620	0.00	29441
MARINO J ALEA IGLESIAS DDS A PROFESSIONAL CORPORATION	45-3975990	0.00	210180
BEVERLY GOODMAN DDS PC	45-4516842	0.00	34286
AFFORDABLE DENTURES ALBANY NY III PC	45-4595617	0.00	64421
NICHOLAS J WILLIAMS DDS A PROFESSIONAL CORPORATION	45-4964859	0.00	76975
DEANDRAE W ALEXANDER DDS PA	45-5358507	0.23	825423

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DENNIS D GASKIN DDS PC	46-0589172	0.00	230530
STEPHEN ROGERS DANIEL DDS PC	46-0613901	0.00	1483
MARVO C ODDS DDS PC	46-1163560	0.33	1271931
CAMERON K BLAIR DDS PA	46-1305507	0.00	48463
MICHAEL D HARRIS DMD PC	46-2294025	0.00	11829
CHRISTOPHER BRETT ORR DDS PC	46-2486912	0.26	685006
SIMEON O UDUNKA DDS PA	46-3079489	0.00	351197
MARK F ADAMS DMD PC	46-3772506	0.00	72248
DAVID E STUBBS DDS PC	46-3967541	0.00	1884

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FLOYD BAGWELL III DDS PC	46-4079220	0.08	526245
AFFORDABLE DENTURES MERRILLVILLE PC	46-4248344	0.00	39700
JENNIFER C SMITH DDS PA	46-4301037	0.23	615789
THINH LUONG DDS PA	46-4831059	0.00	54525
LI MIN HOU DDS A PROFESSIONAL CORPORATION	46-4831307	0.00	67570
PAUL B BELUSKO DDS A PROFESSIONAL CORPORATION	46-5061099	0.00	29659
NADEEM U HASEEB DDS A PROFESSIONAL CORPORATION	46-5061221	0.00	8602
AFFORDABLE DENTURES STOCKBRIDGE PC	46-5273725	0.22	585918
BLAKE G SINCLAIR DDS PA	47-0914527	0.00	6882

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AFFORDABLE DENTURES BROOK PARK BRIAN W REDDITT DMD INC	47-1449445	0.28	761786
AFFORDABLE DENTURES MESA PC	47-1464481	0.17	590654
KASEY FARAH DDS PC	47-2468294	0.00	38568
AUSTIN HOANG DDS PA	47-2709384	0.16	503934
AFFORDABLE DENTURES WICHITA PA	47-3273001	0.33	858087
AFFORDABLE DENTURES NORWOOD SHERRY SENTERS DMD INC	47-3317809	0.36	350019
AFFORDABLE DENTURES OAK PARK PC	47-3414298	0.26	195396
JAMIAH DAWSON DDS PC	47-3573398	0.03	117004
HAITHAM MOSLY DMD A PROFESSIONAL CORPORATION	47-3613730	0.22	546600

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ROHINI K SHAH DMD PC	47-3935468	0.00	280882
AFFORDABLE DENTURES MILWAUKEE III SC	47-4035133	0.31	556189
SHANNA G BURRESS DMD PSC	47-4241752	0.00	345
AFFORDABLE DENTURES CARROLLTON II PC	47-4563943	0.24	794568
AFFORDABLE DENTURES HUBER HEIGHTS WAITHAKA NJIHIA DMD INC	47-5263862	0.00	1958
JENNIFER ALSTONSAKO DDS PC	54-1606728	0.10	724113
DR STEVEN B NICHOLAS LTD	55-0717921	0.33	285788
AFFORDABLE DENTURES BLUFF CITY PC	56-1477739	0.54	1809321
AFFORDABLE CARE LLC	56-1505559	11.57	38861651

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AFFORDABLE DENTURES COOKEVILLE PC	56-1591329	0.26	4664866
AFFORDABLE DENTURES DENTAL LABORATORIES LLC	56-1678938	12.73	45840113
ERIC Y LEE DDS PC	56-1865764	0.39	3845800
AFFORDABLE DENTURES MONTGOMERY PC	56-1951144	0.00	111575
AFFORDABLE DENTURES ALBERTVILLE PC	56-2175595	0.23	134427
JEFFREY LEE MARTIN DDS A PROFESSIONAL DENTAL CORPORATION	56-2203603	0.00	2338
DONOVAN SMITH DDS A PROFESSIONAL DENTAL CORPORATION	56-2222243	0.20	2403659
AFFORDABLE DENTURES HUNTSVILLE PC	56-2266001	0.13	617405
JOHN J DOYLE DDS PC	56-2290907	0.23	2833037

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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 COMMERCE PC	58-2221605	0.00	135904
AFFORDABLE DENTURES SAVANNAH PC	58-2543589	0.05	1218126
VANITA D FARROW DMD PSC	61-1286313	0.05	291052
RONALD A GRAVIL DMD PSC	61-1297052	0.18	744677
RODNEY ALAN STEVENS DMD PSC	61-1299144	0.00	22751
AFFORDABLE DENTURES DICKSON PC	62-1559765	0.00	21608
AFFORDABLE DENTURES JACKSON PC	62-1621830	0.00	40971
AFFORDABLE DENTURES NASHVILLE PC	62-1846000	0.00	10488
AFFORDABLE DENTURES PELL CITY/EDEN PC	63-1178862	0.00	317153

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LEOTIS RICHARDSON III DDS PC	71-0887152	0.14	675089
AFFORDABLE DENTURES GREEN BAY SC	77-0599918	0.00	1518
AFFORDABLE DENTURES GREENVILLE PC	80-0875482	0.27	1130795
AFFORDABLE DENTURES GREENWOOD PC	80-0876690	0.00	64897
AFFORDABLE DENTURES AND IMPLANTS AURORA PC	81-0715264	0.16	22025
AFFORDABLE DENTURES AND IMPLANTS FORT COLLINS PC	81-1027802	0.00	11286
AFFORDABLE DENTURES AND IMPLANTS GRANDVILLE PC	81-1695639	0.22	347953
JOSEPH BOONE DMD PC	81-2248691	0.00	13766
AFFORDABLE DENTURES AND IMPLANTS WEST ST PAUL PC	81-2825616	0.00	29098

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AFFORDABLE DENTURES AND IMPLANTS PHILADELPHIA PC	81-2870191	0.00	40848
MARLON HANLEY DDS A PROFESSIONAL DENTAL CORPORATION	81-3702149	0.21	519318
AFFORDABLE DENTURES BOARDMAN RONALD L GREGO DMD INC	81-3721190	0.11	338758
AFFORDABLE DENTURES BURLINGTON III PC	81-3943644	0.00	1471
GIAO H LE DDS PA	81-4196382	0.02	20709
JOVIAN S MONETTE DDS A PROFESSIONAL DENTAL CORPORATION	81-4269586	0.08	337847
COREY ANDERSON DDS LTD	81-4604212	0.21	849206
ABBY RAYMOND DDS PC	81-4673602	0.00	40006
DAVID M PEREZ DMD PC	81-5136123	0.20	686004

