Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
DENTAL CARE ALLIANCE GROUP 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2017

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)
DENTAL CARE ALLIANCE

1549 RINGLING BOULEVARD
SUITE 520
SARASOTA, FL 34236

2b Employer Identification Number (EIN)
82-0580763

2c Plan Sponsor's telephone number
941-955-3150

2d Business code (see instructions)
621210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	KENDRA HATCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	1410
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)**	1191
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1250
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	198
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1449
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1449
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)**	1076
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)**	1099
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	21
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

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
DENTAL CARE ALLIANCE GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DENTAL CARE ALLIANCE

D Employer Identification Number (EIN)
82-0580763

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	YH1253	1449	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	680739
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	721912
c	Additions: (1) Contributions deposited during the year	7c(1)	62543		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	10629		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	23112		
	▶ LOAN REPAYMENTS TRANSFERRED ASSETS FORFEITURE/MISCELLANEOUS ACTIVITY				
	(6)Total additions			7c(6)	96284
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	818196
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	59912		
	(2) Administration charge made by carrier	7e(2)	1789		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	37512		
	▶ TRANSFERS FROM MUTUALS FUNDS				
	(5) Total deductions			7e(5)	99213
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	718983

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
DENTAL CARE ALLIANCE GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DENTAL CARE ALLIANCE

D Employer Identification Number (EIN)
82-0580763

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	SERVICE PROVIDER	153873	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WORLD INVESTMENT ADVISORS, LLC

61-1758632

(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	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	39622	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
WORLD INVESTMENT ADVISORS, LLC	99	39622
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VOYA RETIREMENT INSURANCE & ANNUITY 71-0294708	OTHER FEES	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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(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

(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 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
DENTAL CARE ALLIANCE GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DENTAL CARE ALLIANCE

D Employer Identification Number (EIN)
82-0580763

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)	251419	398737
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	49986977	62002166
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	721912	718983
(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	50960308	63119886
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	50960308	63119886

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)		
(B) Participants	2a(1)(B)	6043709	
(C) Others (including rollovers)	2a(1)(C)	457900	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6501609
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)	27240	
(F) Other	2b(1)(F)	10629	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		37869
(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)	1412678	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1412678
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		7472099
c Other income	2c		3035
d Total income. Add all **income** amounts in column (b) and enter total	2d		15427290
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4034109	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4034109
f Corrective distributions (see instructions)	2f		42
g Certain deemed distributions of participant loans (see instructions)	2g		1688
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	140210	
(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)	13663	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		153873
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4189712
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		11237578
l Transfers of assets:			
(1) To this plan	2l(1)		922000
(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: ASSURANCE DIMENSIONS **(2)** EIN: 26-3426295

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		952336
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
DENTAL CARE ALLIANCE GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DENTAL CARE ALLIANCE

D Employer Identification Number (EIN)
82-0580763

Part I Distributions

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

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

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

EIN(s): 71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

ASSURANCE DIMENSIONS

Financial Statements, Supplemental Schedules and Independent Auditor's Report

Dental Care Alliance Group 401(k) Plan (EIN): 82-0580763 Plan #002

December 31, 2025 and 2024

Dental Care Alliance Group 401(k) Plan

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ASSURANCE DIMENSIONS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Dental Care Alliance Group 401(k) Plan

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

We have performed audits of the accompanying financial statements of **Dental Care Alliance Group 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) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related 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 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 a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification 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 C to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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 ("GAAP").
- the certified information in the accompanying financial statements 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 on the Financial Statements

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.

"Assurance Dimensions" is the brand name under which Assurance Dimensions, LLC including its subsidiary McNamara and Associates, LLC (referred together as "AD LLC") and AD Advisors, LLC ("AD Advisors"), provide professional services. AD LLC and AD Advisors practice as an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable laws, regulations, and professional standards. AD LLC is a licensed independent CPA firm that provides attest services to its clients, and AD Advisors provide tax and business consulting services to their clients. AD Advisors, and its subsidiary entities are not licensed CPA firms.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with 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 the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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.

"Assurance Dimensions" is the brand name under which Assurance Dimensions, LLC including its subsidiary McNamara and Associates, LLC (referred together as "AD LLC") and AD Advisors, LLC ("AD Advisors"), provide professional services. AD LLC and AD Advisors practice as an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable laws, regulations, and professional standards. AD LLC is a licensed independent CPA firm that provides attest services to its clients, and AD Advisors provide tax and business consulting services to their clients. AD Advisors, and its subsidiary entities are not licensed CPA firms.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 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 Schedules Required by ERISA

The supplemental schedules, Schedule H, line 4i – Schedule of Assets (Held at End of Year), and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, are presented for purposes of additional analysis and are not required part of the financial statements but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or are 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 certified investment information in the supplemental schedules agree to or are 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).