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TROY SIMMONS DDS PA	81-5155200	0.18	581022
JUSTIN DAVID MOODY DDS A PROFESSIONAL CORPORATION	81-5155522	0.06	17118
RICHARD CHRISTIANSEN DDS PA	81-5392352	0.00	44764
RAELINE K MCINTYRE DMD PC	82-0567626	0.00	2243186
BAHRU S NURE DDS PC	82-0746574	0.29	53324
MICHAEL DOE DMD PC	82-0843372	0.33	539096
AFFORDABLE DENTURES MANSFIELD SUSAN CAMPBELL DDS INC	82-1041692	0.00	47694
AFFORDABLE DENTURES AND IMPLANTS ST PETERSBURG PA	82-1384724	0.00	16445
HOLLIS LEE JONES DDS PA	82-1902251	0.21	460829

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AFFORDABLE DENTURES COLUMBUS BINAL PATEL DDS INC	82-2004151	0.20	466155
AFFORDABLE DENTURES AND IMPLANTS ANDERSON PC	82-2086130	0.39	643344
THOMAS J STACK DDS PC	82-2188338	0.00	83615
MICHAEL ST A BROWN DDS PC	82-2188497	0.30	330953
AFFORDABLE DENTURES AND IMPLANTS AURORA IL PC	82-2233338	0.00	10644
AFFORDABLE DENTURES AND IMPLANTS DOTHAN PC	82-2552669	0.18	457339
JI H CHOI DDS PC	82-2682134	0.00	9697
JASON R DUKE DDS PA	82-3007309	0.00	50052
AFFORDABLE DENTURES CHILLICOTHE TANISHA BROWN DDS INC	82-3043861	0.00	81158

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J MICHAEL SCOTT DMD PC	82-3701422	0.00	1112
JEEVAN YENUGANTI DDS A PROFESSIONAL DENTAL CORPORATION	82-3922954	0.00	298237
AFFORDABLE DENTURES AND IMPLANTS MUNCIE PC	82-4057477	0.26	24195
SHAUN P O'HEARN DDS PA	82-4309001	0.27	1937479
ISMAIL JOLAOSO DDS PC	82-4621766	0.22	469881
AFFORDABLE DENTURES AND IMPLANTS JEFFERSONVILLE PC	82-4689553	0.00	205486
AFFORDABLE DENTURES AND IMPLANTS WEST MELBOURNE PA	82-4876283	0.00	46
AFFORDABLE DENTURES AND IMPLANTS BIRMINGHAMHOOVER PC	82-4964246	0.16	336613
DAX M SINN DDS PA	82-5034386	0.00	6785

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CHARLES CORDOVA DDS PC	82-5417394	0.05	217408
AFFORDABLE DENTURES AND IMPLANTS LENOIR CITY PC	83-0543478	0.00	10841
AFFORDABLE DENTURES AND IMPLANTS LAFAYETTE II PC	83-0627767	0.06	29726
LISA R GAITHER DMD PA	83-0628900	0.00	67218
AFFORDABLE DENTURES AND IMPLANTS ROCHESTER II PC	83-0629513	0.00	20649
AFFORDABLE DENTURES AND IMPLANTS MEMPHIS PC	83-1011459	0.00	11601
AFFORDABLE DENTURES AND IMPLANTS FORT PAYNE PC	83-1012558	0.14	46055
AFFORDABLE DENTURES AND IMPLANTS PORT CHARLOTTE PA	83-1055888	0.30	704226
AFFORDABLE DENTURES AND IMPLANTS FLORENCE PC	83-1056213	0.00	10908

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AFFORDABLE DENTURES AND IMPLANTS OVERLAND PARK PA	83-1165401	0.14	252241
AFFORDABLE DENTURES AND IMPLANTS LINCOLN PC	83-1184048	0.00	20063
AFFORDABLE DENTURES ST CLAIRSVILLE HARKIRAN KAUR DDS INC	83-1216716	0.24	837792
AFFORDABLE DENTURES AND IMPLANTS DES MOINES PC	83-1354520	0.17	327728
AFFORDABLE DENTURES AND IMPLANTS SIOUX CITY PC	83-1367560	0.00	1669
AFFORDABLE DENTURES AND IMPLANTS PANAMA CITY PA	83-1399328	0.26	549030
TIMOTHY BARBER DMD PA	83-1591390	0.00	101229
AFFORDABLE DENTURES AND IMPLANTS NORTHGLENN PC	83-1592441	0.03	55749
AFFORDABLE DENTURES AKRON BRIAN REDDITT DMD INC	83-1691817	0.24	49959

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AFFORDABLE DENTURES AND IMPLANTS TUCSON PC	83-1881571	0.18	245936
MURRAY M REEFER DDS PA	83-2013837	0.00	145106
JOSEPH J BROWN DMD PSC	83-2221924	0.00	10802
JOSEPH BROWN DMD PSC	83-2226950	0.00	32879
AFFORDABLE DENTURES AND IMPLANTS MERRILLVILLE II PC	83-2228729	0.09	151635
AFFORDABLE DENTURES AND IMPLANTS LENOIR CITY III PC	83-2237286	0.59	544876
URGENT DENTAL W CHESTER JOSEPH J BROWN DMD INC	83-2241507	0.00	11585
AFFORDABLE DENTURES AND IMPLANTS FORT WAYNE II PC	83-2485564	0.00	10546
AFFORDABLE DENTURES CHILLICOTHE HUSAM NAJAH BDS INC	83-2503824	0.02	126907

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GEORGE MATHEW DMD PA	83-2505079	0.00	13799
GEORGE TANKSLEY DMD PA	83-2506039	0.00	5665
AFFORDABLE DENTURES AND IMPLANTS EVANSVILLE PC	83-2652875	0.20	488760
AFFORDABLE DENTURES FOREST PARK WILLIAM SILVESTRY ORTIZ DMD INC	83-2736875	0.00	3024
OI OKUNUGA DDS PC	83-2748511	0.00	478276
AFFORDABLE DENTURES AND IMPLANTS DAWSONVILLE PC	83-2861313	0.17	169
TALYA MINTZ DDS PA	83-2907379	0.00	11078
AFFORDABLE DENTURES AND IMPLANTS RIVERDALE II PC	83-2983352	0.18	208341
AFFORDABLE DENTURES AUDUBON STEPHANIE HARDING DDS PA	83-3064424	0.06	164562

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AFFORDABLE DENTURES VINELAND STEPHANIE HARDING DDS PA	83-3070724	0.07	153896
AFFORDABLE DENTURES PHOENIX BETHANY HOME II PC	83-3239586	0.17	315309
AFFORDABLE DENTURES AND IMPLANTS COLORADO SPRINGS II PC	83-3431657	0.12	7892
AFFORDABLE DENTURES AND IMPLANTS LAKEWOOD II PC	83-3432298	0.00	2501
AFFORDABLE DENTURES AND IMPLANTS DALTON PC	83-3450589	0.00	0
AFFORDABLE DENTURES AND IMPLANTS TALLAHASSEE III PA	83-3627017	0.00	54727
AFFORDABLE DENTURES AND IMPLANTS BEND PC	83-3688045	0.00	36126
AFFORDABLE DENTURES AND IMPLANTS SEVIERVILLE IV PC	83-3748369	0.00	89871
AFFORDABLE DENTURES AND IMPLANTS LAKE MARY II PA	83-3819807	0.53	585985