Assurance Dimensions

Assurance Dimensions, LLC
Tampa, Florida
October 13, 2026

"Assurance Dimensions" is the brand name under which Assurance Dimensions, LLC including its subsidiary McNamara and Associates, LLC (referred together as "AD LLC") and AD Advisors, LLC ("AD Advisors"), provide professional services. AD LLC and AD Advisors practice as an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable laws, regulations, and professional standards. AD LLC is a licensed independent CPA firm that provides attest services to its clients, and AD Advisors provide tax and business consulting services to their clients. AD Advisors, and its subsidiary entities are not licensed CPA firms.

Dental Care Alliance Group 401(k) Plan
Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
Investments, at fair value:		
Mutual funds	$ 61,348,499	$ 49,222,307
Money market fund	653,667	764,670
Total investments, at fair value	62,002,166	49,986,977
Fully benefit-responsive investment contracts, at contract value	718,983	721,912
Total investments	62,721,149	50,708,889
Receivables:		
Notes receivable from participants	398,737	251,419
Participant contributions	-	174,303
Total receivables	398,737	425,722
Net assets available for benefits	$ 63,119,886	$ 51,134,611

The accompanying notes are an integral part of these financial statements.

Dental Care Alliance Group 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2025

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	7,472,099
Dividends and interest		1,423,307
Other income		3,035
Net investment income		8,898,441
Interest income on notes receivable from participants		27,240
Contributions:		
Participants		5,869,406
Rollovers		457,900
Total contributions		6,327,306
Total additions		15,252,987
Deductions from net assets attributed to:		
Benefits paid to participants		4,035,839
Administrative expenses		153,873
Total deductions		4,189,712
Net increase		11,063,275
Transfers in		1,208,484
Transfers out		(286,484)
Net assets available for benefits		
Beginning of year		51,134,611
End of year	$	63,119,886

The accompanying notes are an integral part of this financial statement.

Note A – Description of Plan

The following description of Dental Care Alliance Group 401(k) Plan provides only general information. Participants should refer to the Plan adoption agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Dental Care Alliance, LLC (the "Company" or "Plan Sponsor"), excluding employees whose primary employer participates in the Plan, residents of Puerto Rico, and employees classified by the employer as temporary employees hired on a temporary or periodic basis to perform assignments of fixed and limited duration. The Plan was formed and adopted on January 1, 2017 and most recently restated effective April 1, 2022. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is available to employees of certain locations and affiliates of the Company. Employees become eligible to participate when they reach 18 years of age and have completed three months of service.

Administration

The Plan is administered by the Company. The Plan's assets for the year were maintained and administered by Voya Institutional Trust Company (the "Trustee"). Contributions are held by Voya Institutional Trust Company, who invests cash received, interest and dividend income, as directed by the participant, and makes distributions to participants.

Contributions

Subject to certain limitations, under Internal Revenue Code ("IRC") Section 401(k), participants may contribute up to 100% of their compensation, subject to IRC annual limits. The maximum participant deferral for the year ended December 31, 2025 was $23,500. A participant who has attained the age of 50 may also make catch up contributions, subject to IRS limitations of $7,500 for the year ended December 31, 2025. For participants aged 60 – 63, they are permitted to make a catch-up contribution up to $11,250. Participants may also contribute amounts representing distributions from other qualified plans as well as Roth 401(k) deferrals. Contributions received from participants are net of excess deferral contributions refunded, as required to satisfy the relevant nondiscrimination provisions of the Plan. Participants direct the investment of their contributions and Employer contributions into various investment options offered by the Plan.

Unless the participant elects otherwise, the Plan automatically enrolls eligible employees at a 5% contribution rate of their eligible compensation, as defined, which automatically increases 1% each Plan year, to a maximum contribution rate of 8%, unless another contribution rate is elected by the participant.

The Company makes matching contributions for each participant who meets eligibility requirements for participation in the Plan. The Company's matching contribution is equal to the 3% of the participant's elective deferral not to exceed 6% of the participant's compensation. The Company may also make discretionary profit-sharing contributions to the Plan during the year. No matching contributions were made during the year ended December 31, 2025.

Plan Transfers

From year to year the Plan has transfers in and out to a related plan with the same plan sponsor. During the year ended December 31, 2025 the Plan had transfers into the Plan of approximately $1,210,000 and transfers out of the Plan of approximately $290,000.

Participant Accounts

Each participant's account is credited with the participant's contributions. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note A – Description of Plan (continued)

Vesting

A participant is 100% vested upon death, disability, retirement age, or after four years of credited service as follows:

Years of Services	Vesting Percentage
0	0%
1	25%
2	50%
3	75%
4 or more	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant notes receivable. Typical loan terms can be up to five years. If the money is used to purchase a primary residence the loan can be for a term up to 30 years. These loans are collateralized by the balance in the participant's account and bear interest at prevailing rates as determined by the Plan Administrator. Principal and interest are paid via check or by payroll deduction in substantially equal payments over the life of the loan.