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AFFORDABLE DENTURES AND IMPLANTS ORLANDO IV PA	83-3850468	0.22	373423
XO DENTISTRY AZ PC	83-3900319	0.00	16425
AFFORDABLE DENTURES AND IMPLANTS MCCALLA II PC	83-4117722	0.00	126350
AFFORDABLE DENTURES AND IMPLANTS FORT WORTH PA	83-4144487	0.16	12185
AFFORDABLE DENTURES AND IMPLANTS WEST MELBOURNE II PA	83-4272440	0.26	536549
AFFORDABLE DENTURES AND IMPLANTS MORRISTOWN III PC	83-4280775	0.23	317023
CALVIN WILSON DDS PC	83-4363979	0.11	0
KENNETH KILLPACK DDS PC	83-4421193	0.01	12695
AFFORDABLE DENTURES ANDMENTOR PETER DENNIS DDS INC	83-4468392	0.00	12761

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AFFORDABLE DENTURES AND IMPLANTS CHAMPAIGN PC	83-4560049	0.13	26603
AFFORDABLE DENTURES AND IMPLANTS LAKELAND PA	83-4580559	0.22	44441
AFFORDABLE DENTURES AND IMPLANTS EAST INDIANAPOLIS PC	83-4652923	0.00	21398
AFFORDABLE DENTURES AND IMPLANTS GREEN BAY SC	83-4654423	0.00	13815
NICOLE JACKSON DDS A PROFESSIONAL DENTAL CORPORATION	84-1969122	0.09	14456
SCOTT YEAMAN DDS PC	84-2000218	0.00	74305
DANIEL DRISKILL DDS PA	84-2106673	0.00	512325
AFFORDABLE DENTURES AND IMPLANTS DENTON PA	84-2115517	0.00	126755
LEONARD MCELROY BROWN JR DDS PA	84-2131581	0.20	294613

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CALVIN WILSON DDS A PROFESSIONAL SERVICE CORPORATION	84-2132510	0.35	406176
JEONGMIN LEE DDS PA	84-2141139	0.00	2485
THOMAS KENNEDY DDS OF ARKANSAS II PLLC	84-2172508	1.85	4514194
AFFORDABLE DENTURES AND IMPLANTS KENTUCKY PLLC	84-2190480	0.43	1497616
STEPHEN GANT DDS PA	84-2214956	0.15	54296
THOMAS KENNEDY DDS OF LOUISIANA II A PROFESSIONAL DENTAL LLC	84-2219553	1.11	4056954
KIRBY J ROBINSON DDS OF MISSOURI LLC	84-2275723	3.22	5964141
STEPHANIE HARDING DDS OF MISSISSIPPI II PLLC	84-2290219	1.15	1392947
AFFORDABLE DENTURES AND IMPLANTS OKLAHOMA PLLC	84-2320244	2.60	7133152

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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 AND IMPLANTS TENNESSEE PLLC	84-2331114	0.84	1182863
AFFORDABLE DENTURES AND IMPLANTS ALABAMA LLC	84-2349096	0.18	357831
SEVAREDENT SOURCING SOLUTIONS LLC	84-2405413	1.23	1543382
ERIN PALMREUTER DDS PC	84-2485768	0.18	316985
AFFORDABLE DENTURES AND IMPLANTS MIAMI LAKES III PA	84-2623646	0.15	62654
AFFORDABLE DENTURES AND IMPLANTS PUEBLO PC	84-2635217	0.02	44730
JOHN STUART WILLIAMS DDS PA	84-2849862	0.00	31942
AFFORDABLE DENTURES AND IMPLANTS MCDONOUGH II PC	84-2968455	0.00	14011
ADAM E THOMPSON DMD PSC	84-2975107	0.16	370017

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AFFORDABLE DENTURES AND IMPLANTS KISSIMMEE II PA	84-3071957	0.08	154815
AFFORDABLE DENTURES AND IMPLANTS PHILADELPHIA II PC	84-3076637	0.00	177247
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA PLLC	84-3224068	1.52	3909294
AFFORDABLE DENTURES AND IMPLANTS LAKEWOOD III PC	84-3304847	0.00	13037
KRISTIN KAELIN DMD PC	84-3330855	0.00	22055
BEVERLY RICE DDS PA	84-3353364	0.13	13475
AFFORDABLE DENTURES AND IMPLANTS TEXAS PLLC	84-3357563	7.77	14630885
AFFORDABLE DENTURES AND IMPLANTS DULUTH PC	84-3418238	0.20	284020
BLAKE SINCLAIR DDS PA	84-3437539	0.00	45734

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AFFORDABLE DENTURES AND IMPLANTS CHATTANOOGA II PC	84-3453570	0.22	649152
AFFORDABLE DENTURES TOLEDO KHALID RAGAB DMD INC	84-3454232	0.00	13359
AFFORDABLE DENTURES AND IMPLANTS FORT COLLINS III PC	84-3494324	0.03	51922
AFFORDABLE DENTURES AND IMPLANTS BINGHAMTON PC	84-3527651	0.00	64495
AFFORDABLE DENTURES AND IMPLANTS DICKSON II PC	84-3707391	0.26	198508
BYRON NOVOSAD DDS PA	84-3719517	0.00	10418
AFFORDABLE DENTURES AND IMPLANTS NASHVILLE II PC	84-3755058	0.07	530418
AFFORDABLE DENTURES AND IMPLANTS BETHLEHEM PC	84-4210225	0.22	203901
AFFORDABLE DENTURES AND IMPLANTS QUAD CITIES II PC	84-4219590	0.17	58780

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LACY MANKIN DDS PA	84-4283349	0.06	87229
AFFORDABLE DENTURES AND IMPLANTS ST CLOUD PC	84-4324464	0.01	1113
AFFORDABLE DENTURES AND IMPLANTS OF GEORGIA LLC	84-4668252	0.02	1568
KATHERINE JONES DDS PA	84-4753715	0.09	122713
MARK A MCCATTY DMD PA	84-4784426	0.01	342633
AFFORDABLE DENTURES AND IMPLANTS MINNEAPOLIS III PC	84-4956736	0.00	99707
AFFORDABLE DENTURES AND IMPLANTS OCALA PA	84-5092365	0.25	279753
AFFORDABLE DENTURES AND IMPLANTS CEDAR RAPIDS IV PC	84-5134687	0.07	270693
AFFORDABLE DENTURES AND IMPLANTS NORTH LAUDERDALE III PA	85-1086410	0.00	60055

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AFFORDABLE DENTURES AND IMPLANTS AVON PARK PA	85-1209232	0.23	430571
AFFORDABLE DENTURES AND IMPLANTS SPEEDWAY III PC	85-1293947	0.00	61470
DANIEL STACKOWICZ DDS PC	85-1350680	0.00	22492
AFFORDABLE DENTURES AND IMPLANTS WINTER HAVEN II PA	85-1518416	0.17	90117
AFFORDABLE DENTURES AND IMPLANTS BURLINGTON VT PC	85-1672365	0.00	59654
AFFORDABLE DENTURES EAST COLUMBUS FENG CHANG DDS INC	85-1682505	0.00	41881
NIRJAL PATEL DMD PA	85-1825314	0.31	498209
AFFORDABLE DENTURES AND IMPLANTS SPRINGFIELD III PC	85-1833316	0.00	26608
AFFORDABLE DENTURES AND IMPLANTS SHOREWOOD II PC	85-1892742	0.16	176311