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. The Plan Administrator shall consider a loan in default if any scheduled repayment remains unpaid as of the last business day of the calendar quarter following the calendar quarter in which a loan is initially considered past due. Upon determination that the loan has been defaulted, the loaned funds will be treated as a taxable distribution from the Plan.

Distribution of Benefits

On termination of service due to death, disability, retirement or termination from the Employer, a participant may elect to receive either a lump-sum amount or partial withdrawals equal to the value of the participant's vested interest in his or her account, as defined in the Plan agreement. In-service distributions may be requested upon attaining age 59 1/2 or for a qualifying hardship.

Forfeitures

Forfeited balances of terminated participants' non-vested accounts are used to first reduce future Employer contributions and then any Plan administrative expenses. At December 31, 2025 and 2024, forfeited non-vested accounts totaled approximately $5,000 and $11,000, respectively. The Plan utilized approximately $10,000 in forfeitures to reduce Employer contributions and Plan expenses during the year ended December 31, 2025.

Note B – Summary of Significant Accounting Policies

Plan Termination

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

Note B – Summary of Significant Accounting Policies (continued)

Basis of Presentation

The accompanying financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of changes in net assets during the reporting period. Such estimates include those regarding fair value. Actual results could differ from those estimates.

Valuation of Investments

The Plan's investments are stated at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value as described in Note G. 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. The Plan's management determines the valuation policies utilizing information provided by the Trustee.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

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

Fair Value Measurements

The FASB has established a framework for measuring fair value in ASC 820, *Fair Value Measurements*. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	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; 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.

Note B – Summary of Significant Accounting Policies (continued)

Fair Value Measurements (continued)

The asset's 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

Money market funds: These are open-ended money market mutual funds valued at a $1.00 stable NAV for reporting purposes, and transact at $1.00 for subscription and redemption activity. However, on a daily basis the funds NAV is calculated using the amortized cost (not market value) of the securities held in the fund.

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

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

	Assets Measured at Fair Value at 12/31/2025	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
Mutual funds	$ 61,348,499	$ 61,348,499	$ -
Money market fund	653,667	-	653,667
Total assets in the fair value hierarchy	$ 62,002,166	$ 61,348,499	$ 653,667

	Assets Measured at Fair Value at 12/31/2024	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
Mutual funds	$ 49,222,307	$ 49,222,307	$ -
Money market fund	764,670	-	764,670
Total assets in the fair value hierarchy	$ 49,986,977	$ 49,222,307	$ 764,670

Note C – Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Voya Retirement Insurance and Annuity Company, a qualified institution. As of December 31, 2025 and 2024, and for the year ended December 31, 2025, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by Voya Retirement Insurance and Annuity Company, except for comparing such information to the related information included in the financial statements, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Note D – Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated June 30, 2020, stating that the Plan is qualified under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. Subsequent to the issuance of the determination letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

The Plan Administrator evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the accompanying financial statements. The Plan is no longer subject to examination by taxing authorities for years prior to 2022.

Note E – Risks and Uncertainties

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

Note F – Party-In-Interest Transactions

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Certain Plan investments are pooled separate accounts and guaranteed interest contracts managed by the Trustee. Transactions related to these investments qualify as party-in-interest transactions. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants. Fees paid to parties-in-interest amounted to approximately $154,000 in total during the year ended December 31, 2025.

Note G – Fully Benefit-Responsive Investment Contracts

Fully benefit-responsive investment contracts, at contract value, on the statement of net assets consist of the following investment(s):

Investment Type	Investment name	December 31, 2025	December 31, 2024
Guaranteed Investment Contract	Voya Fixed Account (4062)	$ 718,983	$ 721,912

Note G – Fully Benefit-Responsive Investment Contracts (continued)

As of December 31, 2025 and 2024, the Plan was invested in a guaranteed interest account (Voya Fixed Account (4062), "the Fund") provided through a group annuity contract. Under the Fund, a crediting rate is established and is credited with contributions and charged for participant withdrawals and administrative expenses charged by the Trustee of the Fund. The guaranteed interest account issuers are contractually obligated to repay the principal and a specific interest rate that is guaranteed to the Plan.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan,) (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures of spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transactions exempt under ERISA. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Note H – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	2025	2024
Net assets available for benefits per the financial statements	$ 63,119,886	$ 51,134,611
Less: Participant contribution receivable	-	(174,303)
Net assets available for benefits per the Form 5500	$ 63,119,886	$ 50,960,308

The following is a reconciliation of total additions per the financial statements to the Form 5500 for the year ended December 31, 2025:

Total additions per financial statements	$ 15,252,987
Add: Changes in participant contributions receivable	174,303
Total additions per the Form 5500	$ 15,427,290

Note I – Subsequent Events

Subsequent events have been evaluated through October 13, 2026, which is the date the financial statements were available to be issued.

Supplemental Schedules

Dental Care Alliance Group 401(k) Plan (EIN): 82-0580763 Plan #002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2025

(a)	(b) Identity of issuer/ (c) Description of investment		(e) Current value
	(i) Mutual funds:		
	Fidelity 500 Index Fund	$	17,204,265
	BlkRck LifePath Ind Ret Fd K		5,541,470
	Vangrd Tot St Mkt Indx Fd Ins		5,180,745
	BlkRck LifePath Ind 2035 Fd K		4,501,350
	BlkRck LifePath Ind 2050 Fd K		4,213,943
	BlkRck LifePath Ind 2055 Fd K		3,637,412
	Fidelity Ext Mkt Index Fund		2,318,925
	BlkRck LifePath Ind 2045 Fd K		2,272,594
	BlkRck LifePath Ind 2040 Fd K		2,264,353
	BlkRck LifePath Ind 2030 Fd K		2,203,677
	Vngrd Ttl Wld Stk Indx Fd Adm		1,672,993
	Vangrd Tot Bd Mkt Ind Fd Adm		1,651,106
	BlkRck LifePath Ind 2060 Fd K		1,632,270
	Vangrd Tot Int Stk In F Adm		1,528,556
	Vangrd Balanced Index Fnd Adm		1,089,345
	Vangrd Em Mkts Stk Ind Fd Adm		901,531
	Vangrd Dev Mkts Index Fd Ins		883,660
	BlkRck LifePath Ind 2065 Fd K		800,466
	Vangrd Int-Trm Bd Indx Fd Adm		539,535
	DFA Real Estate Secs Port Ins		526,474
	Fid S T Bd Idx Fund In Fd		309,472
	Vanguard Comm Strategy Fd Adm		198,805
	DFA Global Real Est Sec Pt Ins		145,509
	Vangrd FTSE AWd exUS SC In Adm		122,273
	Blackrock Life Ind 2070 K		7,770
	Total mutual funds	$	61,348,499
	(ii) Money market fund:		
	Vangrd Federal Mny Mkt Fd Inv		653,667
	(iii) Guaranteed investment contract:		
*	Voya Fixed Account (4062)		718,983
*	Notes receivable from participants (4.25%-9.50%)		398,737
	Total investments and notes receivable from participants	$	63,119,886

* Party-in-interest as defined by ERISA.

See independent auditor's report.

Dental Care Alliance Group 401(k) Plan
(EIN): 82-0580763 Plan #002
Schedule H, Line 4a—Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2025

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included: ☐			Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total Corrected Under VFCP and PTE 2002-51
Amount Withheld	**Date Withheld**	**Date Remitted**				
$ 303	01/05/2024	02/08/2024	$ 303	-	-	-
26,661	01/10/2024	02/02/2024	26,661	-	-	-
4,850	01/10/2024	02/07/2024	4,850	-	-	-
814	01/10/2024	02/08/2024	814	-	-	-
2,231	01/10/2024	03/20/2024	2,231	-	-	-
29,871	01/11/2024	02/02/2024	29,871	-	-	-
17,894	01/11/2024	02/07/2024	17,894	-	-	-
1,029	01/11/2024	02/08/2024	1,029	-	-	-
75,413	01/12/2024	02/02/2024	75,413	-	-	-
12,187	01/12/2024	02/07/2024	12,187	-	-	-
6,131	01/12/2024	02/08/2024	6,131	-	-	-
18	01/19/2024	02/07/2024	18	-	-	-
285	01/19/2024	02/08/2024	285	-	-	-
71,893	01/25/2024	02/13/2024	71,893	-	-	-
4,256	01/25/2024	03/20/2024	4,256	-	-	-
77,652	01/26/2024	02/15/2024	77,652	-	-	-
789	02/02/2024	02/23/2024	789	-	-	-
3,042	02/08/2024	02/23/2024	3,042	-	-	-
12,079	02/09/2024	02/28/2024	12,079	-	-	-
12,578	02/15/2024	03/14/2024	12,578	-	-	-
22,071	02/16/2024	03/14/2024	22,071	-	-	-
61,151	02/22/2024	03/15/2024	61,151	-	-	-
154	02/22/2024	03/25/2024	154	-	-	-
125,030	02/23/2024	03/15/2024	125,030	-	-	-
218	02/23/2024	03/25/2024	218	-	-	-
32,547	02/29/2024	03/15/2024	32,547	-	-	-
126	03/07/2024	03/25/2024	126	-	-	-
233	03/08/2024	03/25/2024	233	-	-	-
12,000	04/15/2024	05/01/2024	12,000	-	-	-
164,323	05/31/2024	06/28/2024	164,323	-	-	-
136	06/28/2024	07/22/2024	136	-	-	-
66	07/31/2024	08/20/2024	66	-	-	-
15	12/13/2024	01/13/2025	15	-	-	-
142,727	12/24/2024	01/22/2025	142,727	-	-	-
148	12/27/2024	01/30/2025	148	-	-	-
31,414	12/31/2024	01/22/2025	31,414	-	-	-