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AFFORDABLE DENTURES AND IMPLANTS FORT MYERS PA	85-1947454	0.41	696347
AFFORDABLE DENTURES AND IMPLANTS OF GEORGIA II LLC	85-2075575	0.51	1380000
AFFORDABLE DENTURES AND IMPLANTS NEW PORT RICHEY II PA	85-2076984	0.06	9372
AFFORDABLE DENTURES AND IMPLANTS ALBANY II PC	85-2095865	0.00	138607
AFFORDABLE DENTURES AND IMPLANTS KALAMAZOO PC	85-2685145	0.00	5851
ROGER B WEI DDS A PROFESSIONAL CORPORATION	85-2800896	0.06	210794
AFFORDABLE DENTURES AND IMPLANTS NORTON SHORES III PC	85-2912899	0.00	35187
JOHN F MAJORS JR DDS PA	85-3091490	0.00	4773
AFFORDABLE DENTURES AND IMPLANTS ROCHESTER III PC	85-3542663	0.00	10942

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AFFORDABLE DENTURES AND IMPLANTS PHILADELPHIA III PC	85-3596335	0.11	362419
JOSHUA LEWIS DDS PC	85-3761566	0.00	4037
AFFORDABLE DENTURES AND IMPLANTS SOUTH CAROLINA LLC	85-3783159	0.12	366135
AFFORDABLE DENTURES AND IMPLANTS FLORIDA PLLC	85-3814984	0.06	11311
STEPHANIE K HARDING DDS PC	85-3891584	0.49	750505
AFFORDABLE DENTURES ANDMENTOR NATALIE FARBER DDS INC	86-1434210	0.23	279576
AFFORDABLE DENTURES LIMA BRIAN REDDITT DMD INC	86-1818874	0.02	34061
AFFORDABLE DENTURES AND IMPLANTS EAST AUGUSTA PC	86-2249458	0.32	785554
AFFORDABLE DENTURES AND IMPLANTS ILLINOIS PLLC	86-2497970	0.11	173166

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AFFORDABLE DENTURES AND IMPLANTS NY PC	86-2524758	0.48	240892
STEPHANIE K HARDING DDS PA	86-2999515	0.00	20899
STEPHANIE KAYE HARDING DDS PA	86-3094224	0.11	34733
AFFORDABLE DENTURES CINCINNATICOLERAIN MONTHER HAMDAN DDS INC	86-3437277	0.00	0
LYNN GILBERT DDS MPH LTD	86-3787430	0.27	24934
MARK R RICE JR DDS PSC	87-1062698	0.00	3657
AFFORDABLE DENTURES DAYTON MICHAEL A SULLIVAN DDS INC	87-1177477	0.11	93642
AFFORDABLE DENTURES AND IMPLANTS MACON PC	87-1251918	0.00	115
AFFORDABLE DENTURES AND IMPLANTS FLORIDA II PLLC	87-1275282	0.40	547849

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AFFORDABLE DENTURES AND IMPLANTS EAST INDIANAPOLIS II PC	87-1641228	0.00	12440
TINA S LUCAS STONER DMD PC	87-1652813	0.00	1107
AFFORDABLE DENTURES AND IMPLANTS WEST ATLANTA II PC	87-1713545	0.08	361676
AFFORDABLE DENTURES AND IMPLANTS VALDOSTA IV PC	87-1921221	0.00	14403
AFFORDABLE DENTURES AND IMPLANTS NEW JERSEY LLC	87-2245553	0.00	0
AFFORDABLE DENTURES AND IMPLANTS MCDONOUGH IV PC	87-2432571	0.13	110994
AFFORDABLE DENTURES AND IMPLANTS MEMPHIS II PC	87-2533346	0.00	1364
BLAKE GEORGE SINCLAIR DDS PA	87-2695956	0.00	620
AFFORDABLE DENTURES AND IMPLANTS KOKOMO III PC	87-2731154	0.18	188191

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AFFORDABLE DENTURES AND IMPLANTS LYNCHBURG PC	87-3032219	0.21	256731
AFFORDABLE DENTURES AND IMPLANTS OHIO LLC	87-3061430	0.23	322201
AFFORDABLE DENTURES AND IMPLANTS MAPLEWOOD PC	87-3078646	0.14	35680
AFFORDABLE DENTURES AND IMPLANTS WEST ASHLEY PC	87-3167301	0.18	299691
AFFORDABLE DENTURES AND IMPLANTS MICHIGAN PLLC	87-3190508	0.19	109628
ROGER WEI DDS A PROFESSIONAL CORPORATION	87-3333742	0.14	58709
AFFORDABLE DENTURES AND IMPLANTS WEST ST PAUL IV PC	87-3504568	0.14	415242
SHAUN O'HEARN DDS PLLC	87-3897874	0.48	481215
AFFORDABLE DENTURES AND IMPLANTS NORTH DAKOTA II PLLC	87-3911404	0.04	20185

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AFFORDABLE DENTURES AND IMPLANTS LINCOLN III PC	87-3939283	0.13	315
AFFORDABLE DENTURES AND IMPLANTS EAST INDIANAPOLIS III PC	87-4391533	0.15	146043
AFFORDABLE DENTURES AND IMPLANTS LAGRANGE PC	87-4393507	0.00	63753
TIFFANY WHITE PARKER DDS PA	87-4448095	0.06	56819
T MINTZ DDS PA	87-4508448	0.03	7393
AFFORDABLE DENTURES AND IMPLANTS WEEKI WACHEE PA	87-4806680	0.25	223929
AFFORDABLE DENTURES AND IMPLANTS ALBANY GA II PC	88-0583745	0.02	2587
AFFORDABLE DENTURES AND IMPLANTS CLEARWATER III PA	88-1159081	0.28	294593
DANNY J HOLTZCLAW DDS A PROFESSIONAL CORPORATION	88-1271106	0.51	375741

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AFFORDABLE DENTURES AND IMPLANTS MONTGOMERY PC	88-1274779	0.00	0
AFFORDABLE DENTURES AND IMPLANTS WISCONSIN LLC	88-1427165	0.23	128543
AFFORDABLE DENTURES AND IMPLANTS SEVIERVILLE VI PC	88-1441295	0.03	16250
KEITH FETTEROLF DMD PA	88-1595656	0.06	170763
KALYANI STARR DDS PA	88-1596342	0.33	269508
HYUNG WON LEE DDS PA	88-1597044	0.28	3684898
ERNESTO DELGADO PEREZ DDS A PROFESSIONAL CORPORATION	88-1718267	0.00	24204
AFFORDABLE DENTURES AND IMPLANTS BLOOMINGTON IV PC	88-1890836	0.00	63826
AFFORDABLE DENTURES AND IMPLANTS ST PETERSBURG II PA	88-2169799	0.18	52688