VOYA FINANCIAL

Attachment to 2025 Form 5500

Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
Dental Care Alliance Group 401(k) Plan
EIN 82-0580763
Plan 002
As of December 31, 2025

(a)	(b) Identity of issue, borrower,lessor or similar party	(c) Description of investments including maturity date,rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
	Blackrock Life Ind 2070 K	Registered Investment Company		$7,771
	BlkRck LifePath Ind 2030 Fd K	Registered Investment Company		$2,203,677
	BlkRck LifePath Ind 2035 Fd K	Registered Investment Company		$4,501,350
	BlkRck LifePath Ind 2040 Fd K	Registered Investment Company		$2,264,353
	BlkRck LifePath Ind 2045 Fd K	Registered Investment Company		$2,272,594
	BlkRck LifePath Ind 2050 Fd K	Registered Investment Company		$4,213,943
	BlkRck LifePath Ind 2055 Fd K	Registered Investment Company		$3,637,412
	BlkRck LifePath Ind 2060 Fd K	Registered Investment Company		$1,632,270
	BlkRck LifePath Ind 2065 Fd K	Registered Investment Company		$800,466
	BlkRck LifePath Ind Ret Fd K	Registered Investment Company		$5,541,470
	DFA Global Real Est Sec Pt Ins	Registered Investment Company		$145,509
	DFA Real Estate Secs Port Ins	Registered Investment Company		$526,474
	Fid S T Bd Idx Fund In Fd	Registered Investment Company		$309,472
	Fidelity 500 Index Fund	Registered Investment Company		$17,204,265
	Fidelity Ext Mkt Index Fund	Registered Investment Company		$2,318,925
	Vangrd Balanced Index Fnd Adm	Registered Investment Company		$1,089,344
	Vangrd Dev Mkts Index Fd Ins	Registered Investment Company		$883,660
	Vangrd Em Mkts Stk Ind Fd Adm	Registered Investment Company		$901,531
	Vangrd FTSE AWd exUS SC In Adm	Registered Investment Company		$122,273
	Vangrd Federal Mny Mkt Fd Inv	Registered Investment Company		$653,667
	Vangrd Int-Trm Bd Indx Fd Adm	Registered Investment Company		$539,535
	Vangrd Tot Bd Mkt Ind Fd Adm	Registered Investment Company		$1,651,106

Attachment to 2025 Form 5500

Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
Dental Care Alliance Group 401(k) Plan
EIN 82-0580763
Plan 002

	Vangrd Tot Int Stk In F Adm	Registered Investment Company		$1,528,556
	Vangrd Tot St Mkt Indx Fd Ins	Registered Investment Company		$5,180,745
	Vanguard Comm Strategy Fd Adm	Registered Investment Company		$198,805
	Vngrd Ttl Wld Stk Indx Fd Adm	Registered Investment Company		$1,672,993
*	Voya Fixed Account (4062)	Insurance Company General Account		$718,983
	Loan Fund	Participant Loans - Rates 4.25% to 9.50%		$398,737
	TOTAL			$63,119,886

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

ASSURANCE DIMENSIONS

Financial Statements, Supplemental Schedules and Independent Auditor's Report

Dental Care Alliance Group 401(k) Plan (EIN): 82-0580763 Plan #002

December 31, 2025 and 2024

Dental Care Alliance Group 401(k) Plan

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ASSURANCE DIMENSIONS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Dental Care Alliance Group 401(k) Plan

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

We have performed audits of the accompanying financial statements of **Dental Care Alliance Group 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) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related 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 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 a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification 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 C to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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 ("GAAP").
- the certified information in the accompanying financial statements 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 on the Financial Statements

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.

"Assurance Dimensions" is the brand name under which Assurance Dimensions, LLC including its subsidiary McNamara and Associates, LLC (referred together as "AD LLC") and AD Advisors, LLC ("AD Advisors"), provide professional services. AD LLC and AD Advisors practice as an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable laws, regulations, and professional standards. AD LLC is a licensed independent CPA firm that provides attest services to its clients, and AD Advisors provide tax and business consulting services to their clients. AD Advisors, and its subsidiary entities are not licensed CPA firms.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with 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 the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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.

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Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 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 Schedules Required by ERISA

The supplemental schedules, Schedule H, line 4i – Schedule of Assets (Held at End of Year), and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, are presented for purposes of additional analysis and are not required part of the financial statements but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or are 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 certified investment information in the supplemental schedules agree to or are 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).

Assurance Dimensions

Assurance Dimensions, LLC
Tampa, Florida
October 13, 2026

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Dental Care Alliance Group 401(k) Plan
Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
Investments, at fair value:		
Mutual funds	$ 61,348,499	$ 49,222,307
Money market fund	653,667	764,670
Total investments, at fair value	62,002,166	49,986,977
Fully benefit-responsive investment contracts, at contract value	718,983	721,912
Total investments	62,721,149	50,708,889
Receivables:		
Notes receivable from participants	398,737	251,419
Participant contributions	-	174,303
Total receivables	398,737	425,722
Net assets available for benefits	$ 63,119,886	$ 51,134,611

The accompanying notes are an integral part of these financial statements.

Dental Care Alliance Group 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2025

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	7,472,099
Dividends and interest		1,423,307
Other income		3,035
Net investment income		8,898,441
Interest income on notes receivable from participants		27,240
Contributions:		
Participants		5,869,406
Rollovers		457,900
Total contributions		6,327,306
Total additions		15,252,987
Deductions from net assets attributed to:		
Benefits paid to participants		4,035,839
Administrative expenses		153,873
Total deductions		4,189,712
Net increase		11,063,275
Transfers in		1,208,484
Transfers out		(286,484)
Net assets available for benefits		
Beginning of year		51,134,611
End of year	$	63,119,886

The accompanying notes are an integral part of this financial statement.

Note A – Description of Plan

The following description of Dental Care Alliance Group 401(k) Plan provides only general information. Participants should refer to the Plan adoption agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Dental Care Alliance, LLC (the "Company" or "Plan Sponsor"), excluding employees whose primary employer participates in the Plan, residents of Puerto Rico, and employees classified by the employer as temporary employees hired on a temporary or periodic basis to perform assignments of fixed and limited duration. The Plan was formed and adopted on January 1, 2017 and most recently restated effective April 1, 2022. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is available to employees of certain locations and affiliates of the Company. Employees become eligible to participate when they reach 18 years of age and have completed three months of service.

Administration

The Plan is administered by the Company. The Plan's assets for the year were maintained and administered by Voya Institutional Trust Company (the "Trustee"). Contributions are held by Voya Institutional Trust Company, who invests cash received, interest and dividend income, as directed by the participant, and makes distributions to participants.

Contributions

Subject to certain limitations, under Internal Revenue Code ("IRC") Section 401(k), participants may contribute up to 100% of their compensation, subject to IRC annual limits. The maximum participant deferral for the year ended December 31, 2025 was $23,500. A participant who has attained the age of 50 may also make catch up contributions, subject to IRS limitations of $7,500 for the year ended December 31, 2025. For participants aged 60 – 63, they are permitted to make a catch-up contribution up to $11,250. Participants may also contribute amounts representing distributions from other qualified plans as well as Roth 401(k) deferrals. Contributions received from participants are net of excess deferral contributions refunded, as required to satisfy the relevant nondiscrimination provisions of the Plan. Participants direct the investment of their contributions and Employer contributions into various investment options offered by the Plan.

Unless the participant elects otherwise, the Plan automatically enrolls eligible employees at a 5% contribution rate of their eligible compensation, as defined, which automatically increases 1% each Plan year, to a maximum contribution rate of 8%, unless another contribution rate is elected by the participant.

The Company makes matching contributions for each participant who meets eligibility requirements for participation in the Plan. The Company's matching contribution is equal to the 3% of the participant's elective deferral not to exceed 6% of the participant's compensation. The Company may also make discretionary profit-sharing contributions to the Plan during the year. No matching contributions were made during the year ended December 31, 2025.

Plan Transfers

From year to year the Plan has transfers in and out to a related plan with the same plan sponsor. During the year ended December 31, 2025 the Plan had transfers into the Plan of approximately $1,210,000 and transfers out of the Plan of approximately $290,000.

Participant Accounts

Each participant's account is credited with the participant's contributions. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note A – Description of Plan (continued)

Vesting

A participant is 100% vested upon death, disability, retirement age, or after four years of credited service as follows:

Years of Services	Vesting Percentage
0	0%
1	25%
2	50%
3	75%
4 or more	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant notes receivable. Typical loan terms can be up to five years. If the money is used to purchase a primary residence the loan can be for a term up to 30 years. These loans are collateralized by the balance in the participant's account and bear interest at prevailing rates as determined by the Plan Administrator. Principal and interest are paid via check or by payroll deduction in substantially equal payments over the life of the loan.

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. The Plan Administrator shall consider a loan in default if any scheduled repayment remains unpaid as of the last business day of the calendar quarter following the calendar quarter in which a loan is initially considered past due. Upon determination that the loan has been defaulted, the loaned funds will be treated as a taxable distribution from the Plan.