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MICHAEL KIMBLE DMD PC	88-2257023	0.18	149244
MOHAMMED ALROSHAIDAN DDS A PROFESSIONAL CORPORATION	88-2790254	0.18	232354
AFFORDABLE DENTURES AND IMPLANTS BULLHEAD CITY V PC	88-3129201	0.09	521759
AFFORDABLE DENTURES AND IMPLANTS PEORIA PC	88-3248529	0.11	77905
ARIZONA DENTAL AFFILIATES PLLC	88-3305010	0.38	369880
AFFORDABLE DENTURES AND IMPLANTS DULUTH GA II PC	88-3434793	0.16	1934
YUJIN LEE DMD PC	88-3502059	0.02	53423
AFFORDABLE DENTURES AND IMPLANTS FORT WAYNE III PC	88-3529036	0.29	620031
AFFORDABLE DENTURES AND IMPLANTS SIOUX CITY III PC	88-3709755	0.22	90441

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AFFORDABLE DENTURES AND IMPLANTS PALM COAST PA	88-3948081	0.22	191730
AFFORDABLE DENTURES AND IMPLANTS CHARLOTTESVILLE PC	88-4218784	0.25	113758
AFFORDABLE DENTURES AND IMPLANTS BRADENTON PA	88-4230797	0.08	207788
JE CAULEY DMD PC	90-0917334	0.00	5420
CLINICAL PATHWAY AZ PLLC	92-0327866	0.38	133827
COLORADO DENTAL AFFILIATES PLLC	92-0350727	0.32	906677
AFFORDABLE DENTURES AND IMPLANTS ORANGEBURG III PC	92-0405305	0.02	0
AFFORDABLE DENTURES AND IMPLANTS TALLAHASSEE IV PA	92-0628329	0.18	178858
AFFORDABLE DENTURES AND IMPLANTS CHESTER PC	92-0836640	0.40	287569

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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
ALI SHOJANIA DDS PC	92-0926694	0.22	111300
AFFORDABLE DENTURES AND IMPLANTS TEXAS II PLLC	92-1403318	0.17	90593
AFFORDABLE DENTURES AND IMPLANTS SPEEDWAY IV PC	92-1467785	0.07	68832
AFFORDABLE DENTURES AND IMPLANTS CHRISTIANSBURG PC	92-1515056	0.01	4032
AFFORDABLE DENTURES AND IMPLANTS ALABAMA III LLC	92-1557718	0.00	0
AFFORDABLE DENTURES AND IMPLANTS MICHIGAN II PLLC	92-1567737	0.06	0
AFFORDABLE DENTURES AND IMPLANTS OF GEORGIA III LLC	92-1683824	0.01	15637
AFFORDABLE DENTURES AND IMPLANTS NEW JERSEY II LLC	92-1720441	0.02	4333
KAMANA JOSHI DDS A PROFESSIONAL CORPORATION	92-1882590	0.12	26001

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AFFORDABLE DENTURES AND IMPLANTS VIRGINIA BEACH III PC	92-1909076	0.03	5486
TERA NIX DDS PA	92-1976968	0.21	497916
AFFORDABLE DENTURES AND IMPLANTS SMYRNA PC	92-2154797	0.02	73694
TALYA T MINTZ DDS PA	92-2174193	0.00	0
AFFORDABLE DENTURES EAST COLUMBUS HATIM LEGHUEL BDS INC	92-2232581	0.19	154776
AFFORDABLE DENTURES AND IMPLANTS OMAHA PC	92-2300156	0.22	50385
AFFORDABLE DENTURES AND IMPLANTS DANVILLE II PC	92-2327314	0.21	159748
ERIC HUI DMD PC	92-2331426	0.20	146960
AFFORDABLE DENTURES AND IMPLANTS SIOUX FALLS III PC	92-2365214	0.12	28511

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA II PLLC	92-2508561	0.10	0
AFFORDABLE DENTURES AND IMPLANTS MOBILE II PC	92-2517005	0.00	0
AFFORDABLE DENTURES AND IMPLANTS TEXAS III PLLC	92-2631260	0.01	0
AFFORDABLE DENTURES AND IMPLANTS TEXAS IV PLLC	92-2735047	0.10	179763
AFFORDABLE DENTURES AND IMPLANTS TITUSVILLE II PA	92-2740541	0.02	76136
JAMES OHM DMD PA	92-2777421	0.00	154
AFFORDABLE DENTURES AND IMPLANTS DOWNERS GROVE PC	92-2842836	0.09	111336
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA III PLLC	92-2844277	0.11	29763
AFFORDABLE DENTURES AND IMPLANTS TEXAS V PLLC	92-2890263	0.18	37474

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JUSTIN MOODY DDS A PROFESSIONAL CORPORATION	92-2910620	0.00	0
NOZAR TARKESH DMD A PROFESSIONAL CORPORATION	92-3029146	0.24	267092
ADAM THOMPSON DMD PSC	92-3070610	0.07	39931
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA V PLLC	92-3151214	0.21	84101
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA VII PLLC	92-3178571	0.15	80438
AFFORDABLE DENTURES AND IMPLANTS AVONDALE II PC	92-3185181	0.04	43874
AFFORDABLE DENTURES AND IMPLANTS UTAH PLLC	92-3196170	0.21	58711
MUHAMMAD SEYAL DMD PSC	92-3211691	0.19	88460
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA VIII PLLC	92-3252226	0.07	43438

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AFFORDABLE DENTURES AND IMPLANTS VIRGINIA III PLLC	92-3275817	0.03	11250
AFFORDABLE DENTURES AND IMPLANTS NORTH CHARLESTON PC	92-3312776	0.05	48864
AFFORDABLE DENTURES AND IMPLANTS VIRGINIA II PLLC	92-3315044	0.14	114352
AFFORDABLE DENTURES AND IMPLANTS FISHERS PC	92-3338333	0.10	0
ALI NILI DMD PA	92-3400673	0.10	218297
S HARDING DDS PA	92-3462005	0.09	50747
KALYANI VELLANKI STARR DDS PA	92-3467383	0.04	64848
TERA M NIX DDS PA	92-3506762	0.00	0
AFFORDABLE DENTURES EAST CINCINNATI MICHAEL SULLIVAN DDS INC	92-3563759	0.09	212

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AFFORDABLE DENTURES AND IMPLANTS DESTIN II PA	92-3591702	0.11	54266
NICOLE L JACKSON DDS A PROFESSIONAL DENTAL CORPORATION	92-3877450	0.17	104803
AFFORDABLE DENTURES AND IMPLANTS CARTERSVILLE PC	92-3893223	0.26	278330
AFFORDABLE DENTURES AND IMPLANTS BLOOMINGTON V PC	92-3970998	0.01	0
AFFORDABLE DENTURES AND IMPLANTS YORK PC	93-1395288	0.02	2503
AFFORDABLE DENTURES AND IMPLANTS SPARTANBURG PC	93-1622784	0.00	14111
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA IX PLLC	93-1881589	0.00	0
AFFORDABLE DENTURES AND IMPLANTS TEXAS VI PLLC	93-1938135	0.03	78354
AFFORDABLE DENTURES AND IMPLANTS ESTERO II PA	93-1963366	0.07	0