Distribution of Benefits

On termination of service due to death, disability, retirement or termination from the Employer, a participant may elect to receive either a lump-sum amount or partial withdrawals equal to the value of the participant's vested interest in his or her account, as defined in the Plan agreement. In-service distributions may be requested upon attaining age 59 1/2 or for a qualifying hardship.

Forfeitures

Forfeited balances of terminated participants' non-vested accounts are used to first reduce future Employer contributions and then any Plan administrative expenses. At December 31, 2025 and 2024, forfeited non-vested accounts totaled approximately $5,000 and $11,000, respectively. The Plan utilized approximately $10,000 in forfeitures to reduce Employer contributions and Plan expenses during the year ended December 31, 2025.

Note B – Summary of Significant Accounting Policies

Plan Termination

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

Note B – Summary of Significant Accounting Policies (continued)

Basis of Presentation

The accompanying financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of changes in net assets during the reporting period. Such estimates include those regarding fair value. Actual results could differ from those estimates.

Valuation of Investments

The Plan's investments are stated at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value as described in Note G. 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. The Plan's management determines the valuation policies utilizing information provided by the Trustee.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

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

Fair Value Measurements

The FASB has established a framework for measuring fair value in ASC 820, *Fair Value Measurements*. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	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; 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.

Note B – Summary of Significant Accounting Policies (continued)

Fair Value Measurements (continued)

The asset's 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

Money market funds: These are open-ended money market mutual funds valued at a $1.00 stable NAV for reporting purposes, and transact at $1.00 for subscription and redemption activity. However, on a daily basis the funds NAV is calculated using the amortized cost (not market value) of the securities held in the fund.

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

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

	Assets Measured at Fair Value at 12/31/2025	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
Mutual funds	$ 61,348,499	$ 61,348,499	$ -
Money market fund	653,667	-	653,667
Total assets in the fair value hierarchy	$ 62,002,166	$ 61,348,499	$ 653,667

	Assets Measured at Fair Value at 12/31/2024	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
Mutual funds	$ 49,222,307	$ 49,222,307	$ -
Money market fund	764,670	-	764,670
Total assets in the fair value hierarchy	$ 49,986,977	$ 49,222,307	$ 764,670

Note C – Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Voya Retirement Insurance and Annuity Company, a qualified institution. As of December 31, 2025 and 2024, and for the year ended December 31, 2025, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by Voya Retirement Insurance and Annuity Company, except for comparing such information to the related information included in the financial statements, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Note D – Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated June 30, 2020, stating that the Plan is qualified under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. Subsequent to the issuance of the determination letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

The Plan Administrator evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the accompanying financial statements. The Plan is no longer subject to examination by taxing authorities for years prior to 2022.

Note E – Risks and Uncertainties

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

Note F – Party-In-Interest Transactions

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Certain Plan investments are pooled separate accounts and guaranteed interest contracts managed by the Trustee. Transactions related to these investments qualify as party-in-interest transactions. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants. Fees paid to parties-in-interest amounted to approximately $154,000 in total during the year ended December 31, 2025.

Note G – Fully Benefit-Responsive Investment Contracts

Fully benefit-responsive investment contracts, at contract value, on the statement of net assets consist of the following investment(s):

Investment Type	Investment name	December 31, 2025	December 31, 2024
Guaranteed Investment Contract	Voya Fixed Account (4062)	$ 718,983	$ 721,912

Note G – Fully Benefit-Responsive Investment Contracts (continued)

As of December 31, 2025 and 2024, the Plan was invested in a guaranteed interest account (Voya Fixed Account (4062), "the Fund") provided through a group annuity contract. Under the Fund, a crediting rate is established and is credited with contributions and charged for participant withdrawals and administrative expenses charged by the Trustee of the Fund. The guaranteed interest account issuers are contractually obligated to repay the principal and a specific interest rate that is guaranteed to the Plan.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan,) (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures of spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transactions exempt under ERISA. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Note H – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	2025	2024
Net assets available for benefits per the financial statements	$ 63,119,886	$ 51,134,611
Less: Participant contribution receivable	-	(174,303)
Net assets available for benefits per the Form 5500	$ 63,119,886	$ 50,960,308

The following is a reconciliation of total additions per the financial statements to the Form 5500 for the year ended December 31, 2025:

Total additions per financial statements	$ 15,252,987
Add: Changes in participant contributions receivable	174,303
Total additions per the Form 5500	$ 15,427,290

Note I – Subsequent Events

Subsequent events have been evaluated through October 13, 2026, which is the date the financial statements were available to be issued.

Supplemental Schedules

Dental Care Alliance Group 401(k) Plan (EIN): 82-0580763 Plan #002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2025

(a)	(b) Identity of issuer/ (c) Description of investment		(e) Current value
	(i) Mutual funds:		
	Fidelity 500 Index Fund	$	17,204,265
	BlkRck LifePath Ind Ret Fd K		5,541,470
	Vangrd Tot St Mkt Indx Fd Ins		5,180,745
	BlkRck LifePath Ind 2035 Fd K		4,501,350
	BlkRck LifePath Ind 2050 Fd K		4,213,943
	BlkRck LifePath Ind 2055 Fd K		3,637,412
	Fidelity Ext Mkt Index Fund		2,318,925
	BlkRck LifePath Ind 2045 Fd K		2,272,594
	BlkRck LifePath Ind 2040 Fd K		2,264,353
	BlkRck LifePath Ind 2030 Fd K		2,203,677
	Vngrd Ttl Wld Stk Indx Fd Adm		1,672,993
	Vangrd Tot Bd Mkt Ind Fd Adm		1,651,106
	BlkRck LifePath Ind 2060 Fd K		1,632,270
	Vangrd Tot Int Stk In F Adm		1,528,556
	Vangrd Balanced Index Fnd Adm		1,089,345
	Vangrd Em Mkts Stk Ind Fd Adm		901,531
	Vangrd Dev Mkts Index Fd Ins		883,660
	BlkRck LifePath Ind 2065 Fd K		800,466
	Vangrd Int-Trm Bd Indx Fd Adm		539,535
	DFA Real Estate Secs Port Ins		526,474
	Fid S T Bd Idx Fund In Fd		309,472
	Vanguard Comm Strategy Fd Adm		198,805
	DFA Global Real Est Sec Pt Ins		145,509
	Vangrd FTSE AWd exUS SC In Adm		122,273
	Blackrock Life Ind 2070 K		7,770
	Total mutual funds	$	61,348,499
	(ii) Money market fund:		
	Vangrd Federal Mny Mkt Fd Inv		653,667
	(iii) Guaranteed investment contract:		
*	Voya Fixed Account (4062)		718,983
*	Notes receivable from participants (4.25%-9.50%)		398,737
	Total investments and notes receivable from participants	$	63,119,886

* Party-in-interest as defined by ERISA.

See independent auditor's report.

Dental Care Alliance Group 401(k) Plan
(EIN): 82-0580763 Plan #002
Schedule H, Line 4a—Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2025

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included: ☐			Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total Corrected Under VFCP and PTE 2002-51
Amount Withheld	**Date Withheld**	**Date Remitted**				
$ 303	01/05/2024	02/08/2024	$ 303	-	-	-
26,661	01/10/2024	02/02/2024	26,661	-	-	-
4,850	01/10/2024	02/07/2024	4,850	-	-	-
814	01/10/2024	02/08/2024	814	-	-	-
2,231	01/10/2024	03/20/2024	2,231	-	-	-
29,871	01/11/2024	02/02/2024	29,871	-	-	-
17,894	01/11/2024	02/07/2024	17,894	-	-	-
1,029	01/11/2024	02/08/2024	1,029	-	-	-
75,413	01/12/2024	02/02/2024	75,413	-	-	-
12,187	01/12/2024	02/07/2024	12,187	-	-	-
6,131	01/12/2024	02/08/2024	6,131	-	-	-
18	01/19/2024	02/07/2024	18	-	-	-
285	01/19/2024	02/08/2024	285	-	-	-
71,893	01/25/2024	02/13/2024	71,893	-	-	-
4,256	01/25/2024	03/20/2024	4,256	-	-	-
77,652	01/26/2024	02/15/2024	77,652	-	-	-
789	02/02/2024	02/23/2024	789	-	-	-
3,042	02/08/2024	02/23/2024	3,042	-	-	-
12,079	02/09/2024	02/28/2024	12,079	-	-	-
12,578	02/15/2024	03/14/2024	12,578	-	-	-
22,071	02/16/2024	03/14/2024	22,071	-	-	-
61,151	02/22/2024	03/15/2024	61,151	-	-	-
154	02/22/2024	03/25/2024	154	-	-	-
125,030	02/23/2024	03/15/2024	125,030	-	-	-
218	02/23/2024	03/25/2024	218	-	-	-
32,547	02/29/2024	03/15/2024	32,547	-	-	-
126	03/07/2024	03/25/2024	126	-	-	-
233	03/08/2024	03/25/2024	233	-	-	-
12,000	04/15/2024	05/01/2024	12,000	-	-	-
164,323	05/31/2024	06/28/2024	164,323	-	-	-
136	06/28/2024	07/22/2024	136	-	-	-
66	07/31/2024	08/20/2024	66	-	-	-
15	12/13/2024	01/13/2025	15	-	-	-
142,727	12/24/2024	01/22/2025	142,727	-	-	-
148	12/27/2024	01/30/2025	148	-	-	-
31,414	12/31/2024	01/22/2025	31,414	-	-	-