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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 FREDERICKSBURG PC	93-1968082	0.08	792
AFFORDABLE DENTURES EWING STEPHANIE HARDING DDS PA	93-2133251	0.17	108760
DR JUSTIN MOODY PLLC	93-2177913	0.22	102780
AFFORDABLE DENTURES AND IMPLANTS VERO BEACH PA	93-2285734	0.05	10494
AFFORDABLE DENTURES TOLEDO JAAFAR ACHKAR DDS INC	93-2406933	0.18	444277
AFFORDABLE DENTURES AND IMPLANTS ALGONQUIN PC	93-2522616	0.00	206
AFFORDABLE DENTURES AND IMPLANTS CULPEPER PC	93-2710965	0.03	0
AFFORDABLE DENTURES AND IMPLANTS HIXSON PC	93-2765349	0.13	26220
AFFORDABLE DENTURES AND IMPLANTS VIRGINIA IV PLLC	93-2826096	0.07	1983

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AFFORDABLE DENTURES AND IMPLANTS WEST NASHVILLE PC	93-3011652	0.00	0
USDM ACI CORP	93-3046523	0.02	0
MICHAEL BROWN DDS PC	93-3132608	0.02	0
AFFORDABLE DENTURES MACEDONIA BRIAN REDDITT DMD INC	93-3177025	0.01	0
AFFORDABLE DENTURES AND IMPLANTS TEXAS VIII PLLC	93-3344803	0.01	3727
NEW HAMPSHIRE DENTAL AFFILIATES PLLC	93-3537226	0.22	116054
AFFORDABLE DENTURES AND IMPLANTS WARREN II PC	93-3538465	0.07	15041
AFFORDABLE DENTURES AND IMPLANTS ALLEN PARK II PC	93-3583461	0.00	0
AFFORDABLE DENTURES AND IMPLANTS SOUTH CAROLINA II LLC	93-3602042	0.05	113600

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FLORIDA DENTAL AFFILIATES PLLC	93-3704159	0.39	109045
AFFORDABLE DENTURES AND IMPLANTS MADISON III PC	93-3724156	0.02	40317
AFFORDABLE DENTURES AND IMPLANTS NORTH PHOENIX II PC	93-3880921	0.09	3454
AFFORDABLE DENTURES AND IMPLANTS NORTH TUCSON II PC	93-3931022	0.05	365
N KARIMI DDS PC	93-3931583	0.15	76230
AFFORDABLE DENTURES AND IMPLANTS MCCALLA IV PC	93-3959785	0.13	63448
ERNESTO D PEREZ DDS A PROFESSIONAL CORPORATION	93-3981420	0.21	66069
J MOODY DDS A PROFESSIONAL CORPORATION	93-3981790	0.01	1987
AFFORDABLE DENTURES AND IMPLANTS SPRING HILL PC	93-3983801	0.00	0

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GEORGIA DENTAL AFFILIATES LLC	93-4197439	0.18	1975838
AFFORDABLE DENTURES AND IMPLANTS CENTENNIAL II PC	93-4217877	0.07	0
HUNG HOANG NGUYEN DMD PC	93-4221882	0.02	6665
AFFORDABLE DENTURES AND IMPLANTS LAKEWOOD IV PC	93-4237515	0.04	147142
AFFORDABLE DENTURES AND IMPLANTS OF GEORGIA IV LLC	93-4318027	0.03	10905
AFFORDABLE DENTURES AND IMPLANTS KENOSHA III SC	93-4371388	0.16	36485
LYNN C GILBERT DDS MPH LTD	93-4709562	0.13	130122
AFFORDABLE DENTURES AND IMPLANTS LAGRANGE II PC	99-0452513	0.01	0
SK HARDING DDS PLLC	99-0494355	0.02	93498

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AFFORDABLE DENTURES AND IMPLANTS COON RAPIDS PC	99-0529506	0.04	3658
AFFORDABLE DENTURES AND IMPLANTS TEXAS IX PLLC	99-0672360	0.01	781
AFFORDABLE DENTURES AND IMPLANTS TEXAS VII PLLC	99-0687189	0.08	21561
AFFORDABLE DENTURES AND IMPLANTS TEXAS X PLLC	99-0733156	0.17	62854
AFFORDABLE DENTURES AND IMPLANTS TERRE HAUTE PC	99-0790666	0.03	22541
STEPHANIE HARDING DDS PC	99-0970384	0.01	12755
STEPHANIE KAYE HARDING DDS PC	99-1006354	0.06	39048
AFFORDABLE DENTURES AND IMPLANTS GREENWOOD IV PC	99-1056781	0.12	123531
AFFORDABLE DENTURES AND IMPLANTS ALPHARETTA PC	99-1134015	0.20	40056

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TALYA TENNELLE MINTZ DDS PA	99-1410388	0.09	175042
AFFORDABLE DENTURES AND IMPLANTS IDAHO II PLLC	99-1582246	0.18	98506
JONATHAN D MOSLEY DDS PA	99-1756328	0.03	40773
AFFORDABLE DENTURES AND IMPLANTS SOUTH CAROLINA III LLC	99-2110555	0.00	0
OLAJUMOKE ADEDOYIN DDS OF ARKANSAS PLLC	99-2132993	0.01	0
AFFORDABLE DENTURES AND IMPLANTS TOPEKA II PA	99-2296846	0.22	270105
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA IV PLLC	99-2422389	0.05	21892
AFFORDABLE DENTURES AND IMPLANTS WOODHAVEN II PC	99-2591991	0.01	0
AFFORDABLE DENTURES AND IMPLANTS OF PENNSYLVANIA X PLLC	99-2678326	0.00	0

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AFFORDABLE DENTURES AND IMPLANTS KENTUCKY II PLLC	99-2692748	0.03	6441
AFFORDABLE DENTURES AND IMPLANTS SPRINGFIELD IL PC	99-2723189	0.00	17060
AFFORDABLE DENTURES AND IMPLANTS NORTH RICHMOND II PC	99-2819958	0.04	28742
AFFORDABLE DENTURES AND IMPLANTS NORTH JACKSONVILLE III PA	99-2925214	0.19	57658
RUBY B NAH DDS PA	99-2942483	0.01	247
TRAM ANH NGUYEN DDS PA	99-3064651	0.22	127038
AFFORDABLE DENTURES AND IMPLANTS FAIRVIEW HEIGHTS III PC	99-3218320	0.01	248072
AFFORDABLE DENTURES AND IMPLANTS OAK RIDGE IV PC	99-3386218	0.11	340064
JUSTIN MOODY DDS PC	99-3398530	0.05	11845

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JUSTIN DAVID MOODY DDS PC	99-3426813	0.00	8772
AFFORDABLE DENTURES AND IMPLANTS ORLAND PARK III PC	99-3570145	0.00	0
AFFORDABLE DENTURES AND IMPLANTS CHANTILLY PC	99-3654610	0.03	78939
AFFORDABLE DENTURES AND IMPLANTS TEXAS XI PLLC	99-3656587	0.16	57414
T NIX DDS PA	99-4144572	0.20	60323
SARA I SALEH DMD PA	99-4144867	0.18	877319
MANISHA PRADHAN DMD PC	99-4366513	0.29	320715
AFFORDABLE DENTURES AND IMPLANTS OF GEORGIA V LLC	99-4511666	0.03	35614
AFFORDABLE DENTURES AND IMPLANTS KALAMAZOO II PC	99-4560284	0.15	154618

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 TEXAS XII PLLC	99-5065435	0.04	9502
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

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

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 _____

BALANCE & STRATEGY
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

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 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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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 that the financial statements were 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 certifications, 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 U.S. GAAP.

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 U.S. GAAP.

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL'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, NC
October 9, 2026

AFFORDABLE CARE, LLC
MULTIPLE EMPLOYER 401(k) PLAN

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY DATA

DECEMBER 31, 2025 AND 2024

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BALANCE & STRATEGY
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

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 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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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 that the financial statements were 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 certifications, 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 U.S. GAAP.

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 U.S. GAAP.

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL'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, NC
October 9, 2026

AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401(k) PLAN

EXHIBIT A

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	2025	2024
Investments at fair value	$ 255,197,534	$ 224,031,452
Investments at contract value	8,374,654	7,206,344
Receivables:		
Employer contributions	-	186,842
Participant contributions	-	345,127
Notes receivable from participants	3,960,708	4,142,705
Total receivables	3,960,708	4,674,674
Net assets available for benefits	$ 267,532,896	$ 235,912,470

See accompanying notes to financial statements

AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401(k) PLAN

EXHIBIT B

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For The Year Ended December 31, 2025

Additions to net assets:	
Investment income:	
Net appreciation in fair value of investments	$ 34,297,807
Dividends and interest	6,748,577
Other income	21,805
Total investment income	41,068,189
Interest income on notes receivable from participants	319,810
Contributions:	
Participants	13,822,682
Employer	7,164,855
Rollover	2,209,509
Total contributions	23,197,046
Total additions	64,585,045
Deductions from net assets:	
Benefits paid to participants	32,568,395
Administrative expenses	396,224
Total deductions	32,964,619
Increase in net assets	31,620,426
Net assets available for benefits - beginning of year	235,912,470
Net assets available for benefits - end of year	$ 267,532,896

See accompanying notes to financial statements

AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

Note 1 – Description of Plan

The following description of Affordable Care, LLC Multiple Employer 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established by Affordable Care, LLC (the Plan Sponsor and Company) under the provisions of Section 401(a) of the United States Internal Revenue Code (the IRC), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Company and any adopting participating employers. The Investment Committee of the Company controls and manages the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as well as certain provisions of the federal income tax laws.

All employees of the Company and any participating affiliates are subject to the following eligibility requirements:

- Service: 2 months
- Status Exclusions:
    a. None

Upon satisfying the eligibility requirements, employees may participate in the Plan on the first day of the next month.

Contributions

The Plan is funded through employee elective deferrals and Company contributions. Each year, participants may elect to contribute a portion of their compensation, subject to certain maximum limitations imposed by Section 402(g) of the IRC. Subject to the terms of the Plan and the oversight of the Investment Committee, the Recordkeeper processes participant rollovers of eligible distributions from other employer-sponsored retirement plans and certain Individual Retirement Accounts (IRAs). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

The following contribution types are allowed by the Plan:

- Elective deferrals
- Employer safe harbor
- Roth deferrals
- Rollover contributions

The Company has elected to operate the Plan as a safe harbor 401(k) plan, which makes the plan exempt from certain compliance testing requirements. After completing one year of service, as defined by the Plan, the Company makes a safe harbor matching contribution of 100% of the participant's deferral up to 4% of compensation.

The Company may make discretionary profit sharing contributions which will be allocated in accordance with the plan document provisions. Participants must have one year of service to be eligible to receive discretionary profit sharing contributions. No discretionary profit sharing contributions were made for the year ended December 31, 2025.

Participant Accounts

Each participant's account is credited with the participant's contribution, allocation of the Company's contributions, if any, and Plan earnings or losses and charged with an allocation of administrative expenses that are paid by the Plan. Allocations may be charged based on participant earnings, account balances, or specific participant transactions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100% vested in their elective deferrals, including catch-up contributions and rollover contributions from other plans, safe harbor matching contributions, discretionary profit sharing and actual earnings thereon.

Investment Options

Upon enrollment in the Plan, a participant may direct the contributions made to the Plan, for or on behalf of the participant, to any one or more of the investment funds determined at the discretion of the Plan Administrator and Plan Sponsor and in such multiples as the participant prescribes. A participant may change his or her investment direction with respect to future contributions or redirect the investment of his or her account balances.

Notes Receivable from Participants

Participants who are active employees may borrow against their vested account balances a minimum of $1,000 up to a maximum equal to the lesser of 50% of their vested account balance or $50,000. The loans, in the form of promissory notes, are secured by the balance in the participant's account, and bear interest at reasonable rates, which are commensurate with local prevailing rates, as established under the Plan and administered by the Recordkeeper under the oversight of the Investment Committee. Principal and interest are paid ratably through payroll deductions and generally repaid within 5 years.

Benefits Paid to Participants

Upon termination of service, disability, or retirement, a participant is entitled to receive a distribution equal to the value of the participant's vested interest in his or her account. Distribution of a deceased participant's account will be made to the designated beneficiary.

The following types of distributions are also allowed by the Plan:

- Hardship
- In service
- Partial termination withdrawal, applicable to required minimum distributions
- Involuntary cash-outs

Plan Expenses

The Plan's expenses are paid by either the Plan or the Company, as provided by the plan document. Expenses paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

Termination of the Plan

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. Upon termination, no further contributions will be made to the Plan and all amounts credited to the participant's account will become 100% vested. The Company will direct the distribution of the participant's account in a manner permitted by the Plan as soon as practicable.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value (except for any fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of investments are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments, including realized gains and losses on sales during the year and current changes in unrealized appreciation (depreciation) in the fair value of investments held at year end, is presented in the statement of changes in net assets available for benefits.

Contributions

Contributions from Plan participants and employer contributions, if any, are recorded in the year in which the participant contributions are withheld from compensation.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make scheduled repayments, the Recordkeeper will determine whether the participant note receivable is in default in accordance with the Plan's procedures, subject to oversight by the Investment Committee; upon default, the participant notes receivable balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Subsequent events were evaluated through October 9, 2026, which is the date the financial statements were available to be issued. Management did not identify any events that occurred subsequent to year-end that required recognition or disclosure in the financial statements.

Note 3 – Certified Investments

Certain information summarized below related to the accompanying financial statements and ERISA-required supplemental schedule 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.

	2025	2024
Investment values certified	$ 263,572,188	$ 231,237,796
Notes receivable from participants certified	$ 3,960,708	$ 4,142,705

	Year ended December 31, 2025
Investment income certified:	
Net appreciation in fair value of investments	$ 34,297,807
Dividends and interest	$ 6,748,577
Interest income on notes receivable from participants certified	$ 319,810

Note 4 – Fair Value Measurements

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

Following is a description of the valuation methodologies used for assets measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Mutual Funds

Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end based on quoted market prices.

Common Collective Trust

Common Collective Trust are 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 redemption restrictions for these investments, the redemption notice period is applicable only to the Plan.

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

	2025	2024
Level 1		
Mutual funds	$ 106,686,668	$ 94,538,090
Total investments in the fair value hierarchy	106,686,668	94,538,090
Investments measured at net asset value	148,510,866	129,493,362
Total investments at fair value	$ 255,197,534	$ 224,031,452

	2025	2024
Common collective trusts		
Fair value	$ 148,510,866	$ 129,493,362
Unfunded commitment	-	-
Redemption frequency	Daily	Daily
Redemption notice period	None	None

Note 5 – Fully Benefit-Responsive Investment Contracts

The Plan invests in the Vanguard Retirement Savings Trust III, which is a fully benefit-responsive guaranteed investment contract (GIC). This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for a fully benefit-responsive investment contract because this is the amount received by participants if they were to initiate permitted transactions under the term of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The following represents the disaggregation of investment contracts held by the Plan:

	2025	2024
Traditional investment contracts	$ 8,374,654	$ 7,206,344
Total Fully Benefit-Responsive Investment Contracts	$ 8,374,654	$ 7,206,344

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code.
2. Premature termination of the contracts.
3. Amendments to the Plan documents (including complete or partial Plan termination or merger with another plan).
4. Changes to the Plan's prohibition on competing investment options.
5. Bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable that would limit the Plan's ability to transaction with participants at contract value.

Note 6 – Related Party Transactions and Transactions with Parties-in-Interest

A related party is any party who can control or significantly influence Plan management or operating policies. Parties-in-interest are defined under DOL regulations as any employees of the Plan, fiduciaries of the Plan, service providers to the Plan, the employer whose employees are covered by the Plan, and certain significant owners of the employer and their relatives. Service providers may include, but are not limited to, the custodian, trustee, third-party administrator (TPA), investment managers, investment advisors, legal counsel, and Plan auditor.

During the year ended December 31, 2025, the Plan made direct payments of $396,224 to certain parties-in-interest for administration and investment advisory fees, as allowed by ERISA. Included in this amount are $21,147 related to uncashed checks. The Plan Sponsor pays directly any other fees related to the operation of the Plan.

Fees incurred by the Plan for the investment management services are included in the net appreciation (depreciation) in fair value of the related investment, as they are paid using investment earnings rather than a direct payment.

Note 7 – Risks and Uncertainties

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

Note 8 – Tax Status

The Plan sponsor adopted a plan which received a favorable opinion letter, from the Internal Revenue Service dated June 30, 2020, which states that the Plan is designed in accordance with the applicable sections of the IRC and is, therefore, not subject to tax under present income tax law. Although, the Plan has been amended since receiving the opinion letter, the Plan is designed to operate in conformity with the IRC to maintain its qualification. Management is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not, based on the technical merits, would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Generally, the statute of limitations for the IRS to assess taxes on a plan expires three years from the due date of the return or the date on which it was filed, whichever is later.

Note 9 – Reconciliation of Financial Statements to Form 5500

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

	2025	2024
Net assets available for benefits per the financial statements	$ 267,532,896	$ 235,912,470
Prior years deemed distributions	(5,725)	(40,288)
Current year deemed distributions	(23,618)	(5,725)
Current year distributions deemed in prior years	(125,349)	(88,813)
Employee contributions receivable	-	(345,127)
Employer contribution receivable	-	(186,842)
Net assets available for benefits per Schedule H of Form 5500	$ 267,378,204	$ 235,245,675

AFFORDABLE CARE, LLC MULTIPLE EMPLOYER 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENT

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

	2025
Contributions per the financial statements	$ 23,197,046
Add: Participant contribution receivables, beginning of year	345,127
Add: Employer contribution receivables, beginning of year	186,842
Total contributions per Form 5500	$ 23,729,015

The following is a reconciliation of deductions between the financial statements and Form 5500 as of December 31, 2025:

	2025
Deductions per the financial statements	$ 32,964,619
Add: Deemed distributions	19,863
Total expenses per Form 5500	$ 32,984,482

Schedule 1

Affordable Care, LLC Multiple Employer 401(k) Plan
EIN 56-1505559 Plan # 001
Form 5500 - Schedule H, Line 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(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	$ -	$ 38,633,088
*	Vanguard Tgt Retire 2035 Tr II	Common Collective Trust	-	30,290,283
*	Vanguard PRIMECAP Adm	Mutual Fund	-	25,998,005
*	Vanguard Tgt Retire 2040 Tr II	Common Collective Trust	-	24,573,197
*	Vanguard Tgt Retire 2045 Tr II	Common Collective Trust	-	21,533,689
*	Vanguard Tgt Retire 2030 Tr II	Common Collective Trust	-	20,291,620
*	Vanguard Tgt Retire 2050 Tr II	Common Collective Trust	-	16,120,119
*	Vanguard Tgt Retire 2055 Tr II	Common Collective Trust	-	10,813,035
*	Vanguard Extend Mkt Index Inst	Mutual Fund	-	9,573,914
*	Vanguard Total Intl Stk Inst	Mutual Fund	-	8,493,170
*	Vanguard Total Bond Idx Inst	Mutual Fund	-	7,558,519
*	Vanguard Tgt Retire 2025 Tr II	Common Collective Trust	-	6,472,832
*	Vanguard Explorer Adm	Mutual Fund	-	6,198,959
*	JPMorgan Lg Cap Gr R6	Mutual Fund	-	5,107,882
*	Vanguard Tgt Retire 2060 Tr II	Common Collective Trust	-	4,744,347
*	MFS LgCp Vl Fnd CT	Common Collective Trust	-	4,122,158
*	Vanguard Tgt Retire Inc Tr II	Common Collective Trust	-	3,818,052
*	Vanguard Tgt Retire 2065 Tr II	Common Collective Trust	-	2,246,878
*	PGIMl Ttl Ret Bond R6	Mutual Fund	-	2,244,592
*	Vanguard Tgt Retire 2020 Tr II	Common Collective Trust	-	2,053,263
*	Amer Funds EuroPacific Gr	Mutual Fund	-	1,213,735
*	Vanguard Tgt Retire 2070 Tr II	Common Collective Trust	-	820,510
*	MM MdCp Gro, Class I	Mutual Fund	-	743,206
*	VictorySycamore SmCoOppR6	Mutual Fund	-	706,025
*	MFS MdCp Vl Fnd CT	Common Collective Trust	-	610,883
*	Vanguard Cash Res Fed MM Adm	Mutual Fund	-	215,573
*	Participant loans***	Interest bearing at 4.25% to 9.50%,	-	3,960,708
	Guaranteed Investment Contract:			
*	Vanguard Retirement Savings Trust III	Common Collective Trust	-	8,374,654
			$ -	$ 267,532,896

* *Party-in-interest*

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

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

See accompanying independent auditor's report and notes to financial statements.

Schedule 1

Affordable Care, LLC Multiple Employer 401(k) Plan
EIN 56-1505559 Plan # 001
Form 5500 - Schedule H, Line 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

